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Friday, April 25, 2003

## Part II

# Department of Housing and Urban Development

Super Notice of Funding Availability (SuperNOFA) for HUD's Discretionary Programs for Fiscal Year 2003; Notice

#### DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4800-N-01]

#### Super Notice of Funding Availability (SuperNOFA) for HUD's Discretionary Programs for Fiscal Year 2003

**AGENCY:** Office of the Secretary, HUD. **ACTION:** Super Notice of Funding Availability (SuperNOFA) for HUD Discretionary Programs.

SUMMARY: This Fiscal Year (FY) 2003 SuperNOFA announces the availability of approximately \$2.3 billion in HUD program funds covering 43 funding opportunities within programs operated and administered by HUD offices. This General Section of the SuperNOFA provides the application procedures and requirements that are applicable to all the programs in this SuperNOFA unless otherwise stated in the Program NOFA. The Program Section of this SuperNOFA provides a description of the specific programs for which funding is made available and describes any additional procedures and requirements that are applicable to a specific program. Please be sure you read both the General Section and the Program Section(s) of this SuperNOFA to ensure you respond to all the requirements for all programs you will be seeking funding.

**APPLICATION DUE DATES:** The information in this **APPLICATION DUE DATES** section applies to all programs that are part of this SuperNOFA. You, the applicant, must submit a completed application to HUD on or before the respective program's application due date. Application due dates can be found in the HUD FY 2003 SuperNOFA Funding Chart located in this General Section. Information for each program is reiterated in the appropriate Program Section of this SuperNOFA.

## ADDRESSES AND APPLICATION SUBMISSION PROCEDURES:

Mailing and Receipt Procedures. The following procedures apply to the delivery and receipt of applications in HUD Headquarters, the Grants Management Center (GMC), and field offices. Please read the following instructions carefully and completely as failure to comply with these procedures may disqualify your application. HUD's delivery and receipt policies are:

• No hand deliveries will be accepted;

• HUD will not accept any applications sent by facsimile;

• Applications sent to the Robert C. Weaver HUD Headquarters Building or the Public and Indian Housing Grants Management Center (GMC) may be shipped using DHL, Falcon Carrier, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS), as access by other delivery services is not guaranteed. HUD strongly suggests applicants use the delivery options listed above because no other delivery services are allowed unescorted entry to the HUD Headquarters Building and therefore deliveries by other services are often turned away;

• HUD strongly suggests applications submitted to HUD field offices be sent via USPS, as access by other delivery services is not guaranteed;

• With the exception of the Rural Housing and Economic Development NOFA, all mailed applications must be postmarked on or before midnight of their due date and received within fifteen (15) days of the due date.

• Applications for the Rural Housing and Economic Development NOFA must be received by the deadline date. Application received after the deadline date will not be considered.

Proof of Timely submission. Except for the Rural Housing and Economic Development NOFA, proof of timely submission of an application in accordance with these requirements consists of the Certificate of Mailing (USPS Form 3817) provided by the United States Post Office showing timely mailing of the application on or before the application due date. In the case of packages submitted to HUD via DHL, Falcon Carrier, FedEX, or UPS, documentary proof of timely submission will be the delivery service receipt indicating the application was submitted to the delivery service on or before the application due date and, through no fault of the applicant, delivery was not in time to meet the filing deadline. Receipts from other than DHL, Falcon Carrier, FedEX, or UPS, delivery services will not be accepted, as HUD cannot guarantee delivery due to its Security procedures. Proof of timely submission to HUD field offices will be the Certificate of Mailing (USPS Form 3817).

Proof of receipt for the Rural and Economic Development NOFA is the date HUD receives the application.

Please remember that mail to federal facilities is screened prior to delivery, so please allow time for your package to be delivered. If an application does not meet the filing requirements it will not receive funding consideration. If you mail your application to the wrong location and the office designated for receipt in accordance with these submission requirements does not receive it, your application will be considered late and not be considered for funding. HUD will not be responsible for directing it to the appropriate office.

Addresses. You, the applicant, must submit a complete application and the required number of copies to the locations identified in the Program Section of this SuperNOFA. When submitting your application, you must refer to the name of the program for which you are seeking funding and include the correct room number to ensure that your application is properly directed. Addresses for HUD Headquarters and the Public and Indian Housing Grants Management Center (GMC) are in the HUD 2003 SuperNOFA Funding Chart. Addresses for field offices are listed in Appendix A-3 of the General Section of this SuperNOFA. For applications directed to the Office of Native American Programs Field Offices, please be sure to use the addresses provided in Appendix A-2, Office of Native American Programs Address Listing. Please refer to the Funding Chart or pertinent Program Section of the SuperNOFA for room location or other additional information regarding address requirements for your application submission. Please make sure that you note the correct room number to ensure your application is not misdirected.

Copies of Applications. The Program Section of this SuperNOFA may specify that to facilitate the processing and review of your application, one or more copies of the application also must be sent to an additional HUD location (for example, a copy to the HUD field office and the original application to HUD Headquarters). If you are required to submit applications to HUD Headquarters (or the GMC) and field offices, the determination that your application was received on time will be made solely on receipt of the application at HUD Headquarters or the GMC, as applicable. If an application received on time at HUD Headquarters or GMC is not complete, but a complete copy was submitted and received on time at a HUD field office, HUD may conduct its review using the field office copy. See the information in Mailing and Receipt Procedures and Proof of Timely Submission above for additional information. If you do not submit the required number of copies HUD may request that you provide the additional copies to the appropriate HUD office(s) in accordance with the procedures described in Section VIII, Corrections to **Deficient Applications.** 

Consolidated Application Submissions. If you, the applicant, are applying for funding under more than one program in this SuperNOFA, you need to submit only one original HUD-424, "Application for Federal Assistance," which includes the HUD– 424B, "Applicant Assurances and Certifications." Page 2 of the HUD-424 allows you to list all the programs for which you are seeking funding. Once you have submitted one original set of forms, certifications, and assurances, you may send copies of these standard items with any additional application you submit. Make sure to specify the correct program on each copy of the HUD–424 application form and indicate the program to which you have submitted the original signature forms for the standard assurances and certifications. Additionally, the Program Section may specify additional forms, certifications, assurances, or other information that may be required for a particular program in this SuperNOFA.

## FOR APPLICATION FORMS, FURTHER

INFORMATION, AND TECHNICAL ASSISTANCE: The information in this section is applicable to all programs that are part of this SuperNOFA. This section describes how you may obtain application forms, additional information about the SuperNOFA, and technical assistance. Copies of all documents related to the SuperNOFA may be downloaded from HUD's Web site, www.hud.gov or you may call HUD's SuperNOFA Information Center at 1–800–HUD–8929 or for the hearingimpaired, 1-800-HUD-2209. Copies of all materials may also be ordered online from HUD's Web site.

Application Kits. In response to concerns about the length of time it takes for the publication and dissemination of application kits, HUD has made an effort to improve the readability of our NOFAs and publish all required forms and formats for application submission in the Federal **Register.** As a result of this effort, you will not have to wait for an application kit to begin to prepare your application for funding. Our goal is to have all required forms and information needed to apply for funding available to the public within the NOFA document itself and available immediately upon publication of the NOFA and downloadable from HUD's Web site at *http://www.hud.gov.* HUD is continuing to streamline our programs and application submission requirements and encourages the applicant community to offer additional suggestions. Please pay attention to the submission requirements and format for submission specified in the Program Section of the SuperNOFA to ensure that you have submitted all required elements of your application.

The published Federal Register document is the official document that HUD uses to evaluate applications. Therefore, if there is a discrepancy between any materials published by HUD in its Federal Register publication and other information provided in hard copy or on HUD's Web site, the Federal **Register** publication of the SuperNOFA prevails. Therefore, please be sure to review your application submission against the requirements in the Federal **Register** file of the SuperNOFA. A PDF copy of the General Section and Program Section for each program in the SuperNOFA is available on HUD's Web site at http://www.hud.gov and hard copies of these documents can be obtained from the SuperNOFA Information Center by calling 1-800 HUD-8929 or for the hearing-impaired, 1-800-HUD-2209.

Guidebook and Further Information. A guidebook to HUD programs titled "Connecting with Communities: A User's Guide to HUD Programs and the 2003 SuperNOFA Process" is available from the SuperNOFA Information Center and the HUD Web site at http:// /www.hud.gov. The guidebook provides a brief description of all HUD programs, a description of the SuperNOFA programs, eligible applicants for these programs, and examples of how programs can work in combination to serve local community needs. To obtain a guidebook, application kit, or print copy of the General Section or program NOFA, call the SuperNOFA Information Center at 1-800-HUD-8929 or 1-800-HUD-2209 (TTY).

You may request general information, copies of the General Section and Program Section of the SuperNOFA, and applications from the SuperNOFA Information Center (1-800-HUD-8929 or 1-800-HUD-2209 (TTY)) between the hours of 9:00 AM and 8:00 PM (Eastern Time) Monday through Friday, except on federal Holidays. When requesting information, please refer to the name of the program you are interested in. Be sure to provide your name, address (including zip code), and telephone number (including area code). To ensure sufficient time to prepare your application, requests for copies of this SuperNOFA can be made immediately following publication of the SuperNOFA. The SuperNOFA Information Center opens for business simultaneously with the publication of the SuperNOFA. You can also obtain information on this SuperNOFA and download application information for this SuperNOFA through the HUD Web site, *http://www.hud.gov.* 

*For Technical Assistance.* Before the application due date, HUD staff will be

available to provide you with general guidance and technical assistance about this SuperNOFA. However, HUD staff is not permitted to assist in preparing your application. Following selection of applicants, but before awards are made, HUD staff are available to assist in clarifying or confirming information that is a prerequisite to the offer of an award or Annual Contributions Contract (ACC) by HUD.

#### FEDERAL E-GRANTS INFORMATION

Streamlining Federal Financial Assistance. The Federal Financial Assistance Management Improvement Act of 1999 (Pub. L. 106-107) directs each federal agency to develop and implement a plan that, among other things, streamlines and simplifies the application, administrative, and reporting procedures for federal financial assistance programs administered by the agency. This law also requires the Director of the Office of Management and Budget (OMB) to direct, coordinate, and assist federal agencies in establishing (1) a common application and reporting system and, (2) an interagency process for addressing ways to streamline and simplify federal financial assistance application and administrative procedures and reporting requirements for program applicants.

This law also requires OMB to consult with the grantee community as it works with the federal agencies to develop and implement the course of action that would be undertaken by the federal agencies to establish an electronic site for accessing funding information and applications. Over the last two years, HUD has used its website to provide information to the public about HUD's participation in Interagency efforts to streamline grant and other financial assistance requirements and to seek your input as the federal agencies work together to achieve implementation. To find out about the work being done by the federal agencies to streamline and consolidate the application and reporting requirements, please go to http://www.hud.gov/offices/adm/grants/ pl-106107/pl106-107.cfm

*eGrants Initiative*. HUD is working with the 26 federal grant-making agencies on President George W. Bush's eGrants Initiative. This Initiative is an effort by federal agencies to develop a common electronic application and reporting system for federal financial assistance. This system will provide "one-stop shopping" for funding opportunities for all federal programs. This system is being developed in response to concerns that it is difficult for organizations to know all the funding available from the federal government and how to apply for funding. It also is an effort by the federal government to develop common application requirements, further streamlining the application process, making it easier for you, our customers, to apply for funding. The first segment of the eGrants Initiative focuses on allowing the public to easily find funding opportunities and then apply via eGrants. Funding decisions would still be under the control of the federal agency sponsoring the program funding opportunity. To find out more about the eGrants vision and implementation schedule, please visit our website at http://www.hud.gov/offices/adm/grants/ egrants/egrants.cfm

### I. INTRODUCTION TO THE FY 2003 SUPERNOFA

#### Background

This SuperNOFA is designed to make it easier to find and apply for funding under a wide variety of HUD programs. The SuperNOFA provides a "menu" of HUD funding opportunities. From this menu, communities are made aware of funding available for their jurisdictions. By providing access to information about available funding at one time, HUD believes applicants are better able to coordinate services within communities, avoid duplication, and more efficiently serve those most in need of assistance. Public housing agencies, local and state governments, tribal governments and triballydesignated housing entities, veterans service organizations, non-profit organizations, including grass-roots faith-based and other community-based organizations, and others will be able to identify the programs for which they are eligible.

#### Organization of the SuperNOFA

The SuperNOFA is divided into two major sections, the General Section and the Program Section. The General Section of the SuperNOFA describes the procedures and requirements applicable to all applications. For each funding opportunity, the Program Section describes the eligible applicants, eligible activities, factors for award, and any additional requirements or limitations. Please read both sections carefully to be sure your application is complete. Your attention to the sections will ensure that you apply for funding for which your organization is eligible and that you fulfill all the requirements for application submission.

As part of the simplification of this funding process and to avoid duplication of effort, the SuperNOFA provides for consolidated notices and applications for several of the programs that are part of this SuperNOFA. The funding chart in this introductory section of the SuperNOFA identifies the programs that have been consolidated and for which a consolidated application is made available to eligible applicants.

HUD provides copies of all required forms in this publication. Standard forms, certifications, and assurances applicable to all programs are published in the General Section, Appendix B. The forms and any additional certifications and assurances unique to an individual program follow that program's section of the SuperNOFA.

The specific statutory and regulatory requirements of the programs that are part of this SuperNOFA continue to apply to each program. Each SuperNOFA Program Section identifies, where necessary, the statutory requirements and other unique requirements applicable to each specific program. Please pay careful attention to the specific submission requirements that are identified for each funding opportunity. Not all applicants are eligible to receive assistance under all funding opportunities identified in this SuperNOFA.

#### II. HUD'S FY 2003 SUPERNOFA PROCESS

#### HUD's Strategic Goals

Implementing HUD's Strategic Framework and Demonstrating Results. HUD is committed to ensuring that programs result in the achievement of HUD's strategic mission. To support this effort, grant applications submitted for HUD programs will be rated on how well they tie proposed outcomes to HUD's policy priorities and Annual Goals and Objectives, and the quality of proposed Evaluation and Monitoring Plans. HUD's Strategic Framework establishes the following Goals and Objectives for the Department:

1. Increase Homeownership Opportunities

• Expand national homeownership opportunities.

- Increase minority homeownership.
  Make the home buying process less
- complicated and less expensive.Fight practices that permit
- predatory lending.

• Help HUD-assisted renters become homeowners.

• Keep existing homeowners from losing their homes.

2. Promote Decent Affordable Housing

• Expand access to affordable rental housing.

• Improve the physical quality and management accountability of public and assisted housing.

• Increase housing opportunities for the elderly and persons with disabilities.

• Help HUD-assisted renters make progress toward self-sufficiency.

3. Strengthen Communities

• Improve economic conditions in distressed communities.

- Make communities more livable.
- End chronic homelessness.
- Mitigate housing conditions that threaten health.

#### 4. Ensure Equal Opportunity in Housing

- Resolve discrimination complaints on a timely basis.
- Promote public awareness of Fair Housing laws.
- Improve housing accessibility for persons with disabilities.
- 5. Embrace High Standards of Ethics, Management, and Accountability
- Rebuild HUD's human capital and further diversify its workforce.
- Improve HUD's management, internal controls and systems, and
- resolve audit issues.
  Improve accountability, service of HI
- delivery, and customer service of HUD and our partners.
  - Ensure program compliance.

6. Promote Participation of Grass-Roots Faith-Based and Other Community-Based Organizations

• Reduce regulatory barriers to participation by grass-roots faith-based and other community-based organizations.

• Conduct outreach to inform potential partners of HUD opportunities.

• Expand technical assistance resources deployed to grass-roots faithbased and other community-based organizations.

• Encourage partnerships between grass-roots faith-based and other community-based organizations and HUD's traditional grantees.

You can find out about HUD's Strategic Framework and Annual Performance Plans at *http:// www.hud.gov/offices/cfo/reports/ cforept.cfm.* 

*Policy Priorities.* HUD encourages applicants to undertake specific activities that will assist the Department in implementing its policy priorities and which help the Department achieve its goals for FY 2004, when the majority of funding recipients will be reporting programmatic results and achievements. Applicants who include work activities that specifically address one or more of these policy priorities will receive higher rating scores than applicants who do not address these HUD priorities. Each NOFA in the Program Section of this SuperNOFA will specify which priorities relate to a particular program and how many points will be awarded for addressing those priorities.

(A) Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency. Too often, these individuals and families are shut out of the housing market through no fault of their own. Often developers of housing, housing counseling agencies, and other organizations engaged in the housing industry must work aggressively to open up the realm of homeownership and rental opportunities to low- and moderate-income persons, persons with disabilities, the elderly, minorities, or families with limited English proficiency. Many of these families are anxious to have a home of their own but are not aware of the programs and assistance that is available. Applicants are encouraged to address the housing, housing counseling, and other related supportive services needs of these individuals and coordinate their proposed activities with funding available through HUD's affordable housing programs and home loan programs. Proposed activities support strategic goals 1, 2, and 4.

(B) Improving our Nation's Communities. HUD wants to improve the quality of life for those living in distressed communities. Applicants are encouraged to include activities which:

(1) Bring private capital into distressed communities to:

• Finance business investments to grow new businesses;

• Maintain and expand existing businesses;

 Create a pool of funds for new small and minority-owned businesses;

• Create decent jobs for low-income persons.

(2) Improve the environmental health and safety of families living in public and privately-owned housing by including activities which:

• Coordinate lead hazard reduction programs with weatherization activities funded by state and local governments, and the federal government;

• Reduce or eliminate health related hazards in the home caused by toxic agents such as molds and other allergens, carbon monoxide and other hazardous agents and conditions.

(3) Make communities more livable.

• Provide public and social services.

• Improve infrastructure and community facilities.

Activities support strategic goals 2, 3, and 4.

(C) Encouraging Accessible Design *Features.* As described in Section V, applicants must comply with applicable civil rights laws including the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act. These laws, and regulations implementing them, provide for nondiscrimination based on disability and require housing and other facilities to incorporate certain features intended to provide for their use and enjoyment by persons with disabilities. HUD is encouraging applicants to add accessible design features beyond those required under civil rights laws and regulations. These features would eliminate many other barriers limiting the access of persons with disabilities to housing and other facilities. Copies of the Uniform Federal Accessibility Standards (UFAS) are available from the SuperNOFA Information Center (1-800-HUD-8929 or 1-800-HUD-2209 (TTY)) and also from the Office of Fair Housing and Equal Opportunity, U.S. Department of Housing and Urban Development, Room 5230, 451 Seventh Street, SW, Washington, DC 20410-2000; 202-755-5404 or 1-800-877 8399 (TTY Federal Information Relay Service).

Accessible design features are intended to promote visitability and incorporate features of universal design as described below:

(1) Visitability in New Construction and Substantial Rehabilitation. Applicants are encouraged to incorporate visitability standards where feasible in new construction and substantial rehabilitation projects. Visitability standards allow a person with mobility impairments access into the home, but do not require that all features be made accessible. Visitability means that there is at least one entrance at grade (no steps), approached by an accessible route such as a sidewalk; and that the entrance door and all interior passage doors are at least 2 feet 10 inches wide, allowing 32 inches of clear passage space. A visitable home also serves persons without disabilities, such as a mother pushing a stroller or a person delivering a large appliance. More information about visitability is available at http://

www.concretechange.org. Activities support strategic goals 2, 3, and 4.

(2) Universal Design. Applicants are encouraged to incorporate universal design in the construction or rehabilitation of housing, retail

establishments, and community facilities funded with HUD assistance. Universal design is the design of products and environments to be usable by all people to the greatest extent possible, without the need for adaptation or specialized design. The intent of universal design is to simplify life for everyone by making products, communications, and the built environment more usable by as many people as possible at little or no extra cost. Universal design benefits people of all ages and abilities. In addition to any applicable required accessibility features under Section 504 of the Rehabilitation Act of 1973 or the design and construction requirements of the Fair Housing Act, the Department encourages applicants to incorporate the principles of universal design when developing housing, community facilities, and electronic communication mechanisms, or when communicating with community residents at public meetings or events. HUD believes that by creating housing that is accessible to all, it can increase the supply of affordable housing for all, regardless of ability or age. Likewise, creating places where people work, train, and interact which are useable and open to all residents increases opportunities for economic and personal self-sufficiency. More information on Universal Design is available from the Center for Universal Design, at http:// www.design.ncsu.edu:8120/cud/ or the **Resource Center on Accessible Housing** and Universal Design, at http:// www.abledata.com/Site 2/accessib.htm.

Activities support strategic goals 1, 2, 3, and 4.

(D) Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations in HUD Program Implementation.

(1) HUD encourages non-profit organizations, including grassroots faith-based and other community-based organizations, to participate in the vast array of programs for which funding is available through this SuperNOFA. HUD also encourages states, units of local government, universities, and colleges and other organizations to partner with grassroots organizations, e.g., civic organizations, faithcommunities, and grassroots faith-based and other community-based organizations that have not been effectively utilized. These grassroots organizations have a strong history of providing vital community services such as assisting the homeless and preventing homelessness, counseling individuals and families on fair housing rights, providing elderly housing opportunities, developing first-time

homeownership programs, increasing homeownership and rental housing opportunities in neighborhoods of choice, developing affordable and accessible housing in neighborhoods across the country, creating economic development programs, and supporting the residents of public housing facilities. HUD wants to make its programs more effective, efficient, and accessible by expanding opportunities for grassroots organizations to participate in developing solutions for their own neighborhoods. Additionally, HUD encourages applicants to include these grass-roots faith-based and other community-based organizations in their workplans. Applicants, their partners, and participants must review the Program Section of this SuperNOFA to determine whether they are eligible to apply for funding directly or whether they must establish a working relationship with an eligible applicant in order to participate in a HUD funding opportunity. Grassroots faith-based and other community-based organizations, and applicants who currently or propose to partner, fund, subgrant, or subcontract with grassroots organizations (including grassroots faith-based or other community-based non-profits eligible under applicable program regulations) in conducting their work programs will receive higher rating points as specified in the program section of this SuperNOFA.

(2) Definition of *Grassroots* Organizations.

(a) HUD will consider an organization a "grassroots organization" if the organization is headquartered in the local community to which it provides services; and,

(i) Has a social services budget of \$300,000 or less, or

(ii) Has six or fewer full-time equivalent employees.

(b) Local affiliates of national organizations are not considered "grassroots." Local affiliates of national organizations are encouraged, however, to partner with grassroots organizations but must demonstrate that they are currently working with a grassroots organization (e.g., having a faith community or civic organization, or other charitable organization provide volunteers).

(c) The cap provided in paragraph (2)(a)(i) above includes only that portion of an organization's budget allocated to providing social services. It does not include other portions of the budget such as salaries and expenses not directly expended in the provision of social services.

Activities support strategic goal 6.

(E) *Colonias.* The Department of Housing and Urban Development is seeking to improve housing conditions for families living in Colonias. Colonias means any identifiable, rural community that:

• Is located in Arizona, California, New Mexico, or Texas;

• Is within 150 miles of the border between the United States and Mexico; and

• Is determined to be a colonia on the basis of objective need criteria, including lack of potable water supply, lack of adequate sewage systems, and lack of decent, safe, sanitary, and accessible housing.

Applicants proposing to create affordable housing and provide services to the Colonias will receive higher rating points.

Activities support strategic goals 1, 2, 3, and 4.

(F) Participation of Minority-Serving Institutions in HUD Programs. Pursuant to Executive Orders 13256 President's Board of Advisors on Historically Black Colleges and Universities, 13230 President's Advisory Commission on Educational Excellence for Hispanic Americans, 13216 Increasing Participation of Asian Americans and Pacific Islanders in Federal Programs, and 13270 Tribal Colleges and Universities, HUD is strongly committed to broadening the participation of Minority-Serving Institutions (MSIs) in its programs. HUD is interested in increasing the participation of MSIs in order to advance the development of human potential, strengthen the nation's capacity to provide high quality education, and increase opportunities for MSIs to participate and benefit from federal financial assistance programs. HUD encourages all applicants and recipients to include meaningful participation of MSIs in their work programs. A listing of MSIs can be found on the Department of Education Web site at http://www.ed.gov/offices/ OCR/minorityinst.html or HUD's Web site at http://www.hud.gov.

Activities support strategic goals 3 and 4.

(G) Participation in Energy Star. The Department of Housing and Urban Development has adopted a wideranging energy action plan for improving energy efficiency in all program areas. As a first step in implementing the energy plan, HUD, the Environmental Protection Agency (EPA) and the Department of Energy (DoE) have signed a joint partnership to promote energy efficiency in HUD's affordable housing efforts and programs. The purpose of the Energy Star partnership is to promote energy

efficiency of the affordable housing stock, but also to help protect the environment. Applicants constructing, rehabilitating, or maintaining housing or community facilities are encouraged to promote energy efficiency in design and operations. They are urged especially to purchase and use Energy Star labeled products. Applicants providing housing assistance or counseling services are encouraged to promote Energy Star building by homebuyers and renters. Program activities can include developing Energy Star promotional and information materials, outreach to lowand moderate-income renters and buyers on the benefits and savings when using Energy Star products and appliances, and promoting the designation of community buildings and homes as Energy Star compliant. For further information about Energy Star see http://www.energystar.gov or call 1-888-STAR-YES (1-888-782-7937) or for the hearing-impaired, 1-888-588-9920 TTY.

Activities support strategic goals 1 and 2.

(H) Ending Chronic Homelessness within Ten Years. President Bush has set a national goal to end chronic homelessness within ten years. Secretary Mel Martinez has embraced this goal and has pledged that HUD's grant programs will be used to support the President's goal and more adequately meet the needs of chronically homeless individuals. A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. In this year's SuperNOFA, applicants are encouraged to target assistance to chronically homeless persons by undertaking activities that will result in:

• Creation of affordable group homes or rental housing units;

• Establishing a set-aside of units of affordable housing for the chronically homeless;

• Substance abuse treatment programs targeted to homeless population;

• Job training programs which will provide opportunities for economic self-sufficiency;

• Counseling programs that assist homeless persons in finding housing, financial management, anger management, and building interpersonal relationships;

• Supportive services, such as health care assistance that will permit

homeless individuals to become productive members of society;

• Provision of Service Coordinators or One Stop Assistance Centers that will ensure that chronically homeless persons have access to a variety of social services.

Activities support Strategic Goals 2 and 3.

#### Changes in the FY 2003 SuperNOFA Process

New Rating Factor 5. For FY 2003, rating Factor 5 has been changed to "Achieving Results and Program Evaluation." This factor emphasizes HUD's commitment to ensuring that applicants keep promises made in their application and assess their performance to ensure performance goals are met.

Achieving results means you, the applicant, have clearly identified the benefits or outcomes of your program. Outcomes are ultimate goals. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals.

Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual against planned achievements. Your Evaluation and Monitoring Plan should identify what you are going to measure, how it will be measured, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes. HUD has included a new form, Logic Model, to help you complete your response to Rating Factor 5. The form is included in Appendix B, with other forms applicable to most or all of the programs in this SuperNOFA.

This new rating factor reflects HUD's goal to embrace high standards of ethics, management, and accountability.

Higher Minimum Score for Fundable Applications. For FY 2003, an application for any of the programs offered by this SuperNOFA must receive at least 75 points to be funded. Please take note of this scoring threshold and be sure to read the SuperNOFA carefully to ensure that you respond to the Factors for Award. A careful reading of the NOFA can help you improve your rating score.

Use of HUD 424 Forms. HUD has consolidated many of its application forms into a single HUD–424 form. The new HUD–424 consolidates budgetreporting forms for both construction and non-construction projects into a single form and eliminates the following separate certifications: Certification for a Drug-Free Workplace (HUD–50070), Certification of Payments to Influence Federal Transactions (HUD–50071), and Certification Regarding Debarment and Suspension (HUD–2992).

New form HUD 424 replaces SF 424 and HUD 424 M.

HUD 424 B replaces SF 424 B and D, and HUD 50070, 50071, and 2992.

HUD 424 C and CB replace SF 424 A and C.

The HUD 424 CBW is added as a common detailed Budget Worksheet to replace various budget worksheets used throughout the Department. These forms are available on HUD's Web Site at http://www.hud.gov/offices/adm/grants/fundsavail.cfm.

Race and Ethnicity. OMB published revised standards for collecting racial data on October 30, 1997. All agencies were required to be in compliance with the 1997 standards by January 1, 2003. These standards allow HUD and the other Federal agencies to acknowledge the growing diversity of the U.S. population. Under this policy, HUD and its business partners must offer individuals who are responding to agency data requests for race, the option of selecting one or more of five racial categories. HUD must also treat ethnicity as a separate category from race and change terminology for certain racial and ethnic groups. These definitions have been standardized across the Federal government and are provided below.

The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below:

• Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South, or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin," can be used in addition to "Hispanic" or "Latino."

• *Not Hispanic or Latino.* A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The five racial categories as revised by the Office of Management and Budget are defined as follows:

• American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

• Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

• Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American".

• Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

• White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Self-reporting or self-identification, rather than observer identification is the preferred method for collecting race and ethnicity data. Self-identification means that responses are based on selfperception. If you are required to provide HUD with race and ethnicity data, you must collect the data asking separate questions for race and for ethnicity. Furthermore, when collecting data the ethnicity question should precede the question about race. The Office of Management and Budget has recommended this sequence because pre-tests conducted by the U.S. Census Bureau found that placing ethnicity before race significantly reduced the non-response rate to the ethnicity question.

Thus, when collecting data from respondents it should be collected using the following two-question approach: Ethnicity: (Select only one) Hispanic or Latino Not Hispanic or Latino Race: (Select one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White

Once data is collected using the method above, it can be analyzed and aggregated when reporting ethnicity and race data to HUD. You should use the categories listed in the template below to report the aggregate information. If any multiple race category not included in the template exceeds one percent of the population, you should identify the category, the actual count, and its percentage of population. In addition, you should identify the total number of all racial categories reported that do not fit the list of categories below, and do not equate to one percent of the total population being reported including, the total number of all such racial and ethnic categories. Finally, you should indicate the aggregate totals of all the information you have gathered including the total of all racial categories and the total of all the ethnic categories.

For grantees that are currently collecting data, you may need to compare data collected under both standards. Guidance on bridging data periods will be available in the Program Section of the SuperNOFA and HUD's SuperNOFA Web site at *http:// www.hud.gov.* A copy of this reporting form can be found in Appendix B of the General Section of this SuperNOFA.

Below is the standard format for reporting this information.

Racial Categories	Total Number of Racial Categories Reported	Total Number of Ethnic Category Responses (Hispanic or Latino)
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native and White		
Asian and White		
Black or African American and White		1
American Indian or Alaska Native and Black African American		
* Other multi-racial categories: [Per the form instructions, write in a description using the box on the right]		
Balance of individuals reporting more than one race		· · ·
Total:		
*If the aggregate count of any reported multi-racial exceeds 1% of the population being reported, you s category here. Also indicate the total number of su reported, the population percentage, and the total n	should separately ind ich other multi-racial	licate each such

responses.

Executive Order 13166, Improving Access to Persons With Limited English Proficiency (LEP). Executive Order 13166 seeks to improve access to persons with limited English proficiency by providing materials and information in languages other than English.

Executive Order 13279 Equal Protection of the Laws for Faith-Based and Community Organizations. HUD is committed to full implementation of Executive Order 13279 and has undertaken a review of all policies and regulations that have implications for faith-based and community organizations, and has established a policy priority to provide full and equal access to grass-roots faith-based and other community-based organizations in HUD program implementation.

New Programs and Changes to Programs. The FY 2003 SuperNOFA includes the following funding opportunities, which were not included in FY2002:

• COPC Community Futures Awards;

• Housing Counseling—Predatory Lending;

• Housing Counseling—Section 8 Homeownership;

- Lead Outreach Grants;
- Lead Elimination Action Program;

• Community Development Work-Study;

• ROSS for Resident Services Delivery Model—Elderly;

• ROSS for Resident Services Delivery Model—Family.

Not Available for FY 2003. Funding opportunities that were part of the FY 2002 SuperNOFA but are not available in FY 2003 are:

• ROSS for Resident Management and Business Development;

• ROSS for Capacity Building;

• Rental Assistance for Non-elderly Persons with Disabilities Related to Certain Types of Section 8 Project-Based Development and Section 202, 221(d) and 236 Developments;

• Rental Assistance for Non-elderly Persons with Disabilities in Support of Designated Housing Plans.

Funding will be announced later in the year for:

• Permanent Housing and Special Efforts for Subpopulations Technical Assistance (PHASES–TA);

• Revitalization of Severely Distressed Public Housing (HOPE VI);

• Lead Hazard Reduction Demonstration Program;

Community Development Block

Grants for Indian Tribes and Alaska Native Villages (ICDBG);

• Urban Scholars Postdoctoral Fellowships;

• Research Studies on Homeownership and Affordable Lending;

• 202 Supportive Housing for the Elderly, Planning Grants.

Funding Notices Issued Prior to the SuperNOFA. Due to statutory deadlines

for the obligation of funds or for other reasons, there are several programs for which notices of funding availability have been issued prior to the SuperNOFA. These include:

• Collaborative Initiative to Help End Chronic Homelessness;

• Capacity Building for Community Development and Affordable Housing, and;

• Hope VI Demolition Grants;

• Research on the Socio-Economic Change in Cities.

Information on these programs is available on the HUD Web site at *http://www.hud.gov.* 

#### III. The Programs of This SUPERNOFA and the Amount of Funds Allocated

The funding opportunities that are part of this SuperNOFA are identified in the following chart. The amount of funds available is based on funds appropriated in FY 2003 and funds recaptured from prior years' appropriations. In the event that HUD recaptures program funds or other funds become available for a program, HUD reserves the right to increase the available funding by these additional amounts.

The chart also includes the application due date, the OMB approval number for the information collection requirements, and the Catalog of Federal Domestic Assistance (CFDA) number for each funding opportunity.

## HUD 2003 SuperNOFA Funding Chart

Program Name	Funding Available (funding is approximate)	Application Due Date	Submission Location and Room Number	
Community Development \$240.955 million				
Community Development Technical Assistance (TA)	\$22.9 million			
HOME TA CFDA No. 14.239 OMB Approval No: 2506-0166	\$8.3 million	June 4, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 7251 Washington, DC 20410 and a copy to the appropriate HUD Field Office	
CHDO (HOME) TA CFDA No: 14.239 OMB Approval No: 2506-0166	\$6 million	June 4, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 7251 Washington, DC 20410 and a copy to the appropriate HUD Field Office	
McKinney-Vento Homeless Assistance Programs TA CFDA No: 14.241 OMB Approval No: 2506-0166	\$6.6 million	June 4, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 7251 Washington, DC 20410 and a copy to the appropriate HUD Field Office	
HOPWA TA CFDA No: 14.235 OMB Approval No: 2506-0133	\$2 million	June 4, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 7251 Washington, DC 20410 and a copy to the appropriate HUD Field Office	
University and College Programs	\$34.092million			
Historically Black Colleges and Universities (HBCU) Program CFDA No. 14.520 OMB Approval No.: 2506-0122	\$9.935 million	June 12, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 7251 Washington, DC 20410 and a copy to appropriate HUD Field Office	
Hispanic-Serving Institutions Assisting Communities (HSIAC) Program CFDA No. 14.514 OMB Approval No.: 2528-0198	\$7.046 million	June 12, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 7251 Washington, DC 20410	

Program Name	Funding Available (funding is approximate)	Application Due Date	Submission Location and Room Number
Alaska Native/Native Hawaiian Communities Program (AN/NHIAC) CFDA No. 14.515	\$6.981 million	June 12, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 7251 Washington, DC 20410
OMB Approval No.: 2528-0206			
Tribal Colleges and Universities Program (TCUP)	\$3.175 million	June 12, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW
CFDA No.: 14.519 OMB Approval No.:			Room 7251 Washington, DC 20410
Community Outreach Partnership Centers (COPC)	\$5 million	June 24, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW
CFDA No: 14.511 OMB Approval No: 2528-0180			Room 7251 Washington, DC 20410
COPC Community Futures Demonstration	\$1.955 million	June 24, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW
CFDA No: 14.511 OMB Approval No: 2528-0180			Room 7251 Washington, DC 20410
Student Research and Study Programs	\$3.65 million		
Early Doctoral Student Research Grant Program CFDA No.: 14.517	\$150,000	May 27, 2003	Danya International Inc. Office of University Partnerships Clearinghouse 8737 Colesville Road
OMB Approval No.: 2528-0216			Suite 1200 Silver Spring, MD 20910
Doctoral Dissertation Research Grant Program CFDA No.: 14.516	\$400,000	May 27, 2003	Danya International Inc. Office of University Partnerships Clearinghouse 8737 Colesville Road
OMB Approval No.: 2528-0213			Suite 1200 Silver Spring, MD 20910
Community Development Work Study Program	\$3.1 million	May 27, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW
CFDA No.: 14.512 OMB Approval No.: 2528-0175			Room 7251 Washington, DC 20410
Fair Housing Initiative Program	\$17.618 million		
Fair Housing - Private Enforcement Initiative (PEI)	\$10.2 million	June 5, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW
CFDA No. 14.410 OMB Approval No.: 2539-0033			Room 5254 Washington, DC 20410

Program Name	Funding Available (funding is approximate)	Application Due Date	Submission Location and Room Number
Fair Housing Education and Outreach Imitative –(EOI) CFDA No.14.409 OMB Approval No.: 2539 0033	\$5.318 million	June 5, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 5254 Washington, DC 20410
Fair Housing Organizations Initiative (FHOI) CFDA No. 14.413	\$2.1 million	June 5, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 5254 Washington, DC 20410
OMB Approval No.: 2539-0033 Housing Counseling	\$37.56 million		
Programs Housing Counseling – Local Housing Counseling Agencies (LHCA)	\$12.45 million	June 25, 2003	Appropriate HUD Homeownership Center
CFDA No. 14.169 OMB Approval No.: 2502-0261			
Housing Counseling – National and Regional Intermediaries	\$18.16 million	June 25, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 9166
CFDA No. 14. 169 OMB Approval No.: 2502-0261			Washington, DC 20410
Housing Counseling – State Housing Finance Agencies (SHFA)	\$2 million	June 25, 2003	Appropriate HUD Homeownership Center
CFDA No. 14. 169 OMB Approval No.: 2502-0261			
Housing Counseling – Colonias	\$250,000	June 25, 2003	Santa Ana Homeownership Center
CFDA No. 14. 169 OMB Approval No.: 2502-0261			
Housing Counseling – Predatory Lending	\$2.7 million	June 25, 2003	Santa Ana Homeownership Center
CFDA No. 14. 169 OMB Approval No.: 2502-0261			
Housing Counseling – Section 8 Homeownership	\$2 million	June 25, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW
CFDA No. 14, 169 OMB Approval No.: 2502-0261			Room 9266 Washington, DC 20410

Program Name	Funding Available (funding is approximate)	Application Due Date	Submission Location and Room Number
Healthy Homes and Lead Hazard Control Programs	\$125.135 million		
Lead Hazard Control Program CFDA No.: 14.900 OMB Control No.: 2539-0015	\$103 million	June 10, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room P3206 Washington, DC 20410
Healthy Homes and Lead- Technical Studies CFDA No.: 14.902 OMB Control No.: 2539-0010	\$5 million	June 10, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room P3206 Washington, DC 20410
Healthy Homes Demonstration Program CFDA No.: 14.901 OMB Control No.: 2539-0015	\$5 million	Junc 10, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room P3206 Washington, DC 20410
Lead Outreach Grant Program CFDA No: 14.904 OMB Control No	S2.2 million	June 10, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room P3206 Washington, DC 20410
Operation Lead Elimination Action Program CFDA No: 14.903 OMB Control No.	\$9.935 million	June 10, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room P3206 Washington, DC 20410
<b>Economic Developmer</b>	nt and Empow	erment Progr	ams \$231.334 million
Economic Development Programs	\$181.66 million		· · · · · · · · · · · · · · · · · · ·
Brownfields Economic Development Initiative (BEDI) CFDA No.: 14.246 OMB Control No.:2506-0153	\$29.5 million	July 16, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 7251 Washington, DC 20410
Self-Help Homeownership Opportunity Program (SHOP) CFDA No.: 14.247 OMB Control No.: N/A	\$25.08 million	July 3, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 7251 Washington, DC 20410
Youthbuild CFDA No.: 14.243 OMB Approval No.: 2506-0142	\$54.6 million	June 6, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 7251 Washington, DC 20410

Program Name	Funding Available (funding is approximate)	Application Due Date	Submission Location and Room Number
Rural Housing and Economic Development CFDA No.: 14.250 OMB Approval No.: 2506-0169	\$24.8 million	May 27, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 7251 Washington, DC 20410
Housing Choice Voucher (HCV) Family Self-Sufficiency (FSS) Program Coordinators CFDA No.: 14.855 & 14.85 OMB Approval No.: 2577-0198	\$47.68 million	May 30, 2003	PIH Grants Management Center Mail Stop: Housing Choice Voucher Family Self-Sufficiency Program 2001 Jefferson Davis Hwy Suite 703 Arlington, VA 22202
Public Housing Resident Opportunity and Self- Sufficiency (ROSS)	\$49.674 million		
ROSS for Resident Services Delivery Model-Elderly and Persons With Disabilities CFDA No.: 14.870 OMB Approval No.: 2577-0229	\$9.30 million	June 11, 2003	PIH Grants Management Center Mail Stop: ROSS for Resident Services Delivery Model-Elderly 2001 Jefferson Davis Hwy Suite 703 Arlington, VA 22202
ROSS for Resident Services Delivery Model- Family CFDA No.: 14.870 OMB Approval No.: 2577-0229	\$14.345 million	June 19, 2003	PIH Grants Management Center Mail Stop: ROSS for Resident Services Delivery Model- Family 2001 Jefferson Davis Hwy Suite 703 Arlington, VA 22202
ROSS for Neighborhood Networks CFDA No.: 14.870 OMB Approval No.: 2577-0229	\$14.902 million	May 27, 2003	PIH Grants Management Center Mail Stop: ROSS for Neighborhood Networks 2001 Jefferson Davis Hwy Suite 703 Arlington, VA 22202
ROSS for Homeownership Supportive Services CFDA No.: 14.870 OMB Approval No.: 2577-0229	\$11.127 million	June 7, 2003	PIH Grants Management Center Mail Stop: ROSS for Homeownership Supportive Services 2001 Jefferson Davis Hwy Suite 703 Arlington, VA 22202

Program Name	Funding Available (funding is approximate)	Application Due Date	Submission Location and Room Number
<b>Targeted Housing and</b>	<b>Homeless As</b>	sistance Progr	ams \$1.822 billion
Continuum of Care Homeless Assistance Supportive Housing CFDA No. 14.235 Shelter Plus Care CFDA No. 14.238 Section 8 Moderate Rehabilitation SRO -CFDA No. 14.249	\$1.06 billion	July 15, 2003	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 7270 Washington, DC 20410 and two copies to the appropriate HUD Field Office
OMB Approval No. 2506-0112 Housing Opportunities for Persons With AIDS (HOPWA) Renewal Permanent Supportive Housing Projects CDC Study New or Continuing Projects CFDA No.: 14.241	\$28.8 million	June 17, 2003 (renewals) July 9, 2003 (others)	HUD Headquarters Robert C. Weaver Building 451 7 <sup>th</sup> ST SW Room 7251 Washington, DC 20410 and two copies to the appropriate HUD Field Office
OMB Approval No.: 2506-0133 Assisted Living Conversion Program for Eligible Multifamily Projects CFDA No.: 14.314 OMB Approximital Action 2502 0542	\$64 million	July 10, 2003	Appropriate Multifamily Hub Office
OMB Approval No.: 2502-0542 Service Coordinators in Multifamily Housing CFDA No.: 14.191 OMB Approval No.: 2502-0447	\$25 million	July 10, 2003	Appropriate HUD Multifamily Hub Office or Multifamily Program Center
Mainstream Housing Opportunities For Persons With Disabilities (Mainstream Program) CFDA No.: 14.871 OMB Approval No.: 2577-0169	\$53.6 million	June 18, 2003	Grants Management Center Mail Stop: Mainstream Program 2001 Jefferson Davis Highway Suite 703 Arlington, VA 22202
Section 202 Supportive Housing for the Elderly CFDA No.: 14.157 OMB Approval No.: 2502-0267	\$473.8 million	June 13, 2003	Appropriate HUD Multifamily Hub Office or Multifamily Program Center
Section 811 Supportive Housing for Persons With Disabilities CFDA No.: 14.181 OMB Approval No.: 2502-0462	\$116.8 million	June 13, 2003	Appropriate HUD Multifamily Hub Office or Multifamily Program Center

Paperwork Reduction Act Statement. The information collection requirements in this SuperNOFA have been approved by OMB under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The preceding chart provides the OMB approval number for each program that is part of this SuperNOFA. Where the chart notes that an OMB number is pending, this means that HUD has submitted the information to OMB to obtain an approval number and HUD's request for the number is pending. As soon as HUD receives the approval number, the number will be published in the Federal Register and provided to the SuperNOFA Information Center. Under the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

#### IV. Authority, Funding Amounts, and Eligible Applicants and Activities

(A) Authority. HUD's authority for making funding available under this SuperNOFA is Division K, Consolidated Appropriations Resolution, 2003, Public Law 108–7, approved February 20, 2003 (FY 2003 Consolidated Appropriations). Generally, this statement of authority is not repeated in the Program Section of this SuperNOFA. The authority provision in the Program Section identifies additional statutes and regulations that authorize the requirements listed for the funding competitions that make up this SuperNOFA.

(B) Funding Available. As noted in Section III of this General Section of the SuperNOFA, the HUD programs in this SuperNOFA are allocated amounts based on appropriated funds. If HUD recaptures funds in any program, HUD reserves the right to increase the available funding by those amounts.

(*C*) Eligible Applicants and Eligible Activities. The Program Section of the SuperNOFA describes the eligible applicants and eligible activities for each program.

#### V. Requirements and Procedures Applicable to All Programs

Except as may be modified in the Program Section of this SuperNOFA, the requirements, procedures and principles listed below apply to all programs that are part of this SuperNOFA. Please read the Program Section of the SuperNOFA for additional requirements or information.

(A) Statutory and Regulatory Requirements. To be eligible for funding under this SuperNOFA, you, the applicant, must meet all statutory and

regulatory requirements applicable to the program or programs for which you seek funding. If you need copies of the program regulations, they are available from the SuperNOFA Information Center or through the HUD Web site, *http://www.hud.gov.* See the Program Section for instructions on how HUD will respond to proposed activities that are ineligible. With the exception of the Section 202 and Section 811 programs, HUD may also eliminate the ineligible activities from funding consideration and reduce funding amounts accordingly. Because of the competitive demand for Section 202 and Section 811 funds, applications to these two programs that include ineligible activities will be rejected and will not be rated and ranked.

(B) Threshold Requirements.

(1) Ineligible Applicants. HUD will not consider an application from an ineligible applicant.

(2) Compliance with Fair Housing and Civil Rights Laws.

(a) With the exception of federally recognized Indian tribes and their instrumentalities, all applicants and their subrecipients must comply with all Fair Housing and Civil Rights laws, statutes, regulations, and Executive Orders as enumerated in 24 CFR 5.105(a), as applicable. If you are a federally recognized Indian tribe, you must comply with the nondiscrimination provisions enumerated at 24 CFR 1000.12, as applicable. In addition to these requirements, there may be program-specific threshold requirements identified in the Program Sections of the SuperNOFA.

(b) If you, the applicant:

(i) Have been charged with a systemic violation of the Fair Housing Act alleging ongoing discrimination;

(ii) Are a defendant in a Fair Housing Act lawsuit filed by the Department of Justice alleging an on-going pattern or practice of discrimination; or,

(iii) Have received a letter of noncompliance findings, identifying ongoing or systemic noncompliance, under Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, or Section 109 of the Housing and Community Development Act; and If the charge, lawsuit, or letter of findings has not been resolved to HUD's satisfaction before the application deadline stated in the individual program NOFA, you may not apply for assistance under this SuperNOFA. HUD will not rate and rank your application. HUD's decision regarding whether a charge, lawsuit, or a letter of findings has been satisfactorily resolved will be based upon whether appropriate actions have been taken to address allegations of ongoing discrimination in the policies or practices involved in the charge, lawsuit, or letter of findings.

Examples of actions that may be taken prior to the application deadline to resolve the charge, lawsuit, or letter of findings, include but are not limited to a:

(i) Voluntary compliance agreement signed by all parties in response to the letter of findings;

(ii) HUD-approved conciliationagreement signed by all parties;(iii) Consent order or consent decree;

or (iv) Judicial ruling or a HUD Administrative Law Judge's decision that exonerates the respondent of any allegations of discrimination.

(3) Conducting Business In Accordance with Core Values and Ethical Standards. Entities subject to 24 CFR parts 84 and 85 (most non-profit organizations and state, local and tribal governments or government agencies or instrumentalities who receive federal awards of financial assistance) are required to develop and maintain a written code of conduct (see §§ 84.42 and 85.36(b)(3)). Consistent with regulations governing specific programs, your code of conduct must: prohibit real and apparent conflicts of interest that may arise among officers, employees, or agents; prohibit the solicitation and acceptance of gifts or gratuities by your officers, employees, and agents for their personal benefit in excess of minimal value; and, outline administrative and disciplinary actions available to remedy violations of such standards. If awarded assistance under this SuperNOFA, you will be required, prior to entering into an agreement with HUD, to submit a copy of your code of conduct and describe the methods you will use to ensure that all officers, employees, and agents of your organization are aware of your code of conduct. Failure to meet the requirement for a code of conduct will prohibit you from receiving an award of funds from HUD.

(4) Delinquent Federal Debts. Consistent with the purpose and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), no award of federal funds shall be made to an applicant who has an outstanding delinquent federal debt until: (a) The delinquent account is paid in full; (b) a negotiated repayment schedule is established and at least one payment is received; or (c) other arrangements satisfactory to the Department of Housing and Urban Development are made prior to the deadline submission date.

(5) Pre-Award Accounting System Surveys. HUD may arrange for a preaward survey of the applicant's financial management system in cases where the recommended applicant has no prior federal support, the program area has reason to question whether the applicant's financial management system meets federal financial management standards, or the applicant is considered a high risk based upon past performance or financial management findings. HUD will not make an award to any applicant who does not have a financial management system that meets federal standards.

(6) Other Threshold Requirements. The Program Section for the funding for which you are applying may specify other threshold requirements. Additional threshold requirements may be identified in the discussion of "eligibility" requirements in the Program Section.

(C) Additional Non-discrimination Requirements. You, the applicant, and your subrecipients must comply with the Americans with Disabilities Act of 1990 (42 U.S.C. 1201 *et seq.*) and Title IX of the Education Amendments Act of 1972 (20 U.S.C. 1681 *et seq*).

(D) Affirmatively Furthering Fair Housing. Under Section 808(e)(5) of the Fair Housing Act, HUD is obliged to affirmatively further fair housing. HUD requires the same of its funding recipients. If you are a successful applicant, you will have a duty to affirmatively further fair housing opportunities for classes protected under the Fair Housing Act. Protected classes are race, color, national origin, religion, sex, disability, and familial status. Unless otherwise instructed in the Program Section of this SuperNOFA, your application must include specific steps to:

(1) Overcome the effects of impediments to fair housing choice that were identified in the jurisdiction's Analysis of Impediments (AI) to Fair Housing Choice;

(2) Remedy discrimination in housing; and/or

(3) Promote fair housing rights and fair housing choice.

Further, you, the applicant, have a duty to carry out the specific activities provided in your responses to the SuperNOFA rating factors that address affirmatively furthering fair housing. Please see the Program Section of this SuperNOFA for additional information.

The requirements to affirmatively further fair housing apply to:

• Alaska Native/Native Hawaiian Institutions Assisting Communities (AN/NHIAC);

• Assisted Living Conversion Program (ALCP) for Eligible Multifamily Housing Projects; • Brownfields Economic Development Initiative (BEDI);

• Community Outreach Partnership Centers (COPC);

• Continuum of Care Homeless Assistance Programs (SHP, Shelter Plus Care, Section 8 Moderate Rehab);

- Fair Housing Initiatives Program (FHIP);
- Funding Availability for Rental Certificate/Housing Choice Voucher

Family Self-Sufficiency (FSS) Program;Healthy Homes DemonstrationProgram;

• Healthy Homes Initiative and Lead Technical Studies;

• Hispanic-Serving Institutions Assisting Communities (HSIAC);

• Historically Black Colleges and Universities (HBCU) Program;

Housing Counseling;

• Housing Opportunities for Persons With AIDS (HOPWA);

Lead Hazard Control Program;

• Mainstream Housing Opportunities for Persons with Disabilities;

Public Housing Resident

Opportunities and Self-Sufficiency (ROSS) Program;

• Rental Assistance for Non-Elderly Persons with Disabilities in Support of Designated Housing Plans;

• Rental Assistance for Non-Elderly Persons with Disabilities Related to Certain Developments;

• Resident Opportunities for Self-Sufficiency (ROSS) for Homeownership Supportive Services;

• Rural Housing and Economic

Development (RHED);

• Section 202 Supportive Housing for Elderly Persons;

• Section 811 Supportive Housing for Persons with Disabilities;

• Self-Help Homeownership

Opportunity Program (SHOP);Service Coordinators in Multifamily

Housing; and

• Youthbuild Program.

(E) Economic Opportunities for Lowand Very Low-Income Persons (Section 3). Certain programs in this SuperNOFA require recipients of assistance to comply with Section 3 of the Housing and Urban Development Act of 1968 (Section 3), 12 U.S.C. 1701u (Economic Opportunities for Low- and Very Low-Income Persons in Connection with Assisted Projects) and the HUD regulations at 24 CFR part 135, including the reporting requirements at subpart E. Section 3 requires recipients to ensure that, to the greatest extent feasible, training, employment, and other economic opportunities will be directed to low- and very-low income persons, particularly those who are recipients of government assistance for housing, and business concerns which

provide economic opportunities to lowand very low-income persons. As noted in the Program Section of this SuperNOFA, Section 3 is applicable to the following programs:

• Alaska Native/Native Hawaiian Institutions Assisting Communities (AN/NHIAC);

• Assisted Living Conversion Program (ALCP);

• Brownfields Economic Development Initiative (BEDI);

Continuum of Care Homeless
 Assistance Programs;

• Healthy Homes and Lead Technical Studies:

• Healthy Homes Demonstration Program;

• Hispanic-Serving Institutions Assisting Communities (HSIAC);

• Historically Black Colleges and Universities (HBCU) Program;

Housing Opportunities for Persons

With AIDS (HOPWA); • Lead Hazard Control;

 Lead Elimination Action Program (LEAP);

 Resident Opportunities and Self-Sufficiency Program (ROSS);

• Rural Housing and Economic

Development (RHED);Section 202 Supportive Housing for the Elderly Program;

• Section 811 Supportive Housing for Persons with Disabilities Program;

• Self-Help Homeownership

Opportunity Program (SHOP); andYouthbuild Program.

(F) Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses. HUD is committed to ensuring that small businesses, small disadvantaged businesses, and womenowned businesses participate fully in HUD's direct contracting and in contracting opportunities generated by HUD financial assistance. Too often, these businesses still experience difficulty accessing information and successfully bidding on federal contracts. State, local, and tribal governments are required by 24 CFR 85.36(e) and non-profit recipients of assistance (grantees and sub-grantees) by 24 CFR 84.44(b), to take all necessary affirmative steps in contracting for purchase of goods or services to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible, or as specified in the Program Section.

(G) *Relocation*. The relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and the implementing government-wide regulation at 49 CFR part 24 cover any person who moves permanently from real property or moves personal property from real property directly because of acquisition, rehabilitation, or demolition for an activity undertaken with HUD assistance. Some HUD program regulations also cover persons who are temporarily relocated. See, *e.g.*, 24 CFR 570.606(b)(2)(i)(D)(1)—(3), providing guidance on temporary relocation for CDBG. Applicants should review the regulations for the programs for which they are applying when planning their project.

(H) Forms, Certifications, and Assurances. You, the applicant, are required to submit signed copies of the standard forms, certifications, and assurances listed in this section, unless the requirements in the Program Section specify otherwise. In addition, the Program Section may specify additional forms, certifications, assurances, or other information that may be required for a particular program in this SuperNOFA. As part of HUD's continuing efforts to improve the SuperNOFA process, several of the required standard forms have been simplified this year. The HUD standard forms, certifications, and assurances are:

• Disclosure of Lobbying Activities (SF–LLL);

• Application for Federal Assistance (HUD–424);

• Budget Summary for Competitive Grant Programs (HUD–424C);

Applicant Assurances and

Certifications (HUD-424B);

• Grant Application Detailed Budget (HUD-424-CB);

 Grant Application Detailed Budget Worksheet (HUD–424–CBW);

• Applicant/Recipient Disclosure/ Update Report (HUD–2880);

• Certification of Consistency with RC/EZ/EC Strategic Plan (HUD–2990) if applicable;

• Certification of Consistency with the Consolidated Plan (HUD–2991) if applicable;

• Acknowledgment of Application Receipt (HUD–2993);

• Client Comments and Suggestions (HUD 2994) (Optional);

• Survey on Ensuring Equal Opportunity for Applicants (HUD– 23004);

• Race and Ethnic Data Reporting Form (HUD–27061);

• Program Outcome Logic Model (HUD–96010–I).

Copies of these standard forms and

the Funding Application for the Housing Choice Voucher Program (HUD 52515) follow this General Section of the SuperNOFA. Copies of forms that are particular to an individual program follow the funding information for that program.

(I) Name Check Review. Applicants are subject to a name check review process. Name checks are intended to reveal matters that significantly reflect on the applicant's management and financial integrity, or if any key individuals have been convicted or are presently facing criminal charges. If the name check reveals significant adverse findings that reflect on the business integrity or responsibility of the recipient and/or key individual, HUD reserves the right to: (a) Deny funding or consider suspension/termination of an award immediately for cause; (b) require the removal of any key individual from association with management of and/or implementation of the award; and (c) make appropriate provisions or revisions with respect to the method of payment and/or financial reporting requirements.

*(J) False Statements.* A false statement in an application is grounds for denial or termination of an award and grounds for possible punishment as provided in 18 U.S.C. 1001.

(K) OMB Circulars and Governmentwide Regulations Applicable to Financial Assistance Programs. Certain OMB circulars also apply to programs in this SuperNOFA. The policies, guidance, and requirements of OMB Circular A–87 (Cost Principles Applicable to Grants, Contracts and Other Agreements with State and Local Governments), OMB Circular A-21 (Cost Principles for Education Institutions), OMB A-122 (Cost Principles for Nonprofit Organizations), OMB Circular A-133 (Audits of States, Local Governments, and Non-Profit Organizations), and the regulations in 24 CFR part 84 (Grants and Agreements with Institutions of Higher Education, Hospitals, and other Non-Profit Organizations), and 24 CFR part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Federally recognized Indian tribal governments), may apply to the award, acceptance, and use of assistance under the programs of this SuperNOFA, and to the remedies for non-compliance, except when inconsistent with the provisions of the FY 2003 Consolidated Appropriations, other federal statutes or regulations, or the provisions of this SuperNOFA. Compliance with additional OMB Circulars or government-wide regulations may be specified for a particular program in the Program Section of the SuperNOFA. Copies of the OMB Circulars may be obtained from EOP Publications, Room 2200, New Executive Office Building, Washington, DC 20503, telephone (202) 395–3080 (this is not a toll-free number)

or 1–800–877 8399 (TTY Federal Information Relay Service); or, from the Web site, *http://www.whitehouse.gov/ omb/circulars/index.html.* 

(L) Environmental Requirements. If you become a recipient under one of the programs in this SuperNOFA that assist physical development activities or property acquisition, you are generally prohibited from acquiring, rehabilitating, converting, demolishing, leasing, repairing or constructing property, or committing or expending HUD or non-HUD funds for these types of program activities, until one of the following has occurred:

(1) HUD has completed an environmental review in accordance with 24 CFR part 50; or

(2) For programs subject to 24 CFR part 58, HUD has approved a recipient's Request for Release of Funds (Form HUD 7015.15) following a Responsible Entity's completion of an environmental review.

You, the applicant, should consult the Program Section of the SuperNOFA for the applicable program to determine the procedures for, timing of, and any exclusions from environmental review under a particular program. For applicants applying for funding under the Sections 202 or 811 Programs, please note the environmental review requirements for these programs.

(M) Conflicts of Interest. If you are a consultant or expert who is assisting HUD in rating and ranking applicants for funding under this SuperNOFA, you are subject to 18 U.S.C. 208, the federal criminal conflict of interest statute, and the Standards of Ethical Conduct for Employees of the Executive Branch regulation published at 5 CFR part 2635. As a result, if you have assisted or plan to assist applicants with preparing applications for this SuperNOFA, you may not serve on a selection panel and you may not serve as a technical advisor to HUD for this SuperNOFA. All individuals involved in rating and ranking this SuperNOFA, including experts and consultants, must avoid conflicts of interest or the appearance of conflicts. Individuals involved in the rating and ranking of applications must disclose to HUD's General Counsel or HUD's Ethics Law Division the following information, if applicable: how the selection or non-selection of any applicant under this SuperNOFA will affect the individual's financial interests, as provided in 18 U.S.C. 208; or, how the application process involves a party with whom the individual has a covered relationship under 5 CFR 2635.502. The individual must disclose this information prior to participating in any matter regarding this SuperNOFA. If you have questions regarding these provisions or if you have questions concerning a conflict of interest, you may call the Office of General Counsel, Ethics Law Division, at (202) 708–3815.

(N) Prohibition Against Lobbying Activities. You, the applicant, are subject to the provisions of Section 319 of the Department of Interior and Related Agencies Appropriation Act for Fiscal Year 1991, 31 U.S.C. 1352 (the Byrd Amendment), which prohibits recipients of federal contracts, grants, or loans from using appropriated funds for lobbying the executive or legislative branches of the federal government in connection with a specific contract, grant, or loan. When you sign Form HUD-424, Application for Federal Assistance, you certify, to the best of vour knowledge and belief, that no federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this federal grant or its extension, renewal, amendment, or modification. In addition, you must disclose, using Standard Form LLL "Disclosure of Lobbying Activities," any funds, other than federally appropriated funds, that will be or have been used to influence federal employees, Members of Congress, and congressional staff regarding specific grants or contracts. Federally recognized Indian tribes and tribally designated housing entities (TDHEs) established by federally recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but state-recognized Indian tribes and TDHEs established under state law must comply with this requirement.

(O) Accessible Technology. The Rehabilitation Act Amendments of 1998 (the Act) apply to all electronic information technology (EIT) used by a recipient for transmitting, receiving, using, or storing information to carry out the responsibilities of any federal funds awarded. The Act's coverage includes, but is not limited to, computers (hardware, software, wordprocessing, email, and web pages), facsimile machines, copiers, and telephones. When developing, procuring, maintaining, or using EIT, funding recipients must ensure that the EIT allows employees with disabilities and members of the public with disabilities to have access to and use of information and data that is comparable to the access and use of information and data by employees and members of the public who do not have disabilities. If these standards impose a hardship on a funding recipient, a recipient may provide an alternative means to allow the individual to use the information and data. However, no recipient will be required to provide information services to a person with disabilities at any location other than the location at which the information services is generally provided.

(P) Procurement of Recovered Materials. State agencies and agencies of a political subdivision of a state that are using assistance under this SuperNOFA for procurement, and any person contracting with such an agency with respect to work performed under an assisted contract, must comply with the requirements of Section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. In accordance with Section 6002, these agencies and persons must procure items designated in guidelines of the Environmental Protection Agency at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the quantity acquired in the preceding fiscal year exceeded \$10,000; must procure solid waste management services in a manner that maximizes energy and resource recovery; and must have established an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

(Q) Participation in HUD-Sponsored Program Evaluation. As a condition of the receipt of financial assistance under this SuperNOFA all successful applicants will be required to cooperate with all HUD staff or contractors performing HUD-funded research and evaluation studies.

(R) Executive Order 13202, Preservation of Open Competition and Government Neutrality Towards Government Contractors' Labor Relations on Federal and Federally Funded Construction Projects. Consistent with Executive Order 13202, "Preservation of Open Competition and **Government Neutrality Towards** Government Contractors' Labor Relations on Federal and Federally Funded Construction Projects," as amended, it is a condition of receipt of assistance under this SuperNOFA that neither you nor any subrecipient or program beneficiary receiving funds under an award granted under this SuperNOFA, nor any construction manager acting on behalf of you or any

such subrecipient or program beneficiary, may require bidders, offerors, contractors, or subcontractors to enter into or adhere to any agreement with any labor organization on any construction project funded in whole or in part by such award or on any related federally funded construction project; or prohibit bidders, offerors, contractors, or subcontractors from entering into or adhering to any such agreement on any such construction project; or otherwise discriminate against bidders, offerors, contractors, or subcontractors on any such construction project because they become or refuse to become or remain signatories or otherwise to adhere to any such agreements. Contractors and subcontractors are not prohibited from voluntarily entering into such agreements. A recipient or its construction manager may apply to HUD under Section 5(c) of the Executive Order for an exemption from these requirements for a project where a construction contract on the project had been awarded as of February 17, 2001, and was subject to requirements that are prohibited under the Executive Order.

(S) Executive Order 13166, Improving Access to Persons With Limited English Proficiency (LEP). Consistent with Executive Order 13166, "Improving Access to Persons With Limited English Proficiency (LEP") issued on August 11, 2000, all HUD recipients should take reasonable steps to provide certain materials and information available in languages other than English. The determination as to what materials, languages, and modes of translation/ interpretation services should be used shall be based upon: (a) The specific needs and capabilities of the LEP populations among the award recipient's program beneficiaries and potential beneficiaries of assistance (e.g. tenants, community residents, counselees, trainees, etc.); (b) the recipient's primary and major program purposes; (c) resources of the recipient and size of the program; and (d) local housing, demographic, and community conditions and needs. Further guidance may be found at *http://www.lep.gov.* 

(T) Executive Order 13279 Equal Protection of the Laws for Faith-Based and Community Organizations. HUD is committed to full implementation of 13279 and has undertaken a review of all policies and regulations that have implications for faith-based and community organizations, and has established a policy priority to provide full and equal access to grass-roots faithbased and other community-based organizations in HUD program implementation. As part of HUD's efforts to support the Administration's Initiative, HUD has included Form HUD–23004, Survey on Ensuring Equal Opportunity for Applicants, with the standard forms in Appendix B of the General Section of this SuperNOFA. HUD asks that applicants complete this form to help HUD assess the extent of participation by grassroots faith-based and other community-based organizations.

(U) Salary Limitation for Consultants. FY 2003 funds may not be used to pay or to provide reimbursement for payment of the salary of a consultant at more than the daily equivalent of the rate paid for level IV of the Executive Schedule, unless specifically authorized by law.

#### VI. Application Selection Process

(A) Threshold Compliance. Only applications that meet all of the threshold requirements will be eligible to be rated and ranked.

(B) Rating Panels. To review and rate applications, HUD may establish panels which may include persons not currently employed by HUD. HUD may include these non-HUD employees to obtain certain expertise and outside points of view, including views from other federal agencies.

*Rating.* HUD will evaluate and rate all applications for funding that meet the threshold requirements.

 Past Performance. In evaluating applications for funding HUD will take into account applicants' past performance in managing funds, including the ability to account for funds appropriately; timely use of funds received either from HUD or other federal, state, or local programs; meeting performance targets for completion of activities and receipt of promised matching or leveraged funds; and, number of persons to be served or targeted for assistance. HUD may consider information available from HUD's records or available from public sources such as, but not limited to, newspapers, Inspector General or **Government Accounting Office Reports** or Findings, and/or hotline complaints that have been proven to have merit. • Deducting Points for Poor

• Deducting Points for Poor Performance. In evaluating past performance, HUD may elect to deduct points from the rating score or establish threshold levels as specified under the Factors for Award in the Program Section of this SuperNOFA.

Ranking. HUD will rank applicants within each program or, for Continuum of Care applicants, across the three programs identified in the Continuum of Care section of this SuperNOFA. HUD will rank applicants only against those applying for the same program funding. Where there are set-asides within a program competition, you, the applicant, will compete against only those applicants in the same set-aside competition.

(C) Factors for Award Used to Evaluate and Rate Applications. For each program that is part of this SuperNOFA, the points awarded for the rating factors total 100. Depending upon the program for which you, the applicant, are seeking funding, the funding opportunity may provide for up to four bonus points as provided in paragraphs (1) and (2) of this Section VI(C).

(1) RC/EZ/EC. The SuperNOFA provides for the award of two bonus points for eligible activities/projects that the applicant proposes to be located in federally designated Empowerment Zones (EZs), Enterprise Communities (ECs), Urban Enhanced Enterprise Communities (EECs), Strategic Planning Communities, or Renewal Communities (RCs), that serve the residents of these areas, and are certified to be consistent with the area's strategic plan. (For ease of reference in the SuperNOFA, all these federally designated areas are collectively referred to as "RC/EZ/ECs" and residents of any of these federally designated areas as "RC/EZ/EC residents.") The individual funding announcement will indicate if the bonus points are available for that funding. The SuperNOFA contains a certification that must be completed for the applicant to be considered for RC/EZ/EC bonus points. A list of RCs, EZs, ECs, EECs, and Strategic Planning Communities is attached to this General Section of the SuperNOFA as Appendix A-2 and is also available from the SuperNOFA Information Center, and the HUD Web site, http://www.hud.gov.

(2) Brownfields Show Case Communities: In the BEDI competition, two bonus points are available for federally designated Brownfields Show Case Communities. (Please see BEDI section of this SuperNOFA for additional information.) A list of the federally designated RCs, EZs, ECs, Enhanced ECs, and Brownfields Show Case Communities is available from the SuperNOFA Information Center or through the HUD Web site, http:// www.hud.gov.

(D) The Five Standard Rating Factors for FY 2003. The majority of programs in this SuperNOFA use the five rating factors described below. Additional details about the five rating factors and the maximum points for each factor are provided in the Program Section of the SuperNOFA. You, the applicant, should carefully read the factors for award as described in the Program Section of the SuperNOFA. HUD has established these five factors as the basic factors for award in every program that is part of this SuperNOFA. For a specific funding opportunity, however, HUD may modify these factors to take into account specific program needs or statutory or regulatory limitations imposed on a program. The standard factors for award, except as modified in the program area section, are:

Factor 1: Capacity of the Applicant and Relevant Organizational Staff Factor 2: Need/Extent of the Problem Factor 3: Soundness of Approach Factor 4: Leveraging Resources Factor 5: Achieving Results and Program Evaluation

The Continuum of Care Homeless Assistance Program has only two factors that receive points: Need and Continuum of Care.

(E) Negotiation. After HUD has rated and ranked all applications and made selections, HUD may require, depending upon the program, that all selected applicants participate in negotiations to determine the specific terms of the funding agreement and budget. In cases where HUD cannot successfully conclude negotiations with a selected applicant or a selected applicant fails to provide HUD with requested information, an award will not be made to that applicant. In this instance, HUD may offer an award, and proceed with negotiations with the next highestranking applicant.

(F) Adjustments to Funding.

(1) HUD reserves the right to fund less than the full amount requested in your application to ensure the fair distribution of funds and ensure that the purposes or requirements of a specific program are met.

(2) HUD will not fund any portion of your application that: is not eligible for funding under specific program statutory or regulatory requirements; does not meet the requirements of this SuperNOFA; or may be duplicative of other funded programs or activities from prior year awards or other selected applicants. Only the eligible portions of your application (including nonduplicative portions) may be funded.

(3) If funds remain after funding the highest-ranking applications, HUD may fund all or part of the next highestranking application in a given program. If you, the applicant, turn down an award offer, HUD will make an offer of funding to the next highest-ranking application. If funds remain after all selections have been made, remaining funds may be available for other competitions for each program where there is a balance of funds. (4) In the event HUD commits an error that, when corrected, would result in selection of an otherwise eligible applicant during the funding round of this SuperNOFA, HUD may select that applicant when sufficient funds become available.

(G) Performance and Compliance Actions of Funding Recipients. HUD will measure and address the performance and compliance actions of funding recipients in accordance with the applicable standards and sanctions of their respective programs.

#### VII. Application Submission Requirements

Be sure to read and follow the application submission requirements published in the Program Section for which you are applying. As noted above, once you have submitted one signed, original set of forms, certifications and assurances, you may send copies of these standard items with each additional application you submit.

#### VIII. Corrections to Deficient Applications

After the application due date, HUD may not, consistent with its regulations in 24 CFR part 4, subpart B, consider any unsolicited information you, the applicant, may want to provide. HUD may contact you to clarify an item in your application or to correct technical deficiencies. HUD may not seek clarification of items or responses that improve the substantive quality of your response to any rating factors. In order not to unreasonably exclude applications from being rated and ranked, HUD may contact applicants to ensure proper completion of the application and will do so on a uniform basis for all applicants. Examples of curable (correctable) technical deficiencies include failure to submit the proper certifications or failure to submit an application that contains an original signature by an authorized official or failure to submit the requested number of copies. In each case, HUD will notify you in writing by describing the clarification or technical deficiency. HUD will notify applicants by facsimile or by USPS, return receipt requested. Clarifications or corrections of technical deficiencies in accordance with the information provided by HUD must be submitted within 14 calendar days of the date of receipt of the HUD notification. (If the due date falls on a Saturday, Sunday, or federal holiday, your correction must be received by HUD on the next day that is not a Saturday, Sunday, or federal holiday.) If the deficiency is not corrected within this time period, HUD will reject the

application as incomplete and it will not be considered for funding. (Sections 202 and 811 Programs provide for appeal of rejection of an application on technical deficiency. Please see the Program Section for these programs for additional information and instructions.)

#### **IX. Findings and Certifications**

*Environmental Impact.* A Finding of No Significant Impact with respect to the environment has been made in accordance with HUD regulations at 24 CFR part 50 that implement Section 102(2)(C) of the National Environmental Policy Act of 1969 (42 U.S.C. 4332). The Finding of No Significant Impact is available for public inspection between 8:00 a.m. and 5:00 p.m. in the Office of the General Counsel, Regulations Division, Room 10276, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410–0500.

## X. Executive Orders and Congressional Intent

(A) Executive Order 13132. Federalism. Executive Order 13132 prohibits, to the extent practicable and permitted by law, an agency from promulgating policies that have federalism implications and either impose substantial direct compliance costs on state and local governments and are not required by statute, or preempt state law, unless the relevant requirements of Section 6 of the Executive Order are met. This SuperNOFA does not have federalism implications and does not impose substantial direct compliance costs on state and local governments or preempt state law within the meaning of the Executive Order.

(B) Executive Order 12372, Intergovernmental Review of Federal Programs. Executive Order 12372 was issued to foster intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of federal financial assistance and direct federal development. HUD implementing regulations are published in 24 CFR part 52. The Order allows each state to designate an entity to perform a state review function. The official listing of State Points of Contact (SPOC) for this review process can be found at http://www.whitehouse.gov/ omb/grants/spoc.html. States not listed on the website have chosen not to participate in the intergovernmental review process and, therefore, do not have a SPOC. If your state has a SPOC, you should contact them to see if they are interested in reviewing your

application prior to submission to HUD. Please make sure that you allow ample time for this review process when developing and submitting your applications. If your state does not have a SPOC, you may send applications directly to HUD.

(C) Sense of Congress. It is the sense of Congress, as published in section 409(a) of the Conference Report of HJR 2, that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made.

## XI. Public Access, Documentation and Disclosure

(A) Section 102 of the HUD Reform Act, Documentation and Public Access *Requirements.* Section 102 of the Department of Housing and Urban Development Reform Act of 1989 (42 U.S.C. 3545) (HUD Reform Act) and the regulations codified in 24 CFR part 4, subpart A, contain a number of provisions that are designed to ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. On January 14, 1992, HUD published a notice that also provides information on the implementation of Section 102 (57 FR 1942). The documentation, public access, and disclosure requirements of Section 102 apply to assistance awarded under this SuperNOFA as follows:

(1) Documentation, public access, and disclosure requirements. HUD will ensure that documentation and other information regarding each application submitted pursuant to this SuperNOFA are sufficient to indicate the basis upon which assistance was provided or denied. This material, including any letters of support, will be made available for public inspection for a fiveyear period beginning not less than 30 days after the award of the assistance. Material will be made available in accordance with the Freedom of Information Act (5 U.S.C. 552) and HUD's implementing regulations (24 CFR part 15).

(2) HUD Form 2880. HUD will also make available to the public for five years all applicant disclosure reports (HUD Form 2880) submitted in connection with this SuperNOFA. Update reports (also reported on HUD Form 2880) will be made available along with the applicant disclosure reports, but in no case for a period of less than three years. All reports, both applicant disclosures and updates, will be made available in accordance with the Freedom of Information Act (5 U.S.C. 552) and HUD's implementing regulations (24 CFR part 5). (3) Publication of Recipients of HUD Funding. HUD's regulations at 24 CFR part 4 provide that HUD will publish a notice in the **Federal Register** to notify the public of all decisions made by the Department to provide:

(i) Assistance subject to Section 102(a) of the HUD Reform Act; and/or

(ii) Assistance provided through grants or cooperative agreements on a discretionary (non-formula, nondemand) basis, but that is not provided on the basis of a competition.

(4) Debriefing. Beginning 30 days after the awards for assistance are publicly announced and for at least 120 days after awards for assistance are publicly announced, HUD will provide a debriefing to any applicant requesting one on their application. All debriefing requests must be made in writing or by email by the authorized official whose signature appears on the SF-424 or his or her successor in office, and submitted to the person or organization identified as the Contact under the section entitled "Further Information and Technical Assistance" in the Program Section of the SuperNOFA under which you applied for assistance. Information provided during a debriefing will include, at a minimum, the final score you received for each rating factor, final evaluator comments for each rating factor, and the final assessment indicating the basis upon which assistance was provided or denied.

(B) Section 103 of the HUD Reform Act. HUD's regulations implementing Section 103 of the Department of Housing and Urban Development Reform Act of 1989 (42 U.S.C. 3537a), codified in 24 CFR part 4, subpart B, section 4.26(2)(c) et. seq. and 4.28 apply to this funding competition. The regulations continue to apply until the announcement of the selection of successful applicants. HUD employees involved in the review of applications and in the making of funding decisions are limited by the regulations from providing advance information to any person (other than an authorized employee of HUD) concerning funding decisions or from otherwise giving any applicant an unfair competitive advantage. Persons who apply for assistance in this competition should confine their inquiries to the subject areas permitted under 24 CFR part 4.

Applicants or employees who have ethics related questions should contact the HUD Ethics Law Division at 202– 708–3815. (This is not a toll-free number.) HUD employees who have specific program questions should contact the appropriate field office counsel or Headquarters counsel for the program to which the question pertains.

#### XII. The FY 2003 SUPERNOFA Process and Future HUD Funding Processes

Each year, HUD strives to improve its SuperNOFA. The FY 2003 SuperNOFA

was revised based upon comments received during the FY 2002 funding process. HUD continues to welcome comments and feedback from applicants and other members of the public on how HUD may further improve its competitive funding process. In FY 2004, as part of Public Law 106-107 streamlining efforts and the interagency eGrants Initiative, HUD anticipates making considerable changes to the format and presentation of its funding notices. We are continually striving to ensure effective communication with our program funding recipients and potential funding recipients. HUD has been posting pertinent documents related to these efforts on its website. HUD encourages you to visit our website on an ongoing basis to keep abreast of the latest developments. Our website address for information on the eGrants Initiative is http:// www.hud.gov/offices/adm/grants/ egrants/egrants.cfm. Information on Grant streamlining activities can be found on http://www.hud.gov/offices/ adm/grants/pl-106107/pl106-107.cfm.

The description of programs for which funding is available under this SuperNOFA follows this General Section and its appendices.

Dated: April 15, 2003.

#### Mel Martinez,

Secretary.

## APPENDIX A-1. LIST OF HUD FIELD OFFICES

Persons with hearing or speech impediments may access any of these numbers via TTY by calling the Federal Relay Service at 800–877–8339.

Region	Office	Address and phone numbers
NEW ENGLAND	Bangor, ME	Bangor Office 202 Harlow Street - Chase Bldg. Suite 101 P.O. Box 1384 Bangor, ME 04402-1384 OFC PHONE (207) 945-0467 FAX (207) 945-0533
	Boston, MA	Massachusetts State Office O'Neil Federal Building 10 Causeway Street, Room. 301 Boston, MA 02222-1092 OFC PHONE (617) 994- 8200 FAX (617) 565-5257
	Burlington, VT	Burlington Office 159 Bank Street, 2nd Floor Burlington, VT 5401 OFC PHONE (802) 951-6290 FAX (802) 951-6298
	Hartford, CT	Hartford Office One Corporate Center Hartford, CT 06103-3220 OFC PHONE (860) 240-4800 x3100 FAX (860) 240-4850
	Manchester, NH	Manchester Office Norris Cotton Federal Bldg. 275 Chestnut Street Manchester, NH 03103-2487 OFC PHONE (603) 666-7510 x3016 FAX (603) 666-7667
	Providence, RI	Providence Office 10 Weybosset Street Sixth Floor Providence, RI 02903-2808 OFC PHONE (401) 528-5230 FAX (401) 528-5097
NEW YORK/NEW JERSEY	Albany, NY	Albany Area Office 52 Corporate Circle Albany, NY 12203-5121 OFC PHONE (518) 464-4200 Ext. 4204 FAX (518) 464-4300
	Buffalo, NY	Buffalo Area Office Lafayette Court, 5th Floor 465 Main Street Buffalo, NY 14203-1780 OFC PHONE (716) 551-5733 Ext. 5000 FAX (716) 551-5752
	Camden, NJ	Camden Area Office 2nd Floor - Hudson Bldg. 800 Hudson Square Camden, NJ 08102-1156 OFC PHONE (856) 757-5081 FAX (856) 757-5373
	New York, NY	New York State Office 26 Federal Plaza - Suite 3541 New York, NY 10278-0068 OFC PHONE (212) 264-1161 FAX (212) 264-3068
	Newark, NJ	Newark Office One Newark Center 13th Floor Newark, NJ 07102- 5260 OFC PHONE (973) 622-7900 Ext. 3300 FAX (973) 645-2323
	Syracuse, NY	Syracuse Field Office 128 Jefferson Street Syracuse, NY 13202 OFC PHONE (315) 477-0616 FAX (315) 477-0196
MID-ATLANTIC	Baltimore, MD	Baltimore Office 10 South Howard Street, 5th Floor Baltimore, MD 21201-2505 OFC PHONE (410) 962-2520 Ext. 3474 FAX (410) 962- 1849
	Charleston, WV	West Virginia State Office 405 Capitol Street, Suite 708 Charleston, WV 25301-1795 OFC PHONE (304) 347-7000 FAX (304) 347-7050
	Philadelphia, PA	Pennsylvania State Office The Wanamaker Building 100 Penn Square, East Philadelphia, PA 19107-3380 OFC PHONE (215) 656- 0600 FAX (215) 656-3445
	Pittsburgh, PA	Pittsburgh Area Office 339 Sixth Avenue - Sixth Floor Pittsburgh, PA 15222-2515 OFC PHONE (412) 644-6436 FAX (412) 644-4240
	Richmond, VA	Richmond Office 600 East Broad Street Richmond, VA 23219 OFC PHONE (804) 771-2100 FAX (804) 771-2090
	Washington, DC	Washington, DC Office 820 First Street NE, Suite 300 Washington, DC 20002-4205 OFC PHONE (202) 275-9200 FAX (202) 275-9212
	Wilmington, DE	Wilmington Office 920 King Street, Suite 404 Wilmington, DE 19801 OFC PHONE (302) 573-6300 FAX (302) 573-6259
SOUTHEAST/CARIBBEAN	Atlanta, GA	Georgia State Office 40 Marietta Street - Five Points Plaza Atlanta, GA 30303-2806 OFC PHONE (404) 331-4111 FAX (404) 730-2392
	Birmingham, AL	Birmingham Office Medical Forum Building 950 22nd Street, North, Suite 900 Birmingham, AL 35203-2617 OFC PHONE (205) 731- 2617 FAX (205) 731-2593

## APPENDIX A-1. LIST OF HUD FIELD OFFICES

Persons with hearing or speech impediments may access any of these numbers via TTY by calling the Federal Relay Service at 800–877–8339.

Region	Office	Address and phone numbers
	Columbia, SC	South Carolina State Office 1835 Assembly Street 11th Floor Columbia, SC 29201-2480 OFC PHONE (803) 765-5592 FAX (803) 253-3040
	Greensboro, NC	North Carolina State Office Koger Building 2306 West Meadowview Road Greensboro, NC 27401-3707 OFC PHONE (336) 547-4001, 4002,4003 FAX (336) 547-4138
	Jackson, MS	Mississippi State Office McCoy Federal Building 100 W. Capitol Street, Room 910 Jackson, MS 39269-1096 OFC PHONE (601) 965- 4757 FAX (601) 965-4773
	Jacksonville, FL	Jacksonville Area Office 301 West Bay Street, Suite 2200 Jacksonville, FL 32202-5121 OFC PHONE (904) 232-2627 FAX (904) 232-3759
	Knoxville, TN	Knoxville Area Office 710 Locust Street, SW, Suite 310 Knoxville, TN 37902-2526 OFC PHONE (865) 545-4384 FAX (423) 545-4569
	Louisville, KY	Kentucky State Office 601 West Broadway PO Box 1044 Louisville, KY 40202 OFC PHONE (502) 582-5251 FAX (502) 582-6074
	Memphis, TN	Memphis Area Office 200 Jefferson Avenue, Suite 1200 Memphis, TN 38103-2335 OFC PHONE (901) 544-3367 FAX (901) 544-3697
	Miami, FL	Florida State Office 909 SE First Avenue Miami, FL 33131 OFC PHONE (305) 536-4652 FAX (305) 536-5765
	Nashville, TN	Tennessee State Office 235 Cumberland Bend, Suite 200 Nashville, TN 37228-1803 OFC PHONE (615) 736-5213 ext. 7120 FAX (615) 736-2018
	Orlando, FL	Orlando Area Office 3751 Maguire Boulcvard, Room 270 Orlando, FL 32803-3032 OFC PHONE (407) 648-6441 FAX (407) 648-6310
	San Juan, PR	Caribbean Office 171 Carlos E. Chardon Avenue San Juan, PR 00918-0903 OFC PHONE (787) 766-5201 FAX (787) 766-5995
	Tampa, FL	Tampa Area Office 500 Zack Street, Suite 402 Tampa, FL 33602- 3945 OFC PHONE (813) 228-2026 FAX (813) 228-2431
MIDWEST	Chicago, IL	Illinois State Office Ralph Metcalfe Federal Building 77 West Jackson Boulevard Chicago, IL 60604-3507 OFC PHONE (312) 353- 5680 FAX (312) 886-2729
	Cincinnati, OH	Cincinnati Area Office 15 East 7th Street Cincinnati, OH 45202 OFC PHONE (513) 684-3451 FAX (513) 684-6224
	Cleveland, OH	Cleveland Area Office 1350 Euclid Avenue, Suite 500 Cleveland, OH 44115-1815 OFC PHONE (216) 522-4058 FAX (216) 522-4067
	Columbus, OH	Ohio State Office 200 North High Street, Room 700 Columbus, OH 43215-2499 OFC PHONE (614) 469-2540 FAX (614) 469-2432
	Detroit, MI	Michigan State Office 477 Michigan Avenue Detroit, MI 48226- 2592 OFC PHONE (313) 226-7900 FAX (313) 226-5611
	Flint, MI	Flint Area Office Municipal Center, North Building 1101 S. Saginaw Street Flint, MI 48502-1953 OFC PHONE (810) 766-5110 FAX (810) 766-5122
	Grand Rapids, MI	Grand Rapids Area Office Trade Center Building 50 Louis Street, N.W. Grand Rapids, MI 49503-2633 OFC PHONE (616) 456-2100 FAX (616) 456-2114
	Indianapolis, IN	Indianapolis State Office 151 North Delaware Street, Suite 1200 Indianapolis, IN 46204-2526 OFC PHONE (317) 226-6303 Ext. 7034 FAX (317) 226-6317
	Milwaukee, WI	Wisconsin State Office 310 West Wisconsin Avenue, Room 1380 Milwaukee, WI 53203-2289 OFC PHONE (414) 297-3214 Ext. 8000 FAX (414) 297-3947

## APPENDIX A-1. LIST OF HUD FIELD OFFICES

Persons with hearing or speech impediments may access any of these numbers via TTY by calling the Federal Relay Service at 800–877–8339.

Region	Office	Address and phone numbers
	Minneapolis, MN	Minnesota State Office Kinnard Financial Center 920 Second Avenue South, Suite 1300 Minneapolis, MN 55402 OFC PHONE (612) 370- 3000 Ext. 2201 FAX (612) 370-3220
	Springfield, IL	Springfield Office 320 West Washington St., 7th Fl. Springfield, IL 62707 OFC PHONE (217) 492-4120 FAX (217) 492-4154
SOUTHWEST	Albuquerque, NM	New Mexico State Office 625 Silver Avenue SW, Suite 100 Albuquerque, NM 87102-3185 OFC PHONE (505) 346-6463 Ext. 7332 FAX (505) 346-6704
	Dallas, TX	Dallas Office 525 Griffin Street, Rm. 860 Dallas, TX 75202-5007 OFC PHONE (214) 767-8300 FAX (214) 767-8973
	Ft. Worth, TX	Texas State Office 801 Cherry St. P.O. Box 2905 Ft. Worth, TX 76113-2905 OFC PHONE (817) 978-5980 FAX (817) 978-5567
	Houston, TX	Houston Area Office 2211 Norfolk #200 Houston, TX 77098-4096 OFC PHONE (713) 313-2274 Ext. 7021 FAX (713) 313-2319
	Little Rock, AR	Arkansas State Office 425 West Capitol Avenue #900 Little Rock, AR 72201-3488 OFC PHONE (501) 324-5401 FAX (501) 324-6142
SOUTHWEST	Lubbock, TX	Lubbock Area Office 1205 Texas Avenue, Room. 511 Lubbock, TX 79401-4093 OFC PHONE (806) 472-7265 Ext. 3030 FAX (806) 472- 7275
	New Orleans, LA	New Orleans Office Hale Boggs Bldg. 501 Magazine St. 9th Fl. New Orleans, LA 70130-3099 OFC PHONE (504) 589-7201 FAX (504) 589-6619
	Oklahoma City, OK	Oklahoma State Office 500 W. Main Street, Suite 400 Oklahoma City, OK 73102-2233 OFC PHONE (405) 553-7500 FAX (405) 553- 7588
	San Antonio, TX	San Antonio Area Office 106 South Saint Mary, 1 Alamo Plaza San Antonio, TX 78207-4563 OFC PHONE (210) 475-6806 FAX (210) 472-6804
	Shreveport, LA	Shreveport Area Office 401 Edwards Street, Room. 1510 Shreveport, LA 71101 OFC PHONE (318) 676-3440 FAX (318) 676-3407
	Tulsa, OK	Tulsa Area Office 1516 S Boston Ave, Suite 100 Tulsa, OK 74119 OFC PHONE (918) 581-7434 FAX (918) 581-7440
GREAT PLAINS	Des Moines, IA	Des Moines Office 210 Walnut Street, Rm. 239 Des Moines, IA 50309-2155 OFC PHONE (515) 284-4573 FAX (515) 284-4743
	Kansas City, KS	Kansas State Office 400 State Avenue, Room 200 Kansas City, KS 66101-2406 OFC PHONE (913) 551-5462 FAX (913) 551-5469
	Omaha, NE	Omaha Office 10909 Mill Valley Road, Suite 100 Omaha, NE 68154-3955 OFC PHONE (402) 492-3103 FAX (402) 492-3150
1. 1.	St. Louis, MO	Missouri State Office 1222 Spruce Street #3207 St. Louis, MO 63103-2836 OFC PHONE (314) 539-6560 FAX (314) 539-6384
ROCKY MOUNTAINS	Casper, WY	Wyoming Office 100 East B Street, Rm. 1010 Casper, WY 82601- 1969 OFC PHONE (307) 261-6251 FAX (307) 261-6245
	Denver, CO	Colorado State Office 633 17th Street, 14th Fl. Denver, CO 80202- 3607 OFC PHONE (303) 672-5440 FAX (303) 672-5004
	Fargo, ND	North Dakota State Office 657 2nd Avenue North, Room 366 Fargo, ND 58108 OFC PHONE (701) 239-5040 FAX (701) 239-5249
	Helena, MT	Helena Field Office Power Block Bldg. 7 W 6th Avenue Helena, MT 59601 OFC PHONE (406) 449-5050 FAX (406) 449-5052
	Salt Lake City, UT	Salt Lake City Office 125 South State Street, Suite 3001 Salt Lake City, UT 84138 OFC PHONE (801) 524-6070 FAX (801) 524-3439

## APPENDIX A-1. LIST OF HUD FIELD OFFICES

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Region	Office	Address and phone numbers
	Sioux Falls, SD	South Dakota State Office 2400 West 49th Street, Room. I-201 Sioux Falls, SD 57105-6558 OFC PHONE (605) 330-4223 FAX (605) 330- 4428
PACIFIC/HAWAII	Fresno, CA	Fresno Area Office 2135 Fresno Street, Suite 100 Fresno, CA 93721- 1718 OFC PHONE (559) 487-5033 FAX (559) 487-5191
	Honolulu, HI	Hawaii State Office 500 Ala Moana Blvd. #3A Honolulu, HI 96813- 4918 OFC PHONE (808) 522-8175 Ext. 256 FAX (808) 522-8194
	Las Vegas, NV	Nevada State Office Atruim Bldg, 333 N. Rancho Drive - Suite 700 Las Vegas, NV 89106-3714 OFC PHONE (702) 388-6208 Ext. 6500 FAX (702) 388-6244
	Los Angeles, CA	Los Angeles Area Office 611 W. Sixth Street, Suite 800 Los Angeles, CA 90017 OFC PHONE (213) 894-8007 FAX (213) 894- 8110
	Phoenix, AZ	Arizona State Office One Central Avenue, Suite 600 Phoenix, AZ 85004 OFC PHONE (602) 379-7100 FAX (602) 379-3985
	Reno, NV	Reno Area Office 3702 S. Virginia Street, Suite G-2 Reno, NV 89502-6581 OFC PHONE (775) 784-5356 FAX (775) 784-5066
	Sacramento, CA	Sacramento Area Office 925 L Street, Suite 175 Sacramento, CA 95814 OFC PHONE (916) 498-5220 Ext. 322 FAX (916) 498-5262
	San Diego, CA	San Diego Area Office Symphony Towers 750 B Street, Suite 1600 San Diego, CA 92101-8131 OFC PHONE (619) 557-5310 FAX (619) 557-5312
	San Francisco, CA	Fresno Area Office 450 Golden Gate Avenue P.O. Box 36003 San Francisco, CA 94102-3448 OFC PHONE (415) 436-6550 FAX (415) 436-6446
	Santa Ana, CA	Santa Ana Area Office 1600 N. Broadway, Suite 101 Santa Ana, CA 92706-3927 OFC PHONE (714) 796-5577 Ext. 3006 FAX (714) 796- 1285
	Tucson, AZ	Tucson Area Office 160 N. Stone Ave Tucson, AZ 85701 OFC PHONE (520) 670-6000 FAX (520) 670-6207
NORTHWEST/ALASKA	Anchorage, AK	Alaska State Office 949 East 36th Avenue, Suite 401 Anchorage, AK 99508-4399 OFC PHONE (907) 271-4170 FAX (907) 271-3778
	Boise, ID	Idaho State Office Plaza IV, Suite 220 800 Park Boulevard Boise, ID 83712-7743 OFC PHONE (208) 334-1990 FAX (208) 334-9648
	Portland, OR	Oregon State Office 400 SW 6th Avenue #700 Portland, OR 97204- 1632 OFC PHONE (503) 326-2561 FAX (503) 326-2568
	Seattle, WA	Washington State Office 909 First Avenue, Suite 200 Seattle, WA 98104-1000 OFC PHONE (206) 220-5101 FAX (206) 220-5108
	Spokane, WA	Spokane Area Office US Courthouse Bldg. 920 W. Riverside, Suite 588 Spokane, WA 99201-1010 OFC PHONE (509) 353-0674 ext. 3102 FAX (509) 353-0682

### Appendix A-2 -- List of EZs, ECs, Urban Enhanced Enterprise Communities, Strategic Planning Communities, and Renewal Communities

#### Anchorage, AK

Susan Fison, Municipality of Anchorage, Department of Community Planning and Development 632 W. Sixth Ave. Anchorage, AK 99501 (Ph.) 907-343-4303 (Fax) 907-343-4220 FisonSR@ci.anchorage.ak.us

#### Metlakatla Indian Community, AK

Solomon Atkinson, Metlakatla Indian Enterprise Community, P.O. Box 8 Metlakatla, AK 99926-0008 (Ph.) 907-886-4441 (Fax) 907- 886-4470 paultb@ptialaska.net

#### Birmingham, AL

Keith Strother, City of Birmingham, 710 N. 20th St. City Hall, Third Floor Birmingham, AL 35203 (Ph.) 205-254-2870 (Fax) 205-254-7741 kastrot@ci.birmingham.al.us

#### Chambers County, AL

Dawn Landholm, Chambers County Enterprise Community, 1130 Quintard Ave. Suite 300 Anniston, AL 36202 (Ph.) 256-237-6741 (Fax) 256-237-6763 <u>alandholm@adss.state.al.us</u>

#### Greene/Sumter Counties, AL

Herlecia Hampton, Greene and Sumter Enterprise Community, 104 Hospital Dr. Livingston, AL 35470 (Ph.) 205-652-7408 (Fax) 205-652-7410 greensum@bellsouth.net

#### Greene-Sumter, AL

Herlecia Hampton, Greene/Sumter Enterprise Community, Office of Planning & Development 104 Hospital Dr. P. O. Box 1786 Livingston, AL 35470 (Ph.) 205-652-7408 (Fax) 205-652-7410

#### Mobile, AL

Russ Wimberly, South Alabama Regional Planning Commission, P.O. Box 1665 Mobile, AL 36633 (Ph.) 251-433-6541 (Fax) 251-433-6009 rwimberly@sarpc.org

#### Southern Alabama, AL

David S. Barley, II, State of Alabama, P.O. Box 5690 Montgomery, AL 36103 (Ph.) 334-242-5823 (Fax) 334-242-4203 <u>davidb@adeca.state.al.us</u>

#### Eastern Arkansas, AR

Robert Cole, Eastern Arkansas Enterprise Community, 1000 Airport Rd. Forrest City, AR 72335 (Ph.) 870-630-2005 (Fax) 870-630-2035 <u>castarkee@arkansas.net</u>

CasSandra Lumpkin, Eastern Arkansas Enterprise Community, 1000 Airport Rd. Forrest City, AR 72335 (Ph.) 870-630-2005 (Fax) 870-630-2035 <u>eastarkec@arkansas.net</u>

#### Mississippi County, AR

Sam Seruggs, Mississippi County Enterprise Community, 205 S. 2<sup>nd</sup> St. Former Market Airforce Base Blytheville, AR 72316 (Ph.) 870-532-2348 (Fax) 870-532-2625 <u>sameoc@arkansas.net</u>

#### Pulaski County, AR

Odies Wilson, City of Little Rock 500 W. Markham St., Room 203 Little Rock, AR 72201 (Ph.) 501-371-4890 (Fax) 501-371-4498 owilson@littlerock.state.ar.us

#### Pulaski County, AR

Paige Grafton, County of Pulaski, Department of Community Services 201 S. Broadway St. Suite 220 Little Rock, AR 72201 (Ph.) 501-340-6157 (Fax) 501-340-8951

#### Pulaski County/Little Rock, AR

Henry L. McHenry, County of Pulaski, Enterprise Community Alliance, Inc. 3805 W. 12th St. Suite 205 Little Rock, AR 72204 (Ph.) 501-379-1543 (Fax) 501-379-1571 hlmchenry@aol.com

#### Arizona Border Region, AZ

Lisa Henderson, Arizona Border Region Enterprise Community, 3800 North Central/Suite 1200 Phoenix, AZ 85012 (Ph.) 602-280-8124 (Fax) 602-280-1470 lisah@azcommerce.com

Paul Melcher, Arizona Border Region Enterprise Community, 23222 1<sup>st</sup> Street San Luis, AZ 85349 (Ph.) 520-627-2027 (Fax) 520-627-3879

J. Art Macias Jr., Arizona Border Region Enterprise Community, 425 Tenth Street Douglas, AZ 85607 (Ph.) 520-364-7501 (Fax) 520-364-7507 <u>Art.Macias@ci.douglas.az.us</u>

Laura Ornales, Arizona Border Region Enterprise Community, 777 N. Grand Avenue Nogales, AZ 85621 (Ph.) 520-287-6571 (Fax) 520-287-9159 <u>lornellas@cityofnogales.net</u>

#### Four Corners, AZ

Larry Rodgers, Four Corners Enterprise Communities, 151 E. 500 N. Blanding, AZ 84511 (Ph.) 435-678-1468 (Fax) <u>lasar98@vahoo.com</u>

#### Four Corners, AZ (Navajo Nation)

Ferdinand Notah, Four Corners Enterprise Community (Navajo Nation), P.O. Box 4445 Kayenta, AZ 86033 (Ph.) 928-697-8225 (Fax) 928-697-8261

### fnotah@yahoo.com

### Phoenix, AZ

Jennifer Harper, City of Phoenix, Department of Neighborhood Services 200 W. Washington St. Fourth Floor Phoenix, AZ 85003-1611 (Ph.) 602-262-4730 (Fax) 602-534-1555 jharper@ci.phoenix.az.us

#### Tucson, AZ

Ethan Orr, City of Tucson P.O. Box 27219 Tucson, AZ 85003-1611 (Ph.)520-791-5093 (Fax) 520-791-5413 <u>corr1@ci.tucson.az.us</u>

#### Central California, CA

Rebecca Mendibles, Central California Enterprise Community, 407 S. Clovis Ave. Suite 109 Fresno, CA 93727 (Ph.) 559-452-0881 (Fax) 559-452-8038 bmendibles.serfrsno@netzero.net

## City of Watsonville/County of Santa Cruz, CA

Anna Espinoza, City of Watsonville/County of Santa Cruz Enterprise Community, 231 Union St. Watsonville, CA 95076 (Ph.) 831-763-4033 (Fax) 831-761-4031 aespinoz@ci.watsonville.ca.us

## Desert Communities, CA

Jeffrey A. Hays, Desert Communities Empowerment Zone, 53-990 Enterprise Way Suite 1 Coachella, CA 92236 (Ph.) 760-391-5050 (Fax) 760-391-5100 jeff@dcez.org

#### Oakland, CA

Mahlon Harmon, One Stop Capital Shop, 519 17th St. Sixth Floor Oakland, CA 94612-2032 (Ph.) 510-238-2353 (Fax) 510-238-7999 mharmon@oakland1stop.org

#### Fresno, CA

Fred Burkhardt, City of Fresno, Office of the City Manager 2600 Fresno St. Fresno, CA 93721-3601 (Ph.) 559-621-8350 (Fax) 559-488-1078 fred.burkhardt@ci.fresno.ca.us

#### Imperial County, CA

Ken Hollis, Imperial County Enterprise Community, 836 Main St. El Centro, CA 92243 (Ph.) 760-337-7814 (Fax) 760-337-8907 kenhollis@imperialcounty.net

### Los Angeles County/Huntington Park, CA

Alice DeCastro, City of Los Angeles Department of Community Development 215 W. Sixth St. Third Floor Los Angeles, CA 90014 (Ph.) 213-485-1023 (Fax) 213-847-0890 adecastro@edd.lacity.org

Robert Perez, City of Los Angeles, Department of Community Development 215 W. Sixth St. Third Floor Los Angeles, CA 90014 (Ph.) 213-485-8161 (Fax) 213-847-0890 tperez@cdd.lacity.org

Mark Shin, City of Los Angeles, Department of Community Development 215 W. Sixth St. Third Floor Los Angeles, CA 90014 (Ph.) 213-485-8166 (Fax) 213-847-0890 <u>mshin@cdd.lacity.org</u>

#### Los Angeles, CA

Robert Perez, City of Los Angeles, Department of Community Development 215 W. Sixth St. Third Floor Los Angeles, CA 90014 (Ph.) 213-485-8161 (Fax) 213-847-0890 rperez@cdd.lacity.org

Mark Hoffman, City of Los Angeles, Department of Community Development 215 W. Sixth St. Third Floor Los Angeles, CA 90014 (Ph.) 213-485-0808 (Fax) 213-847-0890 mhoffman@edd.lacity.org Lillian Kawasaki, City of Los Angeles, Community Development Department 215 W. Sixth St. Los Angeles, CA 90014 (Ph.) 213-485-1617 (Fax) 213-847-0551 <u>lkawasaki@cdd.lacity.org</u>

Cliff Weiss, City of Los Angeles, Community Development Department 215 W. Sixth St. Los Angeles, CA 90014 (Ph.) 213-485-6301 (Fax) 213-485-4448 <u>cweiss@cdd.lacity.org</u>

#### Orange Cove, CA

Jose Antonio Ramirez, City of Orange Cove, 633 Sixth St. Orange Cove, CA 93646 (Ph.) 559-626-4488 (Fax) 559-626-4653 jramirez@mp.usbr.gov

### Parlier, CA

Lou Martinez, City of Parlier Department of Economic Development 1100 E. Parlier Ave. Parlier, CA 93648 (Ph.) 559-646-3545 (Fax) 559-646-2084 econdev@parlier.ca.us

Al Puente, City of Parlier Office of the City Manager 1100 E. Parlier Ave. Parlier, CA 93648 (Ph.) 559-646-3545 (Fax) citymgr@parlier.ca.us

## San Diego, CA

Ples Felix, City of San Diego, 600 B St., Fourth Floor MS 904 San Diego, CA 92101-4506 (Ph.) 619-533-5442 (Fax) 619-533-5250 <u>PFelix@sandiego.gov</u>

#### San Francisco, CA

Al Lerma, City of San Francisco, Office of the Mayor 25 Van Ness Ave. Suite 700 San Francisco, CA 94102 (Ph.) 415-252-3134 (Fax) 415-252-3110 albert.lerma@sfgov.org

#### Santa Ana, CA

Bill Manis, City of Santa Ana, Community Development Agency P.O. Box 1988 Santa Ana, CA 92702 (Ph.) 714-647-5372 (Fax) 714-647-6580 wmanis@ci.santa-ana.ca.us

#### Denver, CO

Betty Jean Brooks, City and County of Denver, Housing and Neighborhood Development Services, Focus Neighborhood Initiative 216 16<sup>th</sup> St. Denver, CO 80202-5124 (Ph.) 720-913-1545 (Fax) 720-913-1800 <u>b.j.brooks@ci.denver.co.us</u>

### Bridgeport, CT

Rina Bakalar, City of Bridgeport, Office of Central Grants 999 Broad St. City Hall Annex Bridgeport, CT 06604 (Ph.) 203-332-5662 (Fax) 203-332-3060 <u>RBakalar@ci.bridgeport.ct.us</u>

Gloria Davis, City of Bridgeport, Office of Central Grants 999 Broad St. City Hall Annex Bridgeport, CT 06604 (Ph.) 203-332-5662 (Fax) 203-332-3060 davisg0@ci.bridgeport.ct.us

Dawn Savo, City of Bridgeport, Office of Central Grants 999 Broad St. City Hall Annex Bridgeport, CT 06604 (Ph.) 203-332-5662 (Fax) 203-332-3060 savod0@ci.bridgeport.ct.us

### New Haven, CT

Daniel Newell, Children's Center of Hamden, 1400 Whitney Ave. Hamden, CT 06517 (Ph.) 203-248-2117 (Fax) 203-248-2572 dnewell@childrenscenterofhamden.org

Stephen Robinson, Empower New Haven, Inc. 59 Elm St., Suite 410 New Haven, CT 06510 (Ph.) 203-776-2777 (Fax) 203-776-0537

#### stephenrobinson@snet.net

District of Columbia

Gregory A. Johnson, District of Columbia, Office of the Deputy Mayor 1350 Pennsylvania Ave., N.W., Room 317 Washington, DC 20004 (Ph.) 202-727-6883 (Fax) 202-727-6703 gregorya.johnson@dc.gov

## Wilmington, DE

Edwina Bell-Mitchell, Wilmington Enterprise Community/New Castle County, 800 French St. Louis L. Redding Bldg., Ninth Floor Wilmington, DE 19801 (Ph.) 302-571-4189 (Fax) 302-573-5685 ebell@ci.wilmington.de.us

## Empowerment Alliance of Southwest Florida, FL

Barbara Cacchione, Empowerment Alliance of Southwest Florida EC, 2400 Tamiami Trail North Suite 300 Naples, FL 34103 (Ph.) 941-649-5000 (Fax) 941-649-5337 <u>beacchione@comcast.net</u>

## Jackson County, FL

Bill Stanton, Jackson County Enterprise Community, P.O. Box 920 Marianna, FL 32447 (Ph.) 850-526-4005 (Fax) 850-526-4008 *stantonjedc@earthlink.net* 

Stan Whitehurst, Jackson County Enterprise Community, P.O. Box 920 Marianna, FL 32447 (Ph.) 850-526-76695 (Fax) 850-526-4008 <u>icdc@digitalexp.com</u>

## Jacksonville, FL

Roslyn Phillips, Jacksonville Economic Development Commission 220 E. Bay St., City Hall Annex, Suite 1400 Jacksonville, FL 32202 (Ph.) 904-630-1540 (Fax) 904-630-2919 roslynp@coj.net Miami/Dade, FL

Bryan K. Finnie, Miami-Dade Empowerment Trust, Inc., 3050 Biscayne Blvd. Suite 300 Miami, FL 33137 (Ph.) 305-372-7620 (Fax) 305-372-7629 <u>kfinnie@miamidade.gov</u>

Aundra Wallace, Miami-Dade Empowerment Trust, Inc., 3050 Biscayne Blvd. Suite 300 Miami, FL 33137 (Ph.) 305-372-7620 (Fax) 305-372-7629 consir@miamidade.gov

## Tampa, FL

Vernell Savage, City of Tampa, Community Redevelopment Agency 2105 N. Nebraska Ave. Tampa, FL 33602 (Ph.) 813-274-7954 (Fax) 813-274-7745 vernell.savage@tampagov.net

## Albany, GA

Julie Duke, City of Albany, Office of the City Manager, Community Services P.O. Box 447 Albany, GA 31702 (Ph.) 229-431-2837 (Fax) 229-431-3223 jadalbany@yahoo.com

### Atlanta, GA

Lynette Young, Office of the Mayor, City of Atlanta, Grants Development 55 Trinity St. Atlanta, GA 30335 (Ph.) 404-330-6833 (Fax) 404-658-6238 Iyoung@ci.atlanta.ga.us

## Central Savannah River Area, GA

Andy Crosson, CSRA Enterprise Community, 3023 River Watch Pkwy. Suite A Augusta, GA 30907-2016 (Ph.) 706-210-2000 (Fax) 706-210-2006 *info@csrardc.org* 

### Southwest Georgia United, GA

Robert Cooke, Southwest Georgia United Empowerment Zone, 1150 Industrial Dr. Vienna, GA 31092 (Ph.) 229-268-7592 (Fax) 229-268-7595 rcooke@sowega.net

#### Molokai, HI

Karen M. Holt, Molokai Enterprise Community, P.O. Box 1046 Kaunakakai, HI 96748 (Ph.) 808-553-3244 (Fax) 808-553-3370 mcsc@aloha.net

Stacy Crivello, Molokai Enterprise Community, P.O. Box 1097 Kaunakakai, HI 96748 (Ph.) 808-553-5123 (Fax) 808-553-3735 stacy@aloha.net

#### Des Moines, IA

Caroline Gathright, City of Des Moines, Division of Neighborhood Planning 602 E. First St. Des Moines, IA 50309 (Ph.) 515-283-4151 (Fax) 515-237-1713 ccgathright@ci.des\_moines.ia.us

#### Chicago, IL

Wallace Goode, City of Chicago; 20 N. Clark St. 28th Floor Chicago, IL 60602-5086 (Ph.) 312-744-9623 (Fax) 312-744-9696 wgoode@cityofchicago.org

#### East St. Louis, IL

Ralph Muhammad, East St. Louis Enterprise Community/Vision 20/20, 301 River Park Dr. Third Floor East St. Louis, IL 62201 (Ph.) 618-482-6642 (Fax) 618-482-6788 ralphmuhammad@accessus.net

#### Southernmost Illinois Delta, IL

Donna Raynalds, Southernmost Illinois Delta Empowerment Zone, 203 Rustic Campus Dr. Ullin, IL 62992 (Ph.) 618-634-9471 (Fax) 618-634-9452 djraynalds@sidezoffice.org

### Springfield, IL

Cleatia Bowen, City of Springfield, Office of Planning and Economic Development 231 S. Sixth St. Springfield, IL 62701 (Ph.) 217-789-2377 (Fax) 217-789-2380 <u>cbowen@cwlp.com</u>

#### Gary/Hammond/East Chicago, IN

John D. Artis, City of East Chicago, Department of Redevelopment and Housing Authority P.O. Box 498 East Chicago, IN 46312-0498 (Ph.) 219-397-9974 (Fax) 219-397-4249 jdart@netnitco.net

Venus Cobb, City of Gary/East Chicago/Hammond, Empowerment Zone Office 840 Broadway St., First Floor, Suite 337 Gary, IN 46402 (Ph.) 219-881-4997 (Fax) 219-881-4999 yenuscobb@yahoo.com

Rocharda Moore-Morris, City of Hammond, Department of Planning 649 Conkey St. Hammond, IN 46324 (Ph.) 219-853-6371 (Fax) 219-853-6334 omiller@jorsm.com

Taghi Arshami, City of Gary, Department of Planning and Community Development 504 Broadway St., Suite 512 Gary, IN 46402 (Ph.) 219-880-2040 (Fax) 219-888-7878 <u>bnzerem@yahoo.com</u>

#### Indianapolis, IN

Jim Naremore, City of Indianapolis, Division of Community Development and Financial Services 200 E. Washington St. City County Bldg., Suite 1841 Indianapolis, IN 46204 (Ph.) 317-327-3766(Fax) 317-327-5908 jnaremore@indygov.org

#### Town of Austin, IN

Charlotte Mathis, Town of Austin Enterprise Community, 129 US Highway 31 South Austin, IN 47102-1325 (Ph.) 812-794-9446 (Fax) 812-794-4706 emathis@mail.scott1.k12.in.us Wichita County, KS

Sharla Krenzel, Wichita County Enterprise Community, 206 S. 4th St. Leoti, KS 67861-0345 (Ph.) 620-375-2182 (Fax) 620-375-4350 wccd@wbsnet.org

Elmer Ridder, Wichita County Enterprise Community, 206 S. 4th St. Leoti, KS 67861-0345 (Ph.) 620-375-2731 (Fax) 620-375-4350 wcclerk@pld.com

#### City of Bowling Green, KY

Lisa Ryan, City of Bowling Green Enterprise Community, P.O. Box 430 Bowling Green, KY 42102-0430 (Ph.) 270-393-3658 (Fax) 270-393-3168 ryanL51@bgky.org

#### Eastern Kentucky, KY

Susan Ramos, Owsley County Industrial Authority, P.O. Box 637 Old Highway 11 Booneville, KY 41314 (Ph.) 606-593-7296 (Fax) 606-593-7781 sramos@owsleycountykentucky.org

#### Kentucky Highlands, KY

Jerry Rickett, Kentucky Highlands Empowerment Zone, P.O. Box 1738 London, KY 40743 (Ph.) 606-864-5175 (Fax) 606-864-5194 khienet@khie.org

## Louisville, KY

Walter Munday, City of Louisville, Empowerment Zone Community 200 S. Seventh St. Louisville, KY 40202 (Ph.) 502-574-2682 (Fax) 502-574-4227 wmunday@louky.org

#### Louisville, KY

Patti Clarc, City of Louisville, Development Authority 600 W. Main St. Louisville, KY 40202 (Ph.) 502-574-4271 (Fax) 502-574-4143

#### pclare@louky.org

#### Scott-McCrear, KY

Bruce Nurphy, Scott-McCreary Enterprise Community, P.O. Box 579 Whitley City, KY 42653 (Ph.) 606-376-2413 (Fax) 606-376-9499 <u>MurphyB@Highland.net</u>

#### Central Louisiana, LA

Tana Trichel, Macon Ridge Economic Development Region, Inc. P.O. Drawet 746 Ferriday, LA 71334 (Ph.) 318-757-3033 (Fax) 318-757-4212 <u>ttrichel@maconridge.com</u>

### Macon Ridge, LA

Buddy Spillers, Macon Ridge Enterprise Community, 903 Louisiana Ave. P.O. Drawer 746 Ferriday, LA 71334 (Ph.) 318-757-3033 (Fax) 318-757-4212 baddy@maconridge.com

#### New Orleans, LA

Thelma H. French, City of New Orleans, Office of Federal and State Programs 1300 Perdido St. Room 2E04 New Orleans, LA 70112 (Ph.) 504-565-6414 (Fax) 504-565-6423 thelmaf@new-orleans.la.us

Leroy Dauterive, New Orleans Regional Planning Commission 1340 Poydras St., Suite 2100 New Orleans, LA 70112 (Ph.) 504-568-6611(Fax) 504-568-6643 <u>ldautrive@norpc.org</u>

#### Northeast Louisiana Delta, LA

Moses Junior Williams, Northeast Louisiana Delta Enterprise Community, 400 E. Craig St. Suite B Tallulah, LA 71282 (Ph.) 318-574-0995 (Fax) 318-574-3132 neladeltacdc@aol.com

#### Northern Louisiana, LA

Tana Trichel, Macon Ridge Economic Development Region, Inc. P.O. Drawer 746 Ferriday, LA 71334 (Ph.) 318-757-3033 (Fax) 318-757-4212 <u>ttrichel@maconridge.com</u>

#### Ouachita Parish, LA

Khasi Reitzel, Ouachita Enterprise Community P.O. Box 4268 Monroe, LA 71211 (Ph.) 318-329-4031 (Fax) 318-329-4034 <u>kreitzeloec@jam.rr.com</u>

Elizabeth G. Pierre, Ouachita Economic Development Corp., 1900 N. 18th St. Suite 440 Monroe, LA 71201 (Ph.) 318-387-0787 (Fax) 318-387-8529 lpierre@oedc.org

#### Boston, MA (Boston Connects)

Christine Araujo, Boston Connects, Inc., 2201 Washington St., Suite 302 Roxbury, MA 02119 (Ph.) 617-541-2670 (Fax) 617-427-0747 christine.araujo.bci@ci.boston.ma.us

#### Lawrence, MA

Thomas Schiavone, City of Lawrence, 225 Essex St. Lawrence, MA 01840 (Ph.) 978-794-5891 (Fax) 978-683-4894 <u>t\_schiavone@cityoflawrence.com</u>

#### Lowell, MA

Kathy Muldoon, City of Lowell, Department of Planning and Development 50 Arcand Dr. City Hall, JFK Civic Center Bldg. Lowell, MA 01852 (Ph.) 978-446-7150 (Fax) 978-446-7014 kmuldoon@ci.lowell.ma.us

Linda King, City of Lowell, JFK Civic Center 50 Arcand Dr. Lowell, MA 01852 (Ph.) 978-446-7154 (Fax) 978-446-7014 <u>lking@ci.lowell.ma.us</u>

#### Springfield, MA

Miguel Rivas, City of Springfield, Department of Community Development 36 Court St. City Hall, Room 313 Springfield, MA 01103 (Ph.) 413-750-2240 (Fax) 413-787-7835 mrivas@largo.ci.springfield.ma.us

#### Baltimore, MD

Diane Bell, Empower Baltimore Management Corp., Three S. Frederick St. Baltimore, MD 21202 (Ph.) 410-783-4400 (Fax) 410-783-0526 Dbell@ebmc.org

#### Aroostook County, ME

Robert P. Clarke, Aroostook County Empowerment Zone, 302 Main St. P.O. Box 779 Caribou, ME 04736 (Ph.) 207-498-8736 (Fax) 207-493-3108 rclark@nmdc.org

#### Empower Lewiston, ME

Carole J. Ansheles, City of Lewiston Enterprise Community, 95 Park St. Suite 412 Lewiston, ME 04240-7282 (Ph.) 207-777-5144 (Fax) 207-786-4412 ansheles@economicgrowth.org

#### Clare County, MI

Edward Kerr, Clare County Enterprise Community, 225 W. Main Street Harrison, MI 48625-0439 (Ph.) 989-539-7805 (Fax) 989-539-2791 kerre@msuc.msu.edu

#### Detroit, MI

Lary Givens, Detroit Empowerment Zone Development Corp., One Ford Place Suite 1F Detroit, MI 48202 (Ph.) 313-872-8050 (Fax) 313-872-8002 Igivens@detez.com

Burney Johnson, City of Detroit Department of Planning and development 65 Cadillac Square Suite 2300 Detroit, MI 48226 (Ph.) 313-224-6380 (Fax) 313-224-1310 burneyjohnson@pdd.ci.detroit.mi.us

### Flint, MI

Nancy Jurkiewicz, City of Flint, Flint Area Enterprise Community 805 Welch Blvd. Flint, MI 48504 (Ph.) 810-341-1499 (Fax) 810-341-1182 njurkiewicz@ci.flint.mi.us

#### Lake County, MI

Mary L. Trucks, Lake County Enterprise Community P.O. Box 37 302 N. Main St. Scottville, MI 49454 (Ph.) 231-757-3785 (Fax) 231-757-9669 *fivecap@fivecap.org* 

#### Muskegon, MI

Cathy Brubaker-Clarke, City of Muskegon, Department of Community and Economic Development P.O. Box 536 Muskegon, MI 49443-0536 (Ph.) 231-724-6702 (Fax) 231-724-6790 cathy.brubaker-clarke@postman.org

#### Minneapolis, MN

Kim W. Havey, Minneapolis Empowerment Zone, 350 S. Fifth St. City Hall, Room 200 Minneapolis, MN 55415 (Ph.) 612-673-5415 (Fax) 612-673-3724 <u>kim.havey@ci.minneapolis.mn.us</u>

#### St. Paul, MN

Jeremy Lenz, City of St. Paul, Department of Planning and Economic Development 25 W. Fourth St. 1200 City Hall Annex St. Paul, MN 55102 (Ph.) 651-266-6603 (Fax) 651-228-3341 jeremy.lenz@ci.stpaul.mn.us

#### City of East Prairie, MO

Martha Ellen Black, City of East Prairie Enterprise Community, 207 N. Washington Street East Prairie, MO 63845 (Ph.) 573-649-3731 (Fax) 573-649-5028 martha@swflc.org

#### Kansas City, KS/MO

Marlene Nagel, Mid-American Regional Council (MARC), Department of Community Development 600 Broadway St. Suite 300 Kansas City, MO 64105-1554 (Ph.) 816-474-4240 (Fax) 816-421-7758

#### MNAGEL@marc.org

#### Greater St. Louis Regional EZ

Mike Jones, Greater St. Louis Regional Empowerment Zone 100 N. Tucker Suite 540 St. Louis, MO 63101 (Ph.) 314-241-0002 (Fax) 314-241-4099 mjones@stlouisezone.org

#### Jackson, MS

LaSeine T. Hilliard, City of Jackson, Division of Grants Development P.O. Box 17 Jackson, MS 39205 (Ph.) 601-960-1908 (Fax) 601-960-2228 <u>Ihilliard@city.jackson.ms.us</u>

#### Mid-Delta, MS

John C. Grer, Mid-Delta Empowerment Zone, Mississippi Valley State University Itta Bena, MS 38941 (Ph.) 662-254-9957 (Fax) 662-254-9941 jgreerjr@mdeza.org

#### North Delta, MS

Robert Avant, North Delta Enterprise Community, P.O. Box 330 Sardis, MS 38666 (Ph.) 652-487-1968 (Fax) 662-487-0088 ndmec@panola.com

#### West Central Mississippi, MS

Henry Cote, Mississippi Development Authority, Division of Community Services P.O. Box 849 Jackson, MS 39205-0849 (Ph.) 601-359-3179 (Fax) 601-359-3108 <u>lcote@mississippi.org</u>

Bruce Reynolds, Central Mississippi Planning and Development District 1170 Lakeland Dr. Jackson, MS 39296 (Ph.) 601-981-1511 (Fax) 601-981-1515 breynolds@cmpdd.org Fort Peck Assiniboine and Sioux Tribe, MT

Mark Sansaver, Fort Peck Assiniboine and Sioux Tribe EC, *Highway # 2 East* P.O. Box 398 Poplar, MT 59255 (Ph.) 406-768-3155 (*Fax*) 406-768-3581 <u>MarkS@fpec.cc.mt.us</u>

#### Charlotte, NC

Rickey L. Barksdale, City of Charlotte, Department of Neighborhood Development 600 E. Trade St. Charlotte, NC 28202 (Ph.) 704-336-3956 (Fax) 704-336-2527 rbarksdale@ci.charlotte.nc.us

## Halifax/Edgecombe/Wilson, NC

Terri Anderson, Halifax/Edgecombe/Wilson Enterprise Community, P.O. Box 1180 Rocky Mount, NC 27802 (Ph.) 252-972-1609 (Fax) 252-972-1590 anderson@ci.rocky-mount.nc.us

#### Robeson County, NC

Cynthia Johnson, Robeson County Enterprise Community, 204 N. Chestnut St. Lumberton, NC 28358 (Ph.) 910-618-0722 (Fax) 910-618-1504 recdc@carolina.net

#### Center of North America REAP Zone

Joanne Rodenbiker, Center of North America REAP Zone, P.O. Box 608 Cando, ND 58324 (Ph.) 701-968-3314 (Fax) 701-968-1747 joannr@nplains.com

#### Griggs-Steele, ND

Griggs-Steele Empowerment Zone, P.O. Box 335 Finley, ND 58230 (Ph.) 701-524-2240 (Fax) 701-524-2244

#### Southwest REAP Zone

Shirley Brentrup, Southwest REAP Zone, Third St. and 13th Ave. W. Pulver Hall Dickenson, ND 58601 (Ph.) 701-483-1241 (Fax) 701-483-1243 brentrup@rooseveltcuster.com

## Turtle Mountain Band of Chippewa, ND

Lyle Poitra, Turtle Mountain Community College P.O. Box 340 Belcourt, ND 58316 (Ph.) 701-477-7862 (Fax) 701-477-7909 lylepoitra@yahoo.com

#### Omaha, NE

Fred Conley, City of Omaha, Omaha Enterprise Community/Enterprise Zone 2421 N. 24th St. Blue Lion Centre Omaha, NE 68110-2282 (Ph.) 402-444-3516 (Fax) 402-444-3755 <u>fconley@ci.omaha.ne.us</u>

### Manchester, NH

Louise Donington, City of Manchester, Department of Planning and Community Development One City Hall Plaza, West Wing, Second Floor Manchester, NH 03101 (Ph.) 603-624-6450 (Fax) 603-624-6529 Idoningt@ci.manchester.nh.us

### Camden, NJ

Richard H. Cummings, Jr., Camden Empowerment Zone Corporation 817 Carpenter St. Bridgeview Complex Camden, NJ 08102-1156 (Ph.) 856-365-0300 (Fax) 856-365-0776 rickcummings@camdenez.org

#### Cumberland County, NJ

Gerard Velasquez, Cumberland Empowerment Zone Corp., 50 E. Broad St. Bridgeton, NJ 08302 (Ph.) 856-459-1700 (Fax) 856-459-4099 jerryv@cezcorp.org

### Newark, NJ

Angela Corbo, City of Newark, Department of Administration 920 Broad St. City Hall, Room B-16 Newark, NJ 07102 (Ph.) 973-733-4331 (Fax) 973-424-4286

#### corboa@ci.newark.nj.us

Richard Monteilh, City of Newark, Department of Development 920 Broad St. Newark, NJ 07102 (Ph.) 973-733-3780 (Fax) 973-733-3769 monteilhr@ci.newark.nj.us

#### Philadelphia, PA/Camden, NJ

Richard H. Cummings, Jr., Camden Empowerment Zone Corp., 817 Carpenter St. Bridgeview Complex Camden, NJ 08102 (Ph.) 856-365-0300 (Fax) 856-365-0776 <u>RickCummings@camdenez.org</u>

#### Albuquerque, NM

Sylvia Fettes, City of Albuquerque, Department of Family and Community Services P.O. Box 1293 Albuquerque, NM 87103 (Ph.) 505-768-2932 (Fax) 505-768-3204 <u>sfettes@cabq.gov</u>

### City of Deming, NM

Rachel Marrufo, City of Deming Enterprise Community, 309 South Gold Deming, NM 88030 (Ph.) 505-546-8848 (Fax) 505-546-6442 mva@cityofdeming.org

John Strand, City of Deming Enterprise Community, P.O. Box 706 Deming, NM 88031 (Ph.) 505-546-8848 (Fax) 505-546-6442

#### La Jicarita, NM

John Martinez, La Jicarita Enterprise Community, 14155 State Road 27 Penasco, NM 87553 (Ph.) 800-458-7323 (Fax) 505-587-1687 johnmartinezljec@aol.om

#### Clarke County/Las Vegas, NV

Douglas R. Bell, County of Clark, Department of Community Resources Management P.O. Box 551212 Las Vegas, NV 89155 (Ph.) 702-455-5025 (Fax) 702-455-5038 <u>drb@co.clark.nv.us</u>

#### Albany/Troy/Schenectady, NY

Anthony Tozzi, City of Schenectady, Department of Development 105 Jay St. City Hall, Room 14 Schenectady, NY 12305 (Ph.) 518-382-5054 (Fax) 518-382-5275 logtoz@cs.com

#### Brooklyn, NY

George Glatter, City of New York, Department of Business Services 110 William St. Third Floor New York, NY 10038 (Ph.) 212-513-6442 (Fax) 212-618-8987 gglatter@nycdbs.cn.ci.nyc.ny.us

## Buffalo, NY

Paula Alcala Rosner, City of Buffalo,
Federal Enterprise Community of Buffalo,
Inc.
920 City Hall
Buffalo, NY 14202
(Ph.) 716-851-5032 (Fax) 716-851-4388
Prosner@ch.ci.buffalo.ny.us

#### Buffalo-Lackawanna, NY

Bonnie Kane Lockwood, City of Buffalo, 920 City Hall 65 Niagara Square Buffalo, NY 14202-3376 (Ph.) 716- 851-5468 (Fax) 716-854-0172 blockwood@ch.ci.buffalo.ny.us

#### Jamestown, NY

Bob Kenyon, Greater Jamestown Zone Capital Corp., 200 East Third St. Municipal Bldg. Jamestown, NY 14701 (Ph.) 716-483-7654 (Fax) 716-483-7772 Kenyon@CityofJamestownnycom

#### New York/Bronx County, NY

Marion Phillips, III, New York Empowerment Zone Corp., 633 Third Ave. 32nd Floor New York, NY 10017 (Ph.) 212-803-3240 (Fax) 212-803-2459 mphillips@empire.state.ny.us James Ilako, New York Empowerment Zone Corp., 633 Third Ave. 32nd Floor New York, NY 10017 (Ph.) 212-803-3240 (Fax) 212-803-2459 jilako@empire.state.ny.us

Laura Acosta, Upper Manhattan Empowerment Zone, 290 Lenox Ave. Third Floor New York, NY 10027 (Ph.) 212-410-0030 (Fax) 212-410-9083 lacost@umez.org

Jim Simmons, Upper Manhattan Empowerment Zone, 290 Lenox Ave. Third Floor New York, NY 10027 (Ph.) 212-410-0030 (Fax) 212-410-9083 jsimmons@umez.org

Rafael A. Falaberrios, Bronx Overall Economic Development Corp., Bronx Empowerment Zone 198 E. 161<sup>st</sup> St., Suite 201 Bronx, NY 10451 (Ph.) 718-590-3549 (Fax) 718-590-3499 <u>rfalaberrios@boedc.org</u>

Pedro Gomez, Bronx Overall Economic Development Corp., Bronx Empowerment Zone 198 E. 161<sup>st</sup> St., Suite 201 Bronx, NY 10451 (Ph.) 718-590-6201 (Fax) 718-590-3499 pgomez@boedc.org

Nicole Poindexter, City of New York, Mayor's Office of the New York City EZ City Hall New York, NY 10007 (Ph.) 212-788-3098 (Fax) 212-788-2718 npoindexter @cityhall.nyc.gov

#### Newburgh/Kingston, NY

Barbara Lonczak, Kingston-Newburgh Enterprise Corp., 104 S. Lander St. Newburgh, NY 12550 (Ph.) 845-569-1680 (Fax) 845-569-9979 Kneeorp@aol.com

#### Niagara Falls, NY.

Nancy Joseph, City of Niagara Falls, Department of Community Development P.O. Box 69 1022 Main St. Niagara Falls, NY 14302 (Ph.) 716-286-8800 (Fax) 716-286-8809 njoseph@nfedz.org

#### Rochester, NY

Philip Banks, City of Rochester, Department of Economic Development 30 Church St. Room 005A Rochester, NY 14614-1290 (Ph.) 585-428-6965 (Fax) 585-428-6042 banksp@ci.rochester.lib.ny.us

#### Schenectady, NY

Steven Strichman, City of Schenectady, City Hall Jay St., Room 14 Schenectady, NY 12305 (Ph.) 518-382-5049 (Fax) 518-382-5275 info@sgedz.org

George Robertson, City of Schenectady, Economic Development Office 1 Broadway Center, Suite 750 Schenectady, NY 12305 (Ph.) 518-393-7252 (Fax) 518-393-8687 sedc12301@acl.com

#### Sullivan-Wawarsing REAP Zone

Elliott Auerbach, Sullivan-Wawarsing REAP Zonc, 1 Cablevision Center-Suite 155 Ferndale, NY 12734 (Ph.) 845-295-2632 (Fax) 845-295-2633 execdir@aol.com

#### Syracuse, NY

Bill Owens, City of Syracuse, Department of Operations, Community and Economic Development 233 E. Washington St. City Hall, Room 312 Syracuse, NY 13202 (Ph.) 315-448-8108 (Fax) 315-448-8036 bowens@edsyracuse.com

#### Tioga County REAP Zone

Larissa Gryczko Avellaneda, Tioga County REAP Zone, Tioga County Office Building Owego, NY 13827 (Ph.) 607-687-8258 (Fax) 607-687-1435 <u>AvellanedaL@co.tioga.ny.us</u>

#### Yonkers, NY

Edward A. Sheeran, City of Yonkers, Department of Industrial and Economic Development 40 S. Broadway City Hall Yonkers, NY 10701 (Ph.) 914-377-6797 (Fax) 914-377-6003 yonkersida@aol.com

Maria Canales, Yonkers Empowerment Zone One Ridge Hill Yonkers, NY 10710 (Ph.) 914-862-7007 (Fax) 914-862-7003 YEZInc@aol.com

#### Akron, OH

Jerry Egan, City of Akron, Department of Planning and Urban Development 166 S. High St., Room 405 Akron, OH 44308-1628 (Ph.) 330-375-2090 (Fax) 330-375-2387 eganje@ci.akron.oh.us

Warren L. Woolford, City of Akron, Department of Planning and Urban Development 166 S. High St., Room 401 Akron, OH 44308-1628 (Ph.) 330-375-2090 (Fax) 330-375-2387 woolfa@ci.akron.oh.us

#### Cincinnati, OH

Susan Paddock, City of Concinnati, 805 Central Ave., Seventh Floor Cincinnati, OH 45202 (Ph.) 513-352-4648 (Fax) 513-352-6113 susan.paddock@rcc.org

Harold L. Cleveland, Cincinnati Empowerment Corp., 3030 Vernon Place Third Floor Cincinnati, OH 45219-2445 (Ph.) 513-487-5200 (Fax) 513-487-5202 heleveland@empowercincy.org

#### Cleveland, OH

James DeRosa, Cleveland Empowerment Zone, 3634 Euclid Ave., Suite 200 Cleveland, OH 44115 (Ph.) 216-664-3410 (Fax) 216-420-8522 jderosa@city.cleveland.oh.us

#### Columbus, OH

Jon C. Beard, Columbus Compact Corp., 1000 E. Main St. Engine House 11, Second Floor Columbus, OH 43205 (Ph.) 614-251-0926 (Fax) 614-251-2243 jbeard@colscompact.com

#### Greater Portsmouth, OH

Robert Walton, Greater Portsmouth Enterprise Community, 433 Third St. Portsmouth, OH 45662 (Ph.) 740-354-7541 (Fax) 740-354-3933 bwalton@zoomnct.net

#### Hamilton, OH

Suparna Dasgupta, City of Hamilton, Division of Neighborhood Development 345 High St., One Renaissance Center Hamilton, OH 45011 (Ph.) 513-785-7027 (Fax) 513-785-7349 <u>dasgupts@ci.hamilton.oh.us</u>

Melissa Johnson, City of Hamilton, Division of Neighborhood Development 345 High St., One Renaissance Center Hamilton, OH 45011 (Ph.) 513-785-7075 (Fax) 513-785-7067 johnsonm@ci.hamilton.oh.us

#### Youngstown, OH

Jay Williams, City of Youngstown, Department of Community Development City Hall Annex, Second Floor 9 West Front St. Youngstown, OH 44503 (Ph.) 330-744-0854 (Fax) 330-744-7522 jwilliams@cityofyoungstownch.com

### Oklahoma City, OK

Carl D. Friend, City of Oklahoma City, Division of Community Development 420 W. Main St. Suite 920 Oklahoma City, OK 73102 (Ph.) 405-297-2574 (Fax) 405-297-3796 carl.friend@ci.okc.ok.us

Steven Rhodes, City of Oklahoma City, 420 W. Main St. Suite 920 Oklahoma City, OK 73102 (Ph.) 405-297-2009 (Fax) 405-297-1631

#### Southeast Oklahoma, OK

Bob Yandell, Southeast Oklahoma EC, 502 W. Duke St. Hugo, OK 74743 (Ph.) 580-326-3351 (Fax) 580-326-2305 byandell@littledixie.org

#### Tri-County Indian Nations, OK

Randa Jones, Tri-County Indian Nations Enterprise Community, P.O. Box 1524 Ada, OK 74821 (Ph.) 580-310-9715 (Fax) 580-310-9826 <u>tinede@yahoo.com</u>

#### Josephine County, OR

Illinois Valley Community Response Team EC, P.O. Box 1824 Cave Junction, OR 97523 (Ph.) 541-592-2838 (Fax) 541-592-4106 ivert@ivert.org

Louise Dix, Josephine County Enterprise Community, P.O. Box 127 Wolf Creek, OR 97497 (Ph.) 541-866-2600 (Fax) 541-866-2449 <u>swert@echoweb.net</u>

## Klamath REAP Zone

L.H. "Trey" Senn, Klamath REAP Zone, 409 Pine St. P.O. Box 1777 Klamath Falls, OR 97601 (Ph.) 541-882-9600 (Fax) 541-882-7648 kcedats@cdsnet.net

#### Portland, OR

Sydney L. Roberts, County of Multnomah, 421 S.W. Sixth Ave. Suite 700 Portland, OR 97204 (Ph.) 503-988-6391 (Fax) 503-988-3379 sydney.Lroberts@co.multnomah.or.us

### City of Lock Haven, PA

Leonora Hannagan, City of Lock Haven Enterprise Community, 20 E. Church St. Lock Haven, PA 17745 (Ph.) 570-893-5903 (Fax) 570-893-5905 Hannagan@kcnet.org

#### Fayette, PA

Robert Junk, Fayette Enterprise Community, 2 W. Main St. Suite 407 Uniontown, PA 15401 (Ph.) 724-437-7913 (Fax) 724-437-7315

## Harrisburg, PA

Terri Martini, City of Harrisburg, Department of Building and Housing Development Ten N. Second St. MLK City Government Center, Suite 206 Harrisburg, PA 17101-1681 (Ph.) 717-255-6408 (Fax) 717-255-6421 <u>tmartini@cityofhbg.com</u>

#### Philadelphia, PA

Eva Gladstein, Philadelphia Empowerment Zone, Room 168 City Hall Philadelphia, PA 19107 (Ph.) 215-686-0457 (Fax) 215-686-0462 eva.gladstein@phila.gov

#### Philadelphia, PA/Camden, NJ

Eva Gladstein, City of Philadelphia, City Hall Room 168 Philadelphia, PA 19107 (Ph.) 215-686-0457 (Fax) 215-686-0462 eva.gladstein@phila.gov

### Pittsburgh, PA

Brandi Rosselli, City of Pittsburgh, Department of Planning 200 Ross St. Fourth Floor Pittsburgh, PA 15219 (Ph.) 412-255-2217 (Fax) 412-255-2838 Brandi.Rosselli@city.pittsburgh.pa.us

### Providence, RI

Patrick McGuigan The Providence Plan 56 Pine St., Suite 3B Providence, RI 02903 (Ph.) 401-455-8880 (Fax) 401-331-6840 pmcguigan@providenceplan.org

# Allendale ALIVE, SC

Allendale County ALIVE Enterprise Community, P.O. Box 252 Allendale, SC 29810 (Ph.) 803-584-3600 (Fax) 803-584-0700

Henry Lefite, Allendale County ALIVE Enterprise Community, P.O. Box 252 Allendale, SC 29810 (Ph.) 803-584-3600 (Fax) 803-584-0700 acalive@barnwellsc.com

# Charleston, SC

Jacquetta P. Jones, City of Charleston, Department of Housing and Community Development 75 Calhoun St. Third Floor Charleston, SC 29401 (Ph.) 843-579-7636 (Fax) 843-965-4180 jonesj@ci.charleston.sc.us

# Charleston, SC

Patricia Crawford, City of Charleston, Department of Housing and Community Development 75 Calhoun St, Division 616 Charleston, SC 29401-3506 (Ph.) 843-724-3766 (Fax) 843-965-4180 crawfordp@ci.charleston.sc.us

#### Sumter/Columbia, SC

Milton Smalls, Sumter/Columbia Empowerment Zone, Department of Community Services 1225 Laurel St. Columbia, SC 29201 (Ph.) 803-545-3336 (Fax) 803-733-8312 masmalls@columbiasc.net

Leona Plaugh, City of Columbia, P.O. Box 147 Columbia, SC 29202-0147 (Ph.) 803-733-8227 (Fax) 803-733-8317 Iplaugh@columbiasc.net

Talmadge Tobias, City of Sumter, P.O. Box 1449 Sumter, SC 29151-1449 (Ph.) 803-436-2577 (Fax) 803-436-2615 ttobias@sumter-sc.com

#### Sumter/Columbia, SC

Chikwe Njoku, Sumter/Columbia Empowerment Zone, P.O. Box 1449 Sumter, SC 29151-1449 (Ph.) 803-436-2577 (Fax) 803-436-2615 <u>cnjoku@sumter-sc.com</u>

#### Williamsburg/Lake City, SC

John H. Whittleton, Williamsburg/Lake City Enterprise Community, P.O. Box 428 114 W. Main St. Kingstree, SC 29556 (Ph.) 843-354-9070 (Fax) 843-354-3252 <u>ecwecc@fic-inet</u>

# Beadle-Spink, SD

Lori Hintz, Beadle & Spink Enterprise Community, P.O. Box 68. Yale, SD 57386 (Ph.) 605-599-2991 (Fax) 605-599-2992 basec@santel.net

# Oglala Sioux Tribe/Pine Ridge, SD

David "Tally" Plame, Oglala Sioux-Pine Ridge Empowerment Zone, P.O. Box 655 Kyle, SD 57752 (Ph.) 605-455-1570 (Fax) 605-455-1571 oowez@gwtc.net

# Chattanooga, TN

Amy Walker Cherry, City of Chattanooga, Office of the Mayor City Hall, Suite 100 Chattanooga, TN 37402 (Ph.) 423-757-5760 (Fax) 423-757-0005 cherry\_a@mail.chattanooga.gov

#### Clinch-Powell, TN

Lindy Turner, Clinch-Powell Enterprise Community, *Rte 2, Hwy 11W* Rutledge, TN 37861 (Ph.) 865- 828-5927 (Fax) 865-828-5212 lindy@clinchpowell.org

Marvin Hammond, Clinch-Powell Enterprise Community, Rte 2, Hwy 11W Rutledge, TN 37861 (Ph.) 865- 828-5927 (Fax) 865-828-5212

# lindy@clinchpowell.org

# Fayette/Haywood County, TN

John Sicola, Fayette/Haywood Enterprise Community, 1420 Union Ave. Suite 410 Memphis, TN 38104 (Ph.) 901-729-2871 (Fax) 901-729-4107 *iwsicola@maggov.org* 

# Knoxville, TN

Diana Gerard Lobertini, City of Knoxville, Department of Community Development P.O. Box 1631 Knoxville, TN 37901 (Ph.) 865-215-2554 (Fax) 865-215-2962 dlobertini@ci.knoxville.tn.us

Terrence Carter, Partnership for Neighborhood Improvement, P.O. Box 2464 Knoxville, TN 37901 (Ph.) 865-251-5300 (Fax) 865-522-5085 tcarter@pniez.org

#### Memphis, TN

Joseph C. Gibbs, City of Memphis, Business Development Center 555 Beale St. Memphis, TN 38103-3297 (Ph.) 901-526-9300 (Fax) 901-525-2357 jgibbs@memphisbde.org

Dottie Jones, City of Memphis, Office of Intergovernmental Relations 125 North Main St. Room 336 Memphis, TN 38103 (Ph.) 901-576-6565 (Fax) 901-576-6570 dottie.jones@cityofmemphis.org

# Nashville, TN

Paul Johnson, City of Nashville/County of Davidson, Metropolitan Development and Housing Agency P.O. Box 846 Nashville, TN 37202-0846 (Ph.) 615-252-8543 (Fax) 615-252-8559 PJohnson@nashville-mdha.org

#### Scott-McCreary, TN

Leslic Winningham, Scott-McCreary Enterprise Community, P.O. Box 186 Huntsville, TN 37756 (Ph.) 423-663-3280 (Fax) 423-663-3290 Iwinningham@highland.net

#### Corpus Christi, TX

Patricia Garcia, City of Corpus Christi, P.O. Box 9277 Corpus Christi, TX 78469 (Ph.) 361-844-1785 (Fax) 361-880-3239 Patriciaga@ci.corpus-christi.tx.us

David R. Garcia, City of Corpus Christi, P.O. Box 9277 Corpus Christi, TX 78469 (Ph.) 361-880-3220 (Fax) 361-880-3239 Patriciaga@ci.corpus-christi.tx.us

#### Dallas, TX

Mark G. Obeso, City of Dallas, Department of Housing 1500 Marilla St. Suite 6D N. Dallas, TX 75201 (Ph.) 214-670-3601 (Fax) 214-670-0156 <u>mobeso@ci.dallas.tx.us</u>

# El Paso , TX

Phyllis Rawley, El Paso Empowerment Zone 201 E. Main St., Suite 1603 El Paso, TX 79901 (Ph.) 915-351-1680 (Fax) 915-351-1679 prawley@elpasoez.org

Thomas Serrano, City of El Paso, Department of Community and Human Development Two Civic Center Plaza El Paso, TX 79901 (Ph.) 915-541-4642 (Fax) 915-541-4370 serranotx @ci.el-paso.tx.us

#### El Paso County, TX

Melodia Salaices, County of El Paso, 500 E. San Antonio Suite 404 El Paso, TX 79901 (Ph.) 915-834-8242 (Fax) 915-834-8277 <u>msmsalaices@co.el-paso.tx.us</u>

#### FUTURO, TX

Tammye Carpinteyro, Futuro Enterprise Community, 330 East Main Uvalde, TX 78801 (Ph.) 830-278-6817 (Fax) 830-278-6905 fcceo@futurocommunities.org

# Houston, TX

Judith Garrett Butler, City of Houston, Office of the Mayor P.O. Box 1562 Houston, TX 77252-1562 (Ph.) 713-247-2666 (Fax) 713-247-3985 judy.butler@cityofhouston.net

# Rio Grande Valley, TX

Yvonne "Bonnie" Gonzalez, Rio Grande Valley Empowerment Zone, 5405 North McColl McAllen, TX 78504 (Ph.) 956-661-6560 (Fax) 956-661-6566 bonnie@rgvezc.org

#### San Antonio, TX

Curley Spears, City of San Antonio, Department of Housing and Community Development 1400 S. Flores St., Unit 3 San Antonio, TX 78204 (Ph.) 210-207-6600 (Fax) 210-886-0006 <u>espears@sanantonio.gov</u>

Andrew W. Cameron, City of San Antonio, Department of Housing and Community Development 1400 S. Flores San Antonio, TX 78204 (Ph.) 210-207-6600 (Fax) 210-886-0006 a.cameron@ci.sat.tx.us

Manny Longorio, City of San Antonio, Department of Housing and Community Development 1400 S. Flores San Antonio, TX 78204 (Ph.) 210-207-6600 (Fax) 210-886-0006

#### Waco, TX

George Johnson, Jr., City of Waco, 300 Austin Ave. Waco, TX 76701-2570 (Ph.) 254-750-5640 (Fax) 254-750-5880 georgej@ci.waco.tx.us

Four Corners, UT

Larry Rogers, Four Corners Enterprise Community, 151 East 500 North Blanding, UT 84511 (Ph.) 435-678-1468 (Fax) 435-678-1464 lasar98@yahoo.com

# Ogden, UT

Susan Manning, City of Ogden Housing Authority, 2661 Washington Blvd. Suite 102 Ogden, UT 84401 (Ph.) 801-627-5851 (Fax) 801-627-6012 <u>smanning@xmission.com</u>

#### Accomack/Northampton, VA

Lee Mapp, Accomack/Northampton Enterprise Community, P.O. Box 814 Nassawadox, VA 23413 (Ph.) 757-442-4509 ext 106 (Fax) 757-442-7530 veseehc@esva.net

# Norfolk/Portsmouth, VA

Landis Faulcon, Empowerment 2010, Inc., 2539 Corprew Ave. Norfolk, VA 23504 (Ph.) 757-624-8650 (Fax) 757-622-4242 LFaulcon@empowerment2010.org

Dan Swanson, City of Portsmouth Portsmouth Redevelopment and Housing Authority 339 High St. Portsmouth, VA 23704 (Ph.) 757-391-2907 (Fax) 757-399-8697 dswanson@prha.org

### Burlington, VT

Margaret Bozik, City of Burlington, Office of Community and Economic Development 149 Church St. City Hall, Room 32 Burlington, VT 05401 (Ph.) 802-865-7171 (Fax) 802-865-7024 mbozik@ci.burlington.vt.us Northeast Kingdom of Vermont REAP EZ

Carol Moore, Northeast Kingdom of Vermont REAP EZ, Lyndon State College Lyndonville, VT 05851 (Ph.) 802-626-6404 (Fax) 802-626-4804 moorec@mail.lsc.vsc.edu

## Five Star, WA

Martin E. Wold, Five Star Enterprise Community, 347 W. Second St. Suite A Colville, WA 99114 (Ph.) 509-684-4571 (Fax) 509-684-4788 <u>mwold@plix.com</u>

#### Lower Yakima County, WA

Mike Gregory, Lower Yakima County Enterprise Community, P.O. Box 329. Sunnyside, WA 98944 (Ph.) 509-839-6847 (Fax) 509-839-7462 <u>lvcrec1@quicktel.com</u>

#### Seattle, WA

Ben Wolters, City of Seattle, Office of Economic Development 700 Fifth Ave. Suite 1730 Seattle, WA 98104-5072 (Ph.) 206-684-8591 (Fax) 206-684-0379 ben.wolters@ci.seattle.wa.us

# Tacoma, WA

Martha Anderson, City of Tacoma, Department of Development 747 Market St., Room 900 Tacoma, WA 98402 (Ph.) 253-591-5207 (Fax) 253-591-5232 manderso@cityoftacoma.org

Shary Hart, City of Tacoma, Department of Development 747 Market St., Room 900 Tacoma, WA 98402 (Ph.) 253-591-5208 (Fax) 253-591-5232 shart@cityoflacoma.org

### Yakima, WA

Bill Cobabe, City of Yakima, Office of Neighborhood Development Services 112 South Eighth St. Yakima, WA 98901 (Ph.) 509-575-6101 (Fax) 509-575-6176 bcobabe@ci.yakima.wa.us

#### Milwaukee, WI

Glen Mattison, City of Milwaukee, Community Block Grant Administration 200 E. Wells St. City Hall, Room 606 Milwaukee, WI 53202 (Ph.) 414-286-3760 (Fax) 414-286-5003 gmatti@ci.mil.wi.us

Julie A. Penman, City of Milwaukee, Department of City Development 809 N. Broadway Milwaukee, WI 53202-2617 (Ph.) 414-286-5800 (Fax) 414-286-5467 <u>lwake@mkedcd.org</u>

Laura Wake, City of Milwaukee, Department of Economic Development 809 N. Broadway Milwaukee, WI 53202-2617 (Ph.) 414-286-8639 (Fax) 414-286-5467 <u>lwake@mkeded.org</u>

#### Northwoods NiiJii, WI

Karlene Zajicek, Northwoods NiiJii Enterprise Community, P.O. Box 67 Lac du Flambeau, WI 54538 (Ph.) 715-588-3303 ext 350 (Fax) 715-588-9408 pugzaj@newnorth.net

#### Central Appalachia, WV

Jerry Sizemore, Central Appalachia Enterprise Community, P.O. Box 176 Clay, WV 25043 (Ph.) 304-587-2034 (Fax) 304-587-2027 caez@wirefire.com

#### Huntington, WV/Ironton, OH

Cathy Burns, Huntington WV/Ironton OH Empowerment Zone Inc., 320 Ninth St. Suite B Huntington, WV 25701 (Ph.) 304-399-5454 (Fax) 304-399-5458 <u>burnsc@ntelos.net</u>

#### McDowell County, WV

Dr. Clif Moore, McDowell County Enterprise Community,

P.O. Box 158 Wilcoe, WV 24895 (Ph.) 304-448-2118 (Fax) 304-448-3287 mcan24895@yahoo.com

### Upper Kanawha Valley, WV

Ben Newhouse, Upper Kanawha Valley Enterprise Community, 200 Upper Kanawha Valley Way *Cabin Creek, WV 25035* (Ph.) 304-595-5991 (Fax) 304-595-5993 bnewhouse@ukyec.org

# APPENDIX A-3. OFFICE OF NATIVE AMERICAN PROGRAMS (ONAP)

Persons with hearing or speech impediments may access any of these numbers via TTY by calling the Federal Relay Service at 800–877–8339.

Location of Tribes and IDHEs	ON IP Contact Information
All States east of the Mississippi	Eastern/Woodlands Office of Native American Programs,
River (plus Minnesota and Iowa)	SAPI
	Metcalfe Federal Building
	77 West Jackson Boulevard, Room 2400
	Chicago, IL 60604–3507
	3128864532 or 8007353239
Kansas, Louisiana, Missouri,	Southern Plains Office of Native American Programs, 61PI
Oklahoma, and Texas (except for	500 West Main Street, Suite 400
Ysleta del Sur)	Oklahoma City, OK 73102
	405-553-7520
	TDD Number: 405–553–7480
Colorado, Montana, Nebraska, North	Northern Plains Office of Native American Programs, 8API
Dakota, South Dakota, Utah, and	Wells Fargo Tower, North
Wyoming	633 17th Street
	Denver, CO 80202-3607
	303-672-5465
	TDD Number: 303–672–5116
All Regions	Denver Program Office of Native American Programs
	1999 Broadway, Suite 3390, Box 4
	Denver, CO 80202
	303-675-1600 or 800-561-5913
Arizona, California, New Mexico,	Southwest Office of Native American Programs, 9EPI
Nevada, and Ysleta del Sur in	One North Central Avenue, Suite 600
Texas	Phoenix, AZ 85004–2361
	602-379-7200
	OR
	Southwest Office of Native American Programs (Albuquerque
	Office), 9EPI
	625 Silver Avenue, SW., Suite 300
	Albuquerque, NM 87102
	505-346-6923
Idaho, Oregon, and Washington	Northwest Office of Native American Programs, OAPI
	909 First Avenue, Suite 300
	Seattle, WA 98104–1000
	206-220-5270
4.1f	TDD Number: 206–220–5185
Alaska	Alaska Office of Native American Programs, OCPI
	949 East 36th Avenue, Suite 401
	Anchorage, AK 99508-4399
	907-271-4633
	TDD Number: 907–271–4328

# Appendix B

This appendix to the General Section of the SuperNOFA contains the standard forms, certifications, and assurances used by the majority if not all the programs that are part of the SuperNOFA.

#### INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employeeof any agency, a Member of Congress, an officer or employeeof Congress, or an employeeof a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- 2. Identify the status of the covered Federal action.
- Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- 4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- 5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
- 6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizationallevel below agency name, if known. For example, Department of Transportation, United States Coast Guard.
- 7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
- 8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
- 9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
- 10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
  - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
- 11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503. -

DISC	LOSURE OF LC	BBYING ACTIN	/ITIES	Approved by OMB
Complete this form	n to disclose lobbying	g activities pursuan	t to 31 U.S.C. 1352	0348-0046
	(See reverse for put	blic burden disclosi	ure.)	
1. Type of Federal Action:	2. Status of Federa	al Action:	3. Report Type:	· · · · · · · · · · · · · · · · · · ·
a. contract	a bid/c	offer/application	a. initial fil	ing
b. grant	— b. initia	laward	b. materia	change
c. cooperative agreement	c. post	-award	For Material	Change Only:
d. Ioan				quarter
e. Ioan guarantee				st report
f. Ioan insurance				•
4. Name and Address of Reporting	g Entity:	5. If Reporting E	ntity in No. 4 is a Si	ubawardee, Enter Name
Prime Subawardee		and Address o		
Tier	, if known:			
Congressional District, if known	2:	Congressional	District, if known:	
6. Federal Department/Agency:			am Name/Descripti	on:
		Ŭ		
		CFDA Number.	if applicable:	
		1	17	
8. Federal Action Number, if known	n:	9. Award Amoun	t, if known:	
		\$		
10. a. Name and Address of Lobby	ving Registrant	b. Individuals Pe	rforming Services	including address if
(if individual, last name, first n		different from I		5
	. ,	(last name, firs		
		,,,	······	
11 Information requested through this form is authorize	d by title 31 U.S.C. section	Signature		
1352. This disclosure of obbying activities is a ma upon which reliance was placed by the tier above whe	atenal representation of lact			
or entered into. This disclosure is required pursual	nt to 31 U.S.C. 1352. This	Print Name:		
information will be reported to the Congress semi-annu- public inspection. Any person who fails to file the	requirec disclosure shall be	Title:		
subject to a civil penalty of not less that \$10,000 and each such failure.	not more than \$100,000 for	4		
				Authorized for Local Reproduction
Federal Use Only:		<ul> <li>International control of the second second second se</li></ul>		Standard Form 111 (Rev. 7-97)

Application for Federal Assistance	U.S. Department of Housing and Urban Development	OMB Approval No.2501-0017 (exp. 03/31/2005)
	2. Date Submitted	4. HUD Application Number
1. Type of Submission Application Preapplication	3. Date and Time Received by HUD	5. Existing Grant Number
		6. Applicant Identification Number
7. Applicant's Legal Name	8. Organizational Unit	
<ul> <li>9. Address (give city, county, State, and zip code) <ul> <li>A. Address:</li> <li>B. City:</li> <li>C. County:</li> <li>D. State:</li> <li>E. Zip Code:</li> </ul> </li> <li>11. Employer Identification Number (EIN) or SSN <ul> <li>13. Type of Application</li> <li>New Continuation Renewal</li> <li>If Revision, enter appropriate letters in box(es)</li> <li>A. Increase Amount B. Decrease Amount C. Increase Duration</li> <li>D. Decrease Duration E. Other (Specify)</li> </ul> </li> <li>15. Catalog of Federal Domestic Assistance (CFDA) Number [14 <ul> <li>Title:</li> <li>Component Title:</li> </ul> </li> <li>17. Areas affected by Program (boroughs, cities, counties, SI Indian Reservation, etc.)</li> </ul>	contacted on matters involvin         A. Name:         B. Title:         C. Phone:         D. Fax:         E. E-mail:         12. Type of Applicant (enter a         A. State         B. County         C. Municipal         D. Township         E. Interstate         F. Intermunicipal         S. Special District         H. Independent School Distri         14. Name of Federal Agency         U.S. Department of Hous         16. Descriptive Title of Applic	I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority rict P. Other (Specify)
18a. Proposed Program start date. 18b. Proposed Program	end date 19a. Congressional Districts of	of Applicant 19b. Congressional Districts of Program
20. Estimated Funding: Applicant must complete the Fund 21. Is Application subject to review by State Executive Order A. Yes B. No Program is not covered by E.O. 12372 Program has not been selected by State for 22. Is the Applicant delinquent on any Federal debt? Yes If "Yes," explain below or attach an explanation	12372 Process? available to the State Executive Order 1237 In review.	

Page 1 of 2

Funding Mat	rix								
The applicant must p requested, and comp	-		below, listing e	ach program fo	or which HUI	D funding is bei	ng		
Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federa Share	State Share	Local/Tribal Share	Other	Program Income	Total
			1						
			ļ						
								·	
		·							
Grand Totals									
* For FHIPs, show b	oth initiative and c	omponent							
0 00 0									
Certifications			Cadaadaa .			and a second large	and he as as	- habalf	
I certify, to the best of the applicant, to a	, .			-				i benan	
Congress, an officer		5				• •			
of this Federal grant		-						ave	
or will be paid for infl	uencing or attempti	ng to influence	the persons l	isted above, I s	hall complet	e and submit Si	andard Form	-LLL,	
Disclosure Form to F	Report Lobbying. 10	certify that I sh	all require all s	ub awards at a	I tiers (inclu	ding sub-grants	and contract	s) to	
similarly certify and c	lisciose accordingly								
Federally recognize	d Indian Tribes and	l tribally design	nated housing	entities (TDHE	s) establishe	d by Federally-	recognized In	idian tribes	
as a result of the exe	rcise of the tribe's s	sovereign pow	er are exclude	d from coverag	e of th <b>e</b> Byrc	Amendment, b	out State-reco	gnized Indian	
tribes and TDHEs ex					-				
This application inc	•		•						
the funding you are						-			
information in this ap	oplication is true an	a correct and (	constitutes ma	terial represent	auon of fact	apon which HU	u may rely in	awarung	
the agreement.	opized Official				Nama (aditta	(h)			
<ol> <li>Signature of Auth</li> </ol>	ionzeu omolal			1	Name (printe	, ui			

Title

Previous versions of HUD-424 and 424-M are obsolete.

Page 2 of 2

form **HUD-424** (01/2003) ref. OMB Circular A-102

Date (mm/dd/yyyy)

Certifications and Urban Development Instructions for the HUD-424-B Assurances and Certification	(exp. 03/31/2005)
Instructions for the HUD-424-B Assurances and Certification	
As part of your application for HUD funding, you, as the official authorized to sig	
or an an individual must provide the following assurances and certifications. By	signing this form, you are stating that to the
best of your knowledge and belief, all assertions are true and correct.	
	· · · · · · · · · · · · · · · · · · ·
As the duly authorized representative of the applicant, I certify that the	5. Will comply with the acquisition and relocation
applicant (Insert below the Name and title of the Authorized Representative,	requirements of the Uniform Relocation Assistance and
name of Organization and the date of signature):	Real Property Acquisition Policies Act of 1970, as
Name:, Title:	amended (42 U.S.C. 4601) and implementing regula-
Organization:, Date:	tions at 49 CFR Part 24 and 24 CFR 42, Subpart A.
1. Has the legal authority to apply for Federal assistance, has the	6. Will comply with the environmental requirements
institutional, managerial and financial capability (including funds to pay	of the National Environmental Policy Act (42 U.S.C.
the non-Federal share of program costs) to plan, manage and complete	4321 et seq. ) and related Federal authorities prior to
the program as described in the application and the governing body	the commitment or expenditure of funds for property
has duly authorized the submission of the application, including these	acquisition and physical development activities subject
assurances and certifications, and authorized me as the official	to implementing regulations at 24 CFR parts 50 or 58.
representative of the applicant to act in connection with the application and to provide any additional information as may be required.	<ol> <li>Will or will continue to provide a drug-free workplace by:</li> </ol>
<ol> <li>Will administer the grant in compliance with Title VI of the Civil Rights</li> </ol>	by: (a) Publishing a statement notifying employees that
Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR	the unlawful manufacture, distribution, dispensing,
Part 1), which provide that no person in the United States shall, on the	possession, or use of a controlled substance is
grounds of race, color or national origin, be excluded from participation	prohibited in the applicant's workplace and
in, be denied the benefits of, or otherwise be subjected to discrimination	specifying the actions that will be taken against
under any program or activity that receives Federal financial assistance	employees for violation of such prohibition;
<b>OR</b> if the applicant is a Federally recognized Indian tribe or its tribally	(b) Establishing an on-going drug-free awareness
designated housing entity, is subject to the Indian Civil Rights Act	program to inform employees about
(25 U.S.C. 1301-1303).	(1) The dangers of drug abuse in the workplace;
3. Will administer the grant in compliance with Section 504 of the	(2) The applicant's policy of maintaining a drug-free
Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implement-	workplace;
ing regulations at 24 CFR Part 8, and the Age Discrimination Act of 1975	(3) Any available drug counseling, rehabilitation, and
(42 U.S.C. 6101-07), as amended, and implementing regulations at 24	employee assistance programs; and
CFR Part 146 which together provide that no person in the United States	(4) The penalties that may be imposed upon employees
shall, on the grounds of disability or age, be excluded from participation	for drug abuse violations occurring in the workplace;
in, be denied the benefits of, or otherwise be subjected to discrimination	( c ) Making it a requirement that each employee to be
under any program or activity that receives Federal financial assistance;	engaged in the performance of the grant be given a
except if the grant program authorizes or limits participation to designat-	copy of the statement required in Paragraph (a);
ed populations, then the applicant will comply with the nondiscrimination	(d) Notifying the employee in the statement required
requirements within the designated population.	by paragraph (a) that, as a condition of employment
4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as	under the grant, the employee will
amended, and the implementing regulations at 24 CFR Part 100, which	<ol><li>Abide by the terms of the statement; and</li></ol>
prohibit.discrimination in housing on the basis of race, color, religion,	(2) Notify the employer in writing of his or her
sex, disability, familial status, or national origin; except an applicant	conviction for a violation of a criminal drug statute
which is an Indian tribe or its instrumentality which is excluded by	occurring in the workplace no later than five calen-
statute from coverage does not make this certification; and further	dar days after such conviction;
except if the grant program authorizes or limits participation	
to designated populations, then the applicant will comply with the	
nondiscrimination requirements within the designated population,	

# Applicant Assurances and Certifications (Continued)

# U.S. Department of Housing and Urban Development

OMB Approval No. 2501-0017 (exp. 03/31/2005)

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee has worked, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each

affected grant; (f) Taking one of the following actions, within 30 calendar days of

(r) Taking the of the following actions, within 50 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--

 Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency;

 (g) Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs (a),
 (b), (c), (d), (e), and (f).

(h). The applicant may insert in the space provided below the site(s) for the performance of work or may provide this information in connection with each application.

 (i). Place of Performance (street address, city, county, state, zip code)

8. In accordance with 24 CFR Part 24, and its principals:
(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
(b) Have not within a three year period preceding this proposal, been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in the preceding paragraph of this certification; and

(d) Where the applicant is unable to certify to any of the statements in this certification, an explanation shall be attached. (e) Will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction, " provided by the HUD without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

These certifications and assurances are material representations of the fact upon which HUD can rely when awarding a grant. If it is later determined that I, the applicant, knowingly made an erroneous certifications or assurance, I may be subject to criminal prosecution. HUD may also terminate the grant and take other available remedies.

Competitive Grant Programs		and Urban	and Urban Development	Lt .				(exp. 03/31/2006)	2005)
Section A - Budget Categories									
			Grant Prog	ram, Functi	Grant Program, Function or Activity	Ą			
	HUD Share	Applicant	Other HUD	Other Federal	State Share	Local/Tribal	Other	Prodram	÷
1. Object Class Categories	·	Match	Funds	Share		Share		Income	Total
a. Personnel (Direct Labor)	\$		\$	÷	\$	÷	\$	\$	60
b. Fringe Benefits									
c. Travel									
<li>d. Equipment (Only Items &gt; \$5,000 Depreciated Value)</li>									
e. Supplies (Only Items with Depreciated Value < \$5,000 )					-				
f. Contractual									
g. Construction		•							
<ol> <li>Administrative and legal expenses</li> </ol>									
2. Land, structures, rights-of way, appraisals, etc.									
3. Relocation expenses and payments									
4. Architectural and engineering fees						-			
5. Other architectural and engineering fees									
6. Project inspection fees									
7. Site Work									
8. Demolition and removal									
9. Construction									
10. Equipment			-						
11. Contingencies								-	
12. Miscellaneous									
h. Other (Direct Costs)									
1.									
2.									
3,									
4.									
5.									
Ĝ.									
<ol> <li>Indirect Charges (% Approved Indirect Cost Rate: %)</li> </ol>									
J Total Costs									
k Prorentionen									

form HUD-424-C (06/2002)

Page 1 of 2

this form, unless it displays a currently valid OMB Control Number.	gamencing and manuaring up drain readed, and completing and reviewing the collection or information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid CMB Control Number.
General Instructions	Section A. Budget Categories (Continued)
This form consolidates OMB's Standard Form 424-A (Budget Summary - Non-Construction Programs) and Standard Form 424-C (Budget Summary Construction Programs) into a single Summary Budget for use with HUD competitive program applications.	Object Class Categories
Trant	be broken out under each column.
lich	Lines art-Show the totals of Lines 1a to 1f in each column.
ant	Line g.1
or some programs, HUD may require budgets	are related to the normal functions of governmont.
be separately shown by function or activity.	Line g.2
Vour kudeel infermetion chould chout the antice coof of sour recovered recorder of original	and/or casements). Turn et 2. Enter entimeted node related to extendion education and terms and done
if you are not doing construction as part of your program, you do not have to complete	replacement housing, relocation payments to displaced persons and businesses, etc. Line g.A.⊷Enter estimated basic ongineering fees related to construction
that information.	(this includes start-up services and proparation of project performance work plan).
	Line g.5Enter estimated enginaering costs, such as surveys, tests, soil borings, etc.
NOTE: Not all budget categories on this form are eligible for funding under all programs.	Line g.6Enter estimated engineering inspection costs.
Please see eligible activities under the specific program for which you are secking	Line g.7Enter the estimated site preparation and restoration which are not
funding.	included in the basic construction contract.
	Line g.8Enter the estimated costs related to domolition activities.
Section A. Budget Categories	Line g.9Eutor estimated costs of the construction contract.
-	Line g.10Entor estimated cost of office, shop, laboratory, safety equipment,
the	
you plan on using in your grant program. You should complete each	Line g.11Enter any estimated contingency costs.
	Line g.12Enler estimated miscellaneous costs.
t of funds that you will need from the HULL grant program for	Line hEnter any other costs not already addiressed above.
which you are seeking tunding. Column 3 - Identify any matching funds that why are remuted to include in your memoreed	Line i Line iTotal all the builded extension and along the commute under code extense of line i
	בנוגל לייין ממרמת מו מוס מממלמו במנינלומובס פנית לשמים ווגב מחומתונס מוומבו בממיו כמומווון מדוווגב).
programming orden to be engineer for assistance. Column 3 - Identify any other HUD funds that you will be adding to this program either	
through your formula or competitive grant programs.	
Column 4 - Identify any other Federal funds that you will be adding to this program either	
through your formula or competitive grant programs.	determining the total amount of the grant award.
adding to this program.	
Column 6 - Identify any Local or Tribal Government funds that you will be adding to this program.	
Column 7 - Identify any additional funds not previously identified in Columns 1 - 6, that	
you intend to use for your proposed program.	
Column 5 - Remury any program movine that you expect to generate under this program. Column 9 - Add columns 1 - 6 across and place the total in Column 9.	

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Public reporting Burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching data sources.	
gathering and maintaining the data needed, and completing and reviewing the collection of information. 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.	ionso, including the time for reviewing instructions, searching existing data sources, ination. This agency may not collect this information, and you are not required to complete
General Instructions	
This form is designed so that an application can be made for any of HUD's grant	Line hEnter any other direct costs not already addressed above.
programs. Space is provided for 3 separate program years.	Line j,
In preparing the budget, adhere to any existing HUD requirements which prescribe how and	Line jIndicate the approved indirect Cost Rate (if any) and calculate the indirect cost by
whether budgeted amounts should be separately shown for different functions or activities	
within the program. For some programs, HUD may require budgets to be shown	Grand Total (by Year)Enter the sum of lines i, and j, under column 9 for each year.
separately by function or activity.	
Your budget information should show the entire cost of your proposed program of activities	
per year. If you are not using funds in any of the line item categories, you should leave the	
item blank. Pages may be duplicated to show budget data for individual programs,	
projects of addivities. MOTE: Mat all burdeat extensions are this form are altaible for funding under all prevenue.	roduron ne follouw.
funding.	Column 1
	which vou are seeking funding.
Budget Categories	Column 2
The budget categories identifies how your program funds will be allocated by type of	program in order to be eligible for assistance.
use, e.g., funds going for salaries, travel, contracts, etc. Each of these line items should	Column 3 - Identify any other HUD funds that you will be adding to this program either
be broken out under each applicable column.	through your formula or competitive grant programs.
Lines a-fShow the totals of Lines a to f in each column.	Column 4 -
Lines g. Show construction related expenses in the appropriate categories below.	through your formula or competitive grant programs.
Line g.1Enter estimated amounts needed to cover administrative expenses. Do not include costs which	Column 5 - Identify any State funds that you will be adding to this program.
are related to the normal functions of government.	Column 6 -
Line g.2Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, leese,	program.
and/or easements).	Golumn 7
Line g.3Enter estimated costs related to relocation advisory assistance,	you intend to use for your proposed program.
replacement housing, relocation payments to displaced persons and businesses, etc.	Column 8 - Identify any program income that you expect to generate under this program.
Line g.4Enter estimated basic engineering fees related to construction	Column 9 - Add columns 1 - 8 across and place the total in Column 9.
(this includes start-up services and preparation of project performance work plan).	
Line g.5Enter estimated engineering costs, such as surveys, tests, soil borings, etc.	
Line g.6Enter estimated engineering inspection costs.	
Line g.7Enter the estimated site preparation and restoration which are not	
included in the basic construction contract.	
Line g.8Enter the estimated costs related to demolition activities.	
Line g.9Enter estimated costs of the construction contract.	
Line g.10Enter colimated cost of office, shop, laboratory, saticly equipment,	
etc. to be used at the facility, if such costs are not included in the construction contract.	
Line g.11Enter any estimated contingency costs.	
Line g.12Enter estimated miscellaneous costs.	

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	•		Functio	nal Catego	Functional Categories (Year 1	()			
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Name of Project/Activity:	HUD Share	Applicant Match	Other HUD Funds	Culler Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
a. Personnel (Direct Labor)	\$	\$	\$	ş	\$	\$	\$	\$	\$
b. Fringe Benefits									
c. Travel									
d. Equipment (Only Items > \$5,000 Depreciated Value)									
e. Supplies (Only Items with Depreciated Value < \$5,000 )									
f. Contractual									
g. Construction									
1. Administration and legal expenses									
2. Land, structures, rights-of way, appraisals, etc.						-			
<ol><li>Relocation expenses and payments</li></ol>									
4. Architectural and engineering fees									
5. Other architectural and engineering fees									
6. Project inspection fees									
7. Site work									
8. Demolition and removal									
9. Construction	-								
10. Equipment									
11. Contingencies				-					
12. Miscellaneous									
h. Other (Direct Costs)									
Subtotal of Direct Costs									
j. Indirect Costs (% Approved Indirect Cost Rate:%)		Andreas (Construction)			And And An and A	The second secon			
Grand Total (Year 1):	<ul> <li>Construction of the construction of the construction</li></ul>	Marchard, M. M. Marchard, M				Control of the second secon		(1) Sector and the sector of the sector and the	

(Applicant should duplicate this first page as necessary)		and Urban	and Urban Development	Ŧ	·				
			Functio	Functional Categories	ries (Year 2)				
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Name of Project/Activity:	HUD Share	Applicant Match	Other HUD Funds	Curer Federal Share	State Share	Local/Tribal Share	Other	Program	Total
a. Personnel (Direct-Labor)	÷	64	\$	S	\$	\$	\$	\$	\$
b. Fringe Benefits									
c. Travel									
<ul><li>d. Equipment (Only Items &gt; \$5,000 Depreciated Value)</li></ul>									
e. Supplies (Only Items with Depreciated Value < $55,000$ )									
f. Contractual									
g. Construction									
1. Administration and legal expenses									
2. Land, structures, rights-of way, appraisals, etc.									
<ol><li>Relocation expenses and payments</li></ol>									
4. Architectural and engineering fees						-			
5. Other architectural and engineering fecs									
6. Project inspection fees									
7. Site work	-								
8. Demolition and removal	-								
9. Construction									
10. Equipment									
11. Contingencies				-					
12. Miscellaneous									
h. Other (Direct Costs)									
i. Subtotal of Direct Costs									
j. Indirect Costs (% Approved Indirect Cost Rate:%)	Contraction of the second s			<ul> <li>And A. State and A</li></ul>			2. Second and a second seco	<ul> <li>A set of a set of</li></ul>	
Grand Total (Year 2):	A MANANA ANA ANA ANA ANA ANA ANA ANA ANA		A Contraction of the contraction						

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			Silionati la matini indan so o	Guise		UMB Appro	val No. 2501	OMB Approval No. 2501-0017 (exp. 03/31/2005)	03/31/2005)
(Applicant should duplicate this first page as necessary)		and Urban	and Urban Development	nt -					
			Functional		Categories (Year 3)	3)			
	Column 1	Column 2	Column 3	ပိ	Column 5	Column 6	Column 7	Column 8	Column 9
Name of Project/Activity:	HUD Share	Applicant Match	Other HUD Funds	Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
a. Personnel (Direct Labor)	Ş	69	67	69	\$	÷	£	en en	\$
b. Fringe Benefits									
c. Travel									
<ul> <li>Equipment (Only Items &gt; \$5,000 Depreciated Value)</li> </ul>									
e. Supplies (Only Items with Depreciated Value < \$5,000 )									
f. Contractual									
g. Construction									
1. Administration and legal expenses								-	
2. Land, structures, rights-of way, appraisals, etc.									
3. Relocation expenses and payments									
4. Architectural and engineering fees									
5. Other architectural and engineering fees									
6. Project inspection fees							-		
7. Site work									
8. Demolition and removal									
9. Construction									
10. Equipment									
11. Contingencies									
12. Miscellaneous									
h. Other (Direct Costs)									
i. Subtotal of Direct Costs									
j. Indirect Costs (% Approved Indirect Cost Rate:%)					A STATUS AND A STA			<ul> <li>Vel. Construction of the second second</li></ul>	
Grand Total (Year 3):		A rest of the second s second second sec			A DESTINATION OF A DEST	ANNUAL AND		A DESCRIPTION OF A DESC	

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# Instructions for Completing the Grant Application Detailed Budget Worksheet

Item	Discussion
program requires you to provide program activit provide information related to each program acti	et information regarding your proposed program. If your y information you should use a separate HUD-424-CBW to vity. The detailed information provided on this form should be 424-CB forms depending on whethet you are requesting funding reformance
1 - Personnel (Direct Labor)	<ul> <li>This section should show the labor costs for all individuals supporting the grant program effort (regardless of the source of their salaries). The hours and costs are for the full life of the grant. If an individual is employed by a contractor or sub-grantee, their labor costs should not be shown here.</li> <li>Please include all labor costs which are associated with the proposed grant program, including those costs which will be paid for with in-kind or matching funds.</li> <li>Do not show fringe or other indirect costs in this section.</li> <li>Please use the hourly labor cost for salaried employees (use 2080 hours per year or the value your organization uses to perform this calculation). An employee working less than full time on the grant.</li> </ul>
2 - Fringe Benefits	Use the standard fringe rates used by your organization. You may use a single fringe rate (a percentage of the total direct labor) or list each of the individual fringe charges. The spreadsheet is set up to use the Total Direct Labor Cost as the base for the fringe calculation. If your organization calculates fringe benefits differently, please use a different base and discuss how you calculate fringe as a comment.
3 - Travel	
3a - Transportation - Local Private Vehicle	If you plan on reimbursing staff for the use of privately owned vehicles or if you are required to reimburse your organization for mileage charges, show your mileage and cost estimates in this section.
3b - Transportation - Airfare	Show the estimated cost of airfare required to support the grant program effort. Show the destination and the purpose of the travel as well as the estimated cost of the tickets. Each program NOFA discusses the travel requirements which should be listed here.
3c - Transportation - Other	If you or are charged monthly by your organization for a vehicle for use by the grant program, indicate those costs in this section.
	Provide estimates for other transportation costs which may be incurred (metro, etc.).

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3d - Per Diem or Subsistence	For travel which will require the payment of subsistence or per diem in accordance with your organization's policies. Indicate the location of the travel.
	Each program NOFA discusses the travel requirements which should be listed here.
4 – Equipment	Equipment is defined by HUD regulations as tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Each program NOFA describes what equipment may be
	purchased using grant funding.
5 - Supplies and Materials	Supplies and materials are consumable and non-consumable items which have a depreciated unit value of less than \$5,000. Please list the proposed supplies and materials as either Consumable Supplies or as Non-Consumable Materials.
5a - Consumable Supplies	List the consumable supplies you propose to purchase. General office or other common supplies may be estimated using an anticipated consumption rate.
5b - Non-consumable materials	List furniture, computers, printers, and other items which will not be consumed in use. Please list the quantity and unit cost.
6 – Consultants	Please indicate the consultants you will use. Indicate the type of consultant (skills), the number of days you expect to use them, and their daily rate.
7 - Contracts and Sub-Grantees	List the contractors and sub-grantees which will help accomplish the grant effort. Examples of contracts which should be shown here include contracts with Community Based Organizations; liability insurance; and training and certification for contractors and workers.
	If any contractor, sub-contractor, or sub-grantee is expected to receive over 10% of the total Federal amount requested, a separate Grant Application Detailed Budget (Worksheet) should be developed for that contractor or sub-grantee and the total amount of their proposed effort should be shown as a single entry in this section.
	Unless your proposed program will perform the primary grant effort with in-house employees (which should be listed in section 1), the costs of performing the primary grant activities should be shown in this section.
· · · · · · · · · · · · · · · · · · ·	<ul> <li>Types of activities which should be shown in this section:</li> <li>Contracts for all services</li> <li>Training for individuals not on staff</li> <li>Contracts with Community Based Organizations or Other Governmental Organizations (note the 10% requirement discussed above)</li> <li>Insurance if your program will procure it separately</li> </ul>
	Please provide a short description of the activity the contractor or subgrantee will perform, if not evident.

8 – Construction Costs	
8a – Administrative and legal	Enter estimated amounts needed to cover administrative
expenses	expenses. Do not include costs which are related to the normal functions of government.
8b – Land, structures, rights-of way, appraisal, ctc.	Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).
8c – Relocation expenses and payments	Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.
8d – Architectural and engineering fees	Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).
8e – Other architectural and engineering fees	Enter estimated engineering costs, such as surveys, tests, soil borings, etc.
8f – Project inspection fees	Enter estimated engineering inspection costs.
8g – Site work	Enter the estimated site preparation and restoration which are not included in the basic construction contract.
8h – Demolition and removal	Enter the estimated costs related to demolition activities.
8i – Construction	Enter estimated costs of the construction contract.
8j - Equipment	Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.
8k – Contingencies	Enter any estimated contingency costs.
81 – Miscellaneous	Enter estimated miscellaneous costs.
9 - Other Direct Costs	Other Direct Costs include a number of items that are not appropriate for other sections.
	<ul> <li>Other Direct Costs may include:</li> <li>Staff training</li> <li>Telecommunications</li> <li>Printing and postage</li> <li>Relocation, if costs are paid directly by your organization (if relocation costs are paid by a subgrantee, it should be reflected in Section 7)</li> </ul>
10 - Indirect Costs	OMB Circular A87 defines indirect costs are those that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved. Indirect costs include (a) the indirect costs originating in each department or agency of the governmental unit carrying out Federal awards and (b) the costs of central governmental services distributed through the central service cost allocation plan and not otherwise treated as direct costs.
	The spreadsheet is set up to use the Total Direct Labor plus the Fringe Benefits costs as the base for the indirect cost calculation. If your organization calculates indirect costs differently, please use a different base and discuss how you calculate fringe as a comment.
	form HUD-424-CBW-I (1/2003

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Total Estimated Costs	Enter the grand total of all the applicable columns.

The eight rightmost columns allow you to identify how the costs will be spread between the HUD Share and other contributors (including Match funds and Program Income). This information will help the reviewers better understand your program and priorities.

Name and Address of Applicant         Description         Description <thdescription< th="">         Description         <thdescri< th=""><th></th><th></th><th></th><th>~</th><th></th><th></th><th></th><th></th><th></th><th>OMB Ap</th><th>OMB Approval No. 2501-0017</th><th>11-0017</th></thdescri<></thdescription<>				~						OMB Ap	OMB Approval No. 2501-0017	11-0017
Address of Applicant.			-								(Exp. 03/31/2	05)
Detailed Description         Other Control           Detailed Description         Other Control           Detailed Description         Other Control           Featured         Rate print         Control         Contro         Control         Contro <th>Name and Address of Applicant:</th> <th></th>	Name and Address of Applicant:											
Detailed Description of Budget (for kull grant period)       Antaline Testimated Cost       Estimated     Rate priod       Fatimated     Rate priod       Hours     Rate priod       Fatimated     Rate priod       Rate priod     Base       Estimated Cost     HUUD Share       Applicant     Cheer       Rate priod     Base       Estimated Cost     HUD Share       Annotic     Priod       Rate priod     Base       Estimated Cost     HUD Share       Annotic     Priod       Rate priod     Base       Estimated Cost     HUD Share       Antic     Priod       Rate priod     Base       Estimated Cost     HUD Share       Antic     HUD Share       Rate priod     Priod       Rate priod     Priod       Rate priod     Priod       Rate priod     Priod       Rate	· · ·											
Detailed Description of Budget (for full grant period)           Charter for full grant period)           Estimated         Rate period         Applicant Funds         Undre Forder         State Forder         State Forder         Other Forder         State Forder         Other Forder         State Forder         State Forder         Other Forder         State Forder         State Forder         Other Forder         State Forder         Other Forder         State Forder         State Forder         Other Forder         State Forder         State Forder         Other Forder         State Forder												
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Applicant         Contect         State State State Cost         Contect         State State State Cost         Contect	Personnel (Direct Labor)	Estimated Hours	Rate per Hour	Estimated Cost	HUD Share	Applicant Match	HUD Funds	Federal Share	olale ollare	Local/ I ribai Sháre	Outer	Income
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r Cost     in Cost     in Content     Applicant     Other     State Share     Local/Tinbal     Other       Rate (%)     Base     Estimated Cost     HUD Share     Applicant     Other     Share     Share     Share     Share       In Cost     In Cost     In Cost     In Cost     In Cost     Share     Share     Share     Share       In Cost     In Cost <td></td>												
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Rate (%)       Base       Estimated Cost       HUD Share       Funds       Share       Funds       Share       I         effs Cost       Image       Image </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>Applicant Match</td> <td>Other HUD</td> <td>Other Federal</td> <td>State Share</td> <td>Local/Tribal Share</td> <td>Other</td> <td>Program Income</td>						Applicant Match	Other HUD	Other Federal	State Share	Local/Tribal Share	Other	Program Income
Image       Rate per Mileage       Applicant Mileage       Other Funds       Share       Local/Tribal         Image       Mileage       Mileage       Mileage       Content       Share       Local/Tribal         Image       Mileage       Mileage       Mileage       Content       Share       Local/Tribal       Other         Image       Mileage       Mileage       Mileage       Mileage       Content       Share       Local/Tribal       Other         Image       Mileage       Mileage       Mileage       Mileage       Mileage       Content       Share       Local/Tribal       Other         Image       Mileage       Mileage       Mileage       Mileage       Mileage       Mileage       Mileage       Local/Tribal       Other         Image       Mileage	Fringe Benefits	Kate (%)	base	Estimated Cost	HUU Share		Funds	Share				
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8. Other Direct Costs	Quantity	Unit Cost	Estimated Cost HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Local/Tribal Share	Other	Progr Incor
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	U.S. Department of Ho and Urban Developme		/al No. 2510-0011 (exp. 06/30/2003)
Instructions. (See Public Reporting Statement	and Privacy Act State	ement and detailed instr	uctions on page 2.)
Applicant/Recipient Information	Indicate whe	ther this is an initial Report	or an Update Report
1. Applicant/Recipient Name, Address, and Phone (include	area code):		2. Social Security Number or Employer ID Number:
( ) -			
3. HUD Program Name			4. Amount of HUD Assistance Requested/Received
5. State the name and location (street address, City and Sta	ate) of the project or activity	· ·	· · · · · · · · · · · · · · · · · · ·
Part I Threshold Determinations         1. Are you applying for assistance for a specific project or acterms do not include formula grants, such as public housing subsidy or CDBG block grants. (For further information set 4.3).         Yes       No	ng operating jurisdi ae 24 CFR Sec. this a Sep. 1 Y	ction of the Department (HUE oplication, in excess of \$200, 0)? For further information, es No.	
If you answered "No" to either question 1 or 2, St However, you must sign the certification at the e	nd of the report.	•	
Part II Other Government Assistance Pro Such assistance includes, but is not limited to, any gra	•	-	
Department/State/Local Agency Name and Address	Type of Assistance	Amount	Expected Uses of the Funds
		Requested/Provided	
(Note: Use Additional pages if necessary.)		[	
<ul> <li>Part III Interested Parties. You must disclose</li> <li>1. All developers, contractors, or consultants involved in the project or activity and</li> <li>2. any other person who has a financial interest in the project assistance (whichever is lower).</li> </ul>	application for the assistar t or activity for which the a		•
Alphabetical list of all persons with a reportable financial inte in the project or activity (For individuals, give the last name fi			Financial Interest in Project/Activity (\$ and %)
(Note: Use Additional pages if necessary.) Certification Warning: If you knowingly make a false statement on this for United States Code. In addition, any person who knowingly disclosure, is subject to civil money penalty not to exceed \$1 I certify that this information is true and complete.	and materially violates any		
Signature:		Date: (mm/dd/yyyy)	

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38. Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

#### Instructions

#### Overview.

- A. Coverage. You must complete this report if:
  - You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the during the fiscal year;
     You are updating a prior report as discussed below; or
  - (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.
- B. Update reports (filed by "Recipients" of HUD Assistance): General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

#### Line-by-Line Instructions.

#### Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

- Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
- Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
- Applicants enter the HUD program name under which the assistance is being requested.
- 4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
- 5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

#### Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. Recipients filing Update Reports should not complete this Part.

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

# Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

- Enter the name and address, city, State, and zip code of the government agency making the assistance available.
- State the type of other government assistance (e.g., loan, grant, loan insurance).
- Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
- 4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.
- B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD and any other source - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

#### Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).
   Note: A financial interest means any financial involvement in the
  - project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

- 1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
- 2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
- Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
- 4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above. Notes:

- 1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
- Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
- 3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
- 4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
- 5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

	Signature Date (mm/dd/yyyy)		· · ·		
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	Official Authorized to Certify the RC/EZ/EC				
	Name of the				
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	Name of RC/EZ/EC			•••••	
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	Program to which the				
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Certification of with the Consolid	U.S. Department of Housing and Urban Development	
I certify that the proposed (Type or clearly print the foll	 tion are consistent with the jurisdiction's current	, approved Consolidated Plan.
Applicant Name:	 	
Project Name:		
Location of the Project:		
Name of the Federal Program to which the applicant is applying:	 · ·	
Name of Certifying Jurisdiction:		
Certifying Official of the Jurisdiction Name:		
Signature:	 	
Date:		

# Certification Regarding Debarment and Suspension

#### U.S. Department of Housing and Urban Development

Certification A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions

1. The prospective primary participant certifies to the best of its knowledge and belief that its principals;

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency;

b. Have not within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

d. Have not within a three-year period preceding this application/ proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

#### Instructions for Certification (A)

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was place when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default. 4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of these regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines this eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph (6) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.

#### Certification B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

#### Instructions for Certification (B)

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of these regulations. 5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a lower covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies including suspension and/or debarrent.

Applicant			Date
Signature of Authorized Certifying Official		Title	L
	Page 2	of 2	form <b>HUD-2992</b> (3/98)

# Acknowledgment of Application Receipt

# U.S. Department of Housing and Urban Development

I

Type or clearly print the Applicant's name and full address in the space below.

(fold line) Type or clearly print the following information Name of the Federal Program to which the	on:
Name of the Federal	on:
applicant is applying:	
To Be Co	ompleted by HUD
with Section 103 of the Department of no information will be released by HU	deadline and will consider it for funding. In a f Housing and Urban Development Reform A JD regarding the relative standing of any appl However, you may be contacted by HUD a rtain application deficiencies.
HUD did not receive your application receive further consideration. Your a	n by the deadline; therefore, your applicatio application is:
Enclosed	
Being sent under separate co	ver

# Client Comments and Suggestions

U.S. Department of Housing and Urban Development

# You are our Client! Your comments and suggestions, please!

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and application forms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development Office of Departmental Grants Management and Oversight Room 3156 451 7th Street, SW Washington, DC 20410

Please Provide Comments on HUD's Efforts:

The NOFA (insert title)	
is: (please check one)	
(a) 🔲 is clear and easily understandable	
(b) better than before, but still needs impro	vement (please specify)
(c) other (please specify)	
The application form (insert title)	
is: (please check one)	
(a) is acceptable given the volume of infor information required for accountability in sele	mation required by statute and the volume or cting and funding projects.
(b) is simpler and more user-friendly than b	efore, but still needs work (please specify).
(c) other comments (please specify)	
Name & Organization (Optional):	
Are additional pages attached? Yes	No
Previous versions obsolete	form HUD-2994 (03/2003

		U.S. Department of Housing and Urban Development	OMB No. 1890-0014 (Exp. 1/31/2006	
•				Do not enter information below unless instructed to do so.
go co	overnment in ensuring th	nat all qualified applic ing. Information prov	ants, small or large, non-religious rided on this form will not be const	ease complete it to assist the Federal or faith-based, have an equal opportunity to idered in any way in making funding decisions
Ir	structions for Submi	itting Survey		
in If <i>en</i>	clude it with your applica submitting electronical tter information below un	ation package. Ily, please include the I <i>less instructed to do so.</i> ' agement and Oversight	PR Award Number assigned to your 'Place and seal the completed surve	"Applicant Survey." Seal the envelope and r e-application in the box above entitled " <i>Do not</i> ey in an envelope and mail it to: Office of Urban Development, AJT, Room 3156, 451
1.	Does the applicant have 501(c)(3) statu		atus? 4. Is the ap organiza	plicant a faith-based/religious ation?
	105		T Yes	No
2.	How many full-tin does the applicant 3 or Fewer 4-5		<i>ly one box).</i> 5. Is the ap	plicant a non-religious community- ganization?
3.	What is the size of budget? <i>(Check of</i>		manage	plicant an intermediary that will the grant on behalf of other tions?
	<ul> <li>Less Than \$15</li> <li>\$150,000 - \$2</li> <li>\$300,000 - \$4</li> </ul>	99,999	7. Has the grant or	applicant ever received a government contract (Federal, State, or local )?
	\$500,000 - \$9	99,999	Yes	

-

# Survey Instructions on Ensuring Equal Opportunity for Applicants

- 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
- 2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
- 3. Annual budget means the amount of money your organization spends each year on all of its activities.
- 4. Self-identify.
- 5. An organization is considered a communitybased organization if its headquarters/service location shares the same zip code as the clients you serve.
- 6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
- 7. Self-explanatory.
- 8. Self-explanatory

# **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

Race and Ethnic Data Reporting Form	U.S. Department of and Urban Develop Office of Administrat	ment	OMB Approval No. 2535-0113 (exp. 08/31/2003
Program Title:			
Grantee/Recipient Name:			
Grantee Reporting Organization:			
Reporting Period From (mm/dd/yyyy):	То (	/mm/dd/yyyy):	
Racial Categorie		Total Number of Racial Categories Reported	
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Is	lander		
White		, <u>, , , , , , , , , , , , , , , , , , </u>	
American Indian or Alaska Native a	and White		
Asian and White			
Black or African American and Wh	ite		
American Indian or Alaska Native a American	and Black or African		
* Other multi-racial categories: [Per write in a description using the box of		· · · · · · · · · · · · · · · · · · ·	
Balance of individuals reporting mo	re than one race		
Total:			

If the aggregate count of any reported multi-racial category that is not listed above exceeds 1% of the total population being reported, you should separately indicate each such category here. Also indicate the total number of such other multi-racial categories reported, the population percentage, and the total number of positive ethic category responses.

Public reporting burden for this collection is estimated to average 1.15 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the information collection instrument. HUD may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

form HUD-27061 (2/2003)

# Instructions for the Race and Ethnic Data Reporting form (HUD-27061)

## **A.** General Instructions:

This form is intended to be used by two categories of respondents: (1) applicants requesting funding from the Department of Housing and Urban Development (HUD); and (2) organizations who receive HUD Federal financial assistance that are required to report race and ethnic information.

In compliance with OMB direction to revise the standards for collection of racial data, HUD has revised its standards as depicted on this form. The revised standards are designed to acknowledge the growing diversity of the U.S. population. Using the revised standards, HUD offers organizations that are responding to HUD data requests for racial information, the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve, or are proposing to serve. HUD's collection of racial data treats ethnicity as a separate category from race and has changed the terminology for certain racial and ethnic groups from the way it has been requested in the past using two distinct ethnic categories. The revised definitions of ethnicity and race have been standardized across the Federal government and are provided below.

1. The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below.

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**2.** The five racial categories as revised by the Office of Management and Budget are defined below:

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Note:** The information required to be reported may be collected and submitted to HUD via the use of this form or by other means, such as summary reports or via electronic reporting mechanisms. The primary goal to be achieved is the provision of the summary racial and ethic data of the population(s) proposed to be served or that is being served by your organization in a consistent manner across all HUD programs.

2

form HUD-27061 (2/2003)

## **B.** Specific Instructions for Completing the Form:

Organizations using this form should collect the individual responses from the community of individuals you intend to serve or those that you are serving, as applicable. After the individual collections are gathered, you should report (via this form or by the use of other means such as electronic reports that provide the summary data required by this form) the aggregate totals of the racial and ethnic data that you collect via the applicable categories as described below:

**Total Number of Racial Categories Reported:** Under this column you should indicate the total number of responses collected in the blocks next to the applicable categories.

**Total Number of Ethnic Category Responses (Hispanic or Latino):** Under this column you should indicate the total number of responses collected in the blocks next to the applicable racial categories (e.g., you would enter the total number of Asian respondents that indicated they are Hispanic or Latino). When collecting this information from beneficiaries of the Federal financial assistance all respondents should be required to indicate their ethnic category, which requires either a "yes" or "no" response.

**Other multi-racial categories:** Next to this racial category, indicate all racial categories (if any) identified by respondents that do not fit the nine racial categories above, and which have a total count that exceeds one percent of the total population being reported. You must identify each such racial category, including the actual count, the percentage of the total population (in parenthesis), and the actual count for the ethnic categories.

For example, if you obtain data that indicates that the total population being served is 200 and includes 10 Cajun Americans and 12 Creole Americans, and those numbers of Cajun and Creole Americans each equates to more than one percent of the total population being served, and 2 of the Cajun Americans indicate they belong to the Hispanic/Latino ethic category and 3 of the Creole Americans indicate they belong to the Hispanic/Latino ethnic category, you should complete the form as follows:

Racial Categories	Total Number of Racial Categories Reported	Fotal Number of Ethnic Category Responses (Hispanic or Latino)
* Other multi-racial categories: [Per the form instruction,	Cajun American 10 (5%)	2
write in a description using the box on the right]	Creole American 12 (6%)	3

How the percentage should be applied will vary by program depending on whether the program is required to provide data on the total community, or on the beneficiaries/individuals that are being served or that are proposed to be served.

**Balance of individuals reporting more than one race**: This block is intended to capture the balance of any racial categories that are not included in the list of nine above, and are not included under "Other multi-racial categories." Indicate the total number of all racial categories reported that do not fit the nine racial categories above, and do not equate to one percent of the total population being reported. Be sure to also indicate the total number of all such ethnic categories.

**Total:** On the last row of the form you should indicate the aggregate totals of all the information you have gathered including the total of all racial categories and the total of all the ethic categories.

form HUD-27061 (2/2003)

# **Funding Application**

Section 8 Tenant-Based Assistance Rental Certificate Program **Rental Voucher Program** 

**U.S. Department of Housing** and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0169 (exp. 03/31/2004)

Cand the original	and two conico	of this application	form and attachmente	to the level ULID Field Office
Send the original	rand two copies	or this application	iorn and allachments	to the local HUD Field Office

Public reporting burden for this collection of information is estimated to average 1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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.

Eligible applicants (HAs) must submit this information when applying for grant funding for tenant-based housing assistance programs under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437). HUD will use the information to evaluate an application based on selection criteria stated in the Notice of Funding Availability (NOFA). HUD will notify the HA of its approval/disapproval of the funding application. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

Name and Mailing Address of the Housing Agency (HA) requesting housing assistance payments

						Application	on/Project No.(	HUD use only)
Do you have an ACC with HUD No Yes for Section 8 Certificates?	Date of App	lication		Area of Operat in which the HA		nder State and	local law to adn	ninister the program)
for Section 8 Vouchers?		Be Drawn.	I		County	C	ongressional District	Units
		-						
B. Proposed Assisted Dwelling Units. (Complete this section based on the unit sizes					edroom Size			Total
of the applicants at the top of the waiting list) Certificates Vouchers	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	6+BR	Dwelling Units
C. Average Monthly Adjusted Income. Co income for each program separately and o			lested in Sec		ent participant	-	. Enter averag 5-BR	e monthly adjusted

\$ D. Need for Housing Assistance. Demonstrate that the project requested in this application is responsive to the condition of the housing stock in the community and the housing assistance needs of low-income families residing in or expected to reside in the community. (If additional space is needed, add separate pages.)

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Certificates

Vouchers

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E. Housing Quality Standards (HQS). (Check applicable box)

HUD's HQS will be used with no modifications Attached for HUD approval are HQS acceptability criteria variations

F. New HA Information. Complete this section if HA currently does not administer a tenant-based certificate or voucher program.

Financial and Administrative Capability. Describe the experience of the HA in administering housing or other programs and provide any other relevant information which evidences present or potential management capability for the proposed rental assistance program. Submit this narrative on a separate page.

Qualification as an HA. Demonstrate that the applicant qualifies as an HA and is legally qualified and authorized to administer the funds applied for in this application. Submit the relevant enabling legislation and a supporting legal opinion.

Note: If this application is approved, the HA must submit for HUD approval a utility allowance schedule and budget documents.

G. Certifications. The following certifications are incorporated as a part of this application form. The signature on the last page of this application of the HA representative authorized to sign the application signifies compliance with the terms of these certifications.

#### **Equal Opportunity Certification**

The Housing Agency (HA) certifies that:

(1) The HA will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and regulations issued pursuant thereto (24 CFR Part 1) which state that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives financial assistance; and will take any measures necessary to effectuate this agreement.

(2) The HA will comply with the Fair Housing Act (42 U.S.C. 3601-19) and regulations issued pursuant thereto (24 CFR Part 100) which prohibit discrimination in housing on the basis of race, color, religion, sex, handicap, familial status, or national origin, and administer its programs and activities relating to housing in a manner to affirmatively further fair housing.

(3) The HA will comply with Executive Order 11063 on Equal Opportunity in Housing which prohibits discrimination because of race, color, creed, or national origin in housing and related facilities provided with Federal financial assistance and HUD regulations (24 CFR Part 107).

(4) The HA will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and regulations issued pursuant thereto (24 CFR Part 8) which state that no otherwise qualified individual with handicaps in the United States shall solely by reason of the handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

(5) The HA will comply with the provisions of the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) and regulations issued pursuant thereto (24 CFR Part 146) which state that no person in the United States shall on the basis of age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under a program or activity receiving Federal financial assistance.

(6) The Housing Agency will comply with the provisions of Title II of the Americans with Disabilities Act (42 U.S.C. 12131) and regulations issued pursuant thereto (28 CFR Part 35) which state that subject to the provisions of Title II, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of a public entity, or be subjected to discrimination by any such entity.

The following provisions apply only to housing assisted with Project-Based Certificates:

(7) The HA will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1) which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity.

(8) The HA will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701u) and regulations issued pursuant thereto (24 CFR Part 135), which require that, to the greatest extent feasible, opportunities for training and employment be given to low-income persons residing within the unit of local government for metropolitan area (or non-metropolitan county) in which the project is located.

#### **Certification Regarding Lobbying**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Previous editions are obsolete

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### Certification Regarding Drug-Free Workplace Requirements

Instructions for Drug-Free Workplace Requirements Certification:

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).

5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).

6. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

**Controlled substance** means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

**Conviction** means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

**Employee** means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All *direct charge* employees; (ii) All *indirect charge* employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees or subrecipients or subcontractors in covered workplaces).

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

Previous editions are obsolete

form HUD-52515 (1/96) ref. Handbook 7420.8 (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant: Place of Performance (Street address, city, county, State, zip code)

Check if there are workplaces on file that are not identified here.

Housing Agency Signature						
Signature of HA Representative	Print or Type Name of Signatory					
	Phone No.	Date				
Previous editions are obsolete	Page 4 of 4	form <b>HUD-52515</b> (1/96) ref. Handbook 7420.8				

# Logic Model Instructions U.S. Department of Housing And Urban Development Office of Departmental Grants Management and Oversight

OMB Approval No. 2535-0114 (exp. 9/30/2003)

The public reporting burden for this collection of information for the Logic Model is estimated to average 2 hours per response for applicants, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. HUD may not conduct, and a person is not required to respond to, a collection of information unless the collection displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, in the Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. 2535-0114.

The information submitted in response to the Notice of Funding Availability for the Logic Model is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545).

Instructions:

Responses to rating factor five should be in this format. Your response should be in bullet format rather than narrative. Please read each NOFA carefully to ensure the performance measures requested for this factor are reflected on the logic model form.

<u>Program Name</u>: The HUD funding program under which you are applying. If you are applying for a component of a program please include the Program Name as well as the Component Name.

Component Name: The HUD funding program under which you are applying.

<u>Column 1</u>: *HUD's Strategic Goals*: Indicate in this column the number of the goal(s) that your proposed service or activity is designed to achieve. HUD's strategic goals are:

- 1. Increase homeownership opportunities.
- 2. Promote decent affordable housing.
- 3. Strengthen communities.
- 4. Ensure equal opportunity in housing.
- 5. Embrace high standards of ethics, management, and accountability.
- 6. Promote participation of grass-roots faith-based and other community-based organizations.

**Policy Priority:** Indicate in this column **the number** of the HUD Policy Priority(ies), if any, your proposed service or activity promotes. Applicants are encouraged to undertake specific activities that will assist the Department in implementing its Policy Priorities. HUD's Policy Priorities are:

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- 1. Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency.
- 2. Improving the Quality of Life in our Nation's Communities.
- 3. Encouraging Accessible Design Features.
- 4. Providing Full and Equal Access to Grass-Roots Faith-Based and Other Community-Based Organizations in HUD Program Implementation.
- 5. Improving Housing Conditions in Colonias.
- 6. Increasing Participation of Minority Serving Institutions in HUD Programs.
- 7. Increasing Participation in Energy Star.
- 8. Ending Chronic Homelessness in Ten Years

<u>Column 2:</u> **Problem, Need, or Situation**: Provide a general statement of need that provides the rationale for the proposed service or activity.

<u>Column 3:</u> Service or Activity: Identify the activities or services that you are undertaking in your work plan, which are crucial to the success of your program. Not every activity or service yields a direct outcome.

<u>Column 4 and Column 5</u>: Benchmarks: These columns ask you to identify benchmarks that will be used in measuring the progress of your services or activities. <u>Column 4</u> asks for specific interim or final products (called outputs) that you establish for your program's services or activities. <u>Column 5</u> should identify the results associated with the product or output. These may be numerical measures characterizing the results of a program activity, service or intervention and are used to measure performance. These outputs should lead to targets for achievement of outcomes. Results should be represented by both the actual # and % of the goal achieved.

<u>Column 4:</u> **Benchmarks/Output Goal:** Set quantifiable output goals, including timeframes. These should be products or interim products, which will allow you and HUD to monitor and assess your progress in achieving your program workplan.

<u>Column 5:</u> **Benchmark/Output Result:** Report actual result of your benchmarks. The actual result could be- number of housing units developed or rehabilitated, jobs created, or number of persons assisted. Outputs may be short, intermediate or long-term.

<u>Column 6 and Column 7:</u> Outcomes: <u>Column 6 and Column 7</u> ask you to report on your expected and actual outcomes – the ultimate impact you hope to achieve. <u>Column 6</u> asks you to identify outcomes in terms of the impact on the community, people's lives, changes in economic or social status, etc. <u>Column 7</u> asks for the actual result of the outcome measure listed in Column 6, which should be updated as applicable.

<u>Column 6:</u> **Outcomes/ Goals:** Identify the outcomes that resulted in broader impacts for individuals, families/households, and/or the community. For example, the program may seek to improve the environmental conditions in a neighborhood, increase affordable housing, increase the assets of a low-income family, or improve self-sufficiency.

Proxy Outcome(s): Often direct measurement of the intended outcome is difficult -- or even impossible -- to measure. In these cases, applicants/grantees should use a proxy or surrogate measure that corresponds with the desired outcome. For example, improving quality of life in a neighborhood could be measured by a proxy indicator such as increases in home prices or decreases in crime. Training programs could be measured by the participant's increased wages or reading skills. The person receiving the service must meet eligibility requirements of the program.

<u>Column 7:</u> **Outcomes/Actual Result:** Identify specific achievements of outcomes listed in Column 6.

<u>Column 8:</u> Measurement Reporting Tools: (a) List the tools used to track output or outcome information (e.g., survey instrument; attendance log; case report; pre-post test; waiting list; etc); (b) Identify the place where data is maintained, e.g. central database; individual case records; specialized access database, tax assessor database; local precinct; other; (c) Identify the location, e.g. on-site; subcontractor; other; (d) Indicate how often data is required to be collected, who will collect it and how often data is reported to HUD; and (e) Describe methods for retrieving data, e.g. data from case records is retrieved manually, data is maintained in an automated database. This tool will be available for HUD review and monitoring and should be used in submitting reporting information.

<u>Column 9:</u> Evaluation Process: Identify the methodology you will periodically use to assess your success in meeting your benchmark output goals and output results, outcomes associated to the achievement of the purposes of the program, as well as the impact that the work has made on the individuals assisted, the community, and the strategic goals of the Department. If you are not meeting the goals and results projected for your performance period, the evaluation process should be used as a tool to ensure that you can adjust schedules, timing, or business practices to ensure that goals are met within your performance period.

form HUD-96010-I

Program Name:			-		Component Name:			
Strategic Policy Goals Priorities	Problem, Need, Situation	Service or Activity	Benchmarks	marks	Out	Outcomes	Measurement Reporting Tools	Evaluation Process
			Output Goal	Output Result	Achievement Outcome Goals	End Results		
	۰	3	4	5	<del>ر</del>	7	×	d
Policy		Planning	Intervention			Impact	Accountability	
			Short Term				بو بې بې بې	
			<u>Intermediate</u> <u>Term</u>				م بن ت ن	
			Long Term			,	ھنے ت ت	
HUD's Strategic Goals           1.         Increase homeownership opportunities.           2.         Promote decent affordable housing.           3.         Strengthen communities.           4.         Ensure equal opportunity in housing.	ership opportunities. ordable housing. nities. rtunity in housing.			Policy Priorities 1. Providing Incree Minorities, and Minorities, and 3. Encouraging Ac 4. Providing Full at	eed Homeownership and Re amilies with Limted English uality of Lie our Nation's co cessible Design Foutures. Id Equal Access to Grass-Ro	ital Opportunities for Low- al Proficiency. communities. ots Faith-Based and Other C	Priorities Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency. Improviding the Quality of Lite In our Mation's Communities. Providing Full and Equal Access to Grass-Roots Faith-Based and Other Community-Based Organizations in HUD Program Implementation.	sabilities, the Elderly, am Implementation.
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# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# COMMUNITY DEVELOPMENT TECHNICAL ASSISTANCE (CD-TA)

HOME CHDO (HOME) McKinney-Vento Homeless Assistance HOPWA TA

Billing Code 4210-32-C

### FUNDING AVAILABILITY FOR COMMUNITY DEVELOPMENT TECHNICAL ASSISTANCE (CD-TA) PROGRAMS—HOME, CHDO (HOME), McKINNEY-VENTO HOMELESS ASSISTANCE, AND HOPMA

## PROGRAM OVERVIEW

Purpose of the Program. Funds are available to provide technical assistance (TA), under cooperative agreements with HUD, for four separate programs: (1) HOME Investment Partnerships Program (HOME); (2) HOME Investment Partnerships Program for Community Housing Development Organizations [CHDO (HOME)]; (3) McKinney-Vento Homeless Assistance; and (4) Housing Opportunities for Persons With AIDS (HOPWA).

Available Funds. Approximately \$22.9 million in Fiscal Year 2003 funds is available for the CD–TA programs and additional funds that may become available as a result of recapturing unused funds.

*Eligible Applicants.* Eligibility differs for each of the CD–TA programs. Specific eligibility requirements for the fourthree CD–TA programs are found below in Section III (B).

Application Deadline. June 4, 2003. Match. None.

#### **Additional Information**

If an organization is interested in applying for funding under this program, it should review carefully the General Section of this SuperNOFA and the following additional information.

### I. Application Due Date; Application Submission Procedures; Addresses for Submitting Applications; For Further Information and Technical Assistance

(A) Application Due Date. Applicants must submit completed applications on or before May 28, 2003 to the addresses shown below.

(B) Application Submission Procedures. Only one application per organization is permitted; however, the one application may contain a proposal for one, two, three, or all four CD–TA programs, including the special "pooled" Field Office HOME Program TA arrangement being offered for the first time in this NOFA and described in Section II (B).

Applicants must submit two copies of their application. One original application must be submitted to HUD Headquarters; it is considered the official application. Applicants must also send a copy of the original application to each HUD Field Office in which their organization is seeking to provide services, except that, in the case of pooled Field Office HOME TA, applicants need only submit the original and one copy to HUD Headquarters.

Applicants must refer to the General Section of this SuperNOFA for detailed requirements governing application submission and receipt

(C) Addresses for Submitting Applications. While following the procedures in the General Section of this SuperNOFA, submit the original application to HUD Headquarters at: U.S. Department of Housing and Urban Development; CPD Processing and Control Branch, Room 7251; 451 Seventh Street, SW; Washington, DC 20410; Attention: CD-TA. Submit a copy of the application to the appropriate Field Office(s) at the address(es) shown on the list of HUD Field Offices included as Appendix B. Please mark the package Attention: CD-TA

(D) For Further Information and Technical Assistance. Applicants may contact HUD Headquarters at 202–708– 3176, or they may contact the HUD Field Office serving their area shown in Appendix B. Persons with hearing and speech challenges may access the above numbers via TTY (text telephone) by calling the Federal Relay Service at 1– 800–877–8339 (this is a toll-free number). Information may also be obtained through the HUD Web site on the Internet at http://www.hud.gov.

HUD will hold an informational satellite broadcast for potential applicants to learn more about the CD– TA programs and preparation of the application. For information about the date and time of the broadcast, consult the HUD Web site at *http:// www.hud.gov.* 

### II. Description of National and Field Office TA; Amounts Allocated; Fair Share; Award Adjustments; Award Period

(A) Description of National and Field Office TA. National TA activities are those that address, at a national or regional level, one or more of the CD-TA program activities and/or priorities identified in Section III (C) of this NOFA. National TA activities may include the development and delivery of training, delivery of training courses previously approved by HUD, development of written products, delivery of direct TA, the organization and delivery of workshops and conferences, and the development of online training materials. National TA activities will be administered by a Government Technical Representative (GTR) and Government Technical Monitor (GTM) at HUD Headquarters. Regardless of the geographical coverage proposed for the TA, applicants for

National TA must be willing to work in any Field Office area listed in Appendix A of this NOFA.

All Field Office TA activities must also address the CD-TA program activities and/or priorities identified in Section III (C), but the TA will be targeted to the specific needs of each Field Office in which the TA is proposed. Field Office TA activities are limited to the development of needs assessments, the organization and delivery of workshops and conferences, the customization and delivery of previously approved HUD trainings, and direct TA. Following the award of CD-TA program funds, HUD Headquarters may approve other proposed Field Office TA activities on a case-by-case basis. Field Office TA will be administered by a GTR and GTM in the respective HUD Field Office. Please note that the pooled Field Office HOME TA is Field Office TA carried out in Field Office jurisdictions and directed by Field Office GTRs and GTMs. Pooled Field Office HOME TA will involve coordination between HUD Headquarters and the respective Field Office as described in Section II (B).

(B) *Amounts Allocated*. The amounts allocated for each CD–TA program are given below. Appendix A shows how the funds are divided between National TA and Field Office TA.

(1) HOME TA funds available are approximately \$8.3 million. National HOME TA funds will be available only to applicants proposing eligible activities that are national in scope. Field Office TA funds will be available to those proposing to provide TA in the geographic areas under the purview of Field Offices and those Field Offices selecting Option #2 as described below under (Č) ''Fair-Share''. (Field Offices that selected Option #2 are identified in Appendix A.) Please note that funding from HOME TA and all other HOME Program-related TA sources to any single eligible organization (excluding funds for organizational support and housing education "passed through" to CHDOs), whether as an applicant or subrecipient is limited to not more than 20 percent of the operating budget of the recipient organization, and is limited to 20 percent of the \$17,883,000 made available for HOME and CHDO (HOME) TA in FY 2003.

(2) CHDO (HOME) TA funds available are approximately \$6 million. Not less than 40 percent of the funds are available for eligible applicants that have worked primarily in one state. HUD will consider an intermediary as a primarily single State technical assistance provider if it can document that more than 50 percent of its past activities in working with CHDOs or similar nonprofit and other organizations (on the production of affordable housing, revitalization of deteriorating neighborhoods, and/or the delivery of technical assistance to these groups) was confined to the geographic limits of a single state. Funding from CHDO (HOME) TA and all other HOME program-related TA sources to any single eligible organization (excluding funds for organizational support and housing education "passed through" to CHDOs), whether as an applicant or subrecipient is limited to not more than 20 percent of the operating budget of the recipient organization, and is limited to 20 percent of the \$17,883,000 made available for HOME and CHDO (HOME) TA in FY 2003.

(3) McKinney-Vento Act Homeless Assistance Programs TA funds available are up to \$6.6 million. Up to 25 percent of the McKinney-Vento Act Homeless Assistance technical assistance funds are for qualified providers who have not previously received a HUD CD-TA award.

(4) HOPWA FY 2003 TA funds available are up to \$2 million. HUD will ensure that at least \$400,000 of the HOPWA TA funds are designated for each of the two national goals [see section III (C)(4)].

(C) Fair Share. Each HUD Field Office with a Community Planning and Development (CPD) Division has been allocated a "fair share" of CD-TA funds for purposes of this competition, except for the HOPWA TA funds that will be awarded only through a national competition. Appendix A lists the fair share allocations. The amounts are based on allocations of HOME, CHDO (HOME), and McKinney-Vento Act Homeless Assistance formula funds and competitive programs for which Field Offices have management oversight.

For HOME TA only, Field Offices are given two options for TA administration. Under Option 1, Field Offices administer their fair share HOME CD-TA funds.

Under Option 2, Field Offices place their fair share of HOME TA funds into a separate HOME TA pooled account. Applications for these funds are rated and ranked separately. Field Offices that have chosen to "opt in" to the HOME TA pooled account receive assistance from TA providers chosen to serve the pooled account jurisdictions through this competition. Consequently, applicants proposing to provide training and/or direct TA with HOME TA pooled account funds must be willing to provide coverage to all Field Office jurisdictions opting in the HOME TA pooled account. Please review

Appendix A for those Field Offices that have opted into the HOME TA pooled account and take the "full coverage" requirement into consideration when determining your funding request. Because of the statutory requirement that 40 percent of CHDO (HOME) TA be provided by single-state providers, all Field Offices will continue to administer their fair-share of CHDO (HOME) TA funds.

(D) Award Adjustments. In addition to the funding adjustment authority provided for in the General Section of this SuperNOFA, HUD reserves the right to adjust funding levels for each CD-TA applicant. The amounts listed in Appendix A are provided to assist applicants to develop Field Office or national CD-TA program budgets and do not represent the exact amounts to be awarded. Once TA providers are selected for award, HUD will determine the total amount to be awarded to any provider based upon the size and needs of each of the provider's service areas, the funds available for that area and CD–TA program, the number of other CD-TA recipients selected in that area or CD-TA program, and the scope of the TA to be provided.

Additionally, HUD may reduce the amount of funds allocated for Field Office jurisdictions to fund national CD-TA providers and other CD-TA providers for activities that cannot be fully budgeted for or estimated by HUD Headquarters or Field Offices at the time this NOFA was published. HUD may also require selected applicants, as a condition of funding, to provide coverage on a geographically broader basis than proposed in order to supplement or strengthen the CD-TA network in terms of the size of the area covered and types and scope of TA proposed. To facilitate the implementation of its Colonias initiative, HUD expects winners of national HOME TA funds to direct up to ten percent of their TA award to undertake activities in or related to the Colonias areas or its residents, to the extent feasible. (See the General Section of this SuperNOFA for information on HUD's Colonias initiatives.)

If funds remain after all selections have been made, the remaining funds may be distributed among Field Offices (in proportion to their fair-share awards) and/or the national program, or made available for other CD–TA program competitions.

(E) Award Period. Cooperative agreements will be for a period of up to 36 months. HUD, however, reserves the right to:

(1) Terminate awards anytime after 12 months in accordance with provisions contained in 24 CFR parts 84 and 85;

(2) Withdraw funds from a specific provider, if HUD determines that the need for the assistance is greater in other Field Office jurisdictions or the need for assistance is not commensurate with the amount of the award for assistance; and

(3) In cases where a CD–TA provider currently is providing TA under an existing CD-TA grant/cooperative agreement, HUD reserves the right to adjust the start date of funding under this NOFA to coincide with the conclusion of the previous award or to incorporate the remaining activities from the previous award into the new agreement, adjusting the funding levels as necessary.

## **III. Program Description: Eligible Applicants**; Eligible Activities

(A) Program Description. The CD–TA program provides assistance to achieve the highest level of performance and results for four separate community development programs. Information about the four community development programs and their mission, goals, and activities can be found on the HUD Web site at http://www.hud.gov.

(B) Eligible Applicants.(1) General. The eligible applicants for each of the four CD-TA programs are listed in paragraphs (2), (3), (4), and (5)of this section. The following requirements are applicable to all applicants:

(a) An organization may not provide assistance to itself. An organization may not provide assistance to another organization with which it contracts or subawards funds to carry out activities under the TA award;

(b) A consortium of organizations may apply for one or more CD-TA programs, but one organization must be designated as the applicant;

(c) Applicants must meet minimum statutory eligibility requirements for each CD-TA program for which they are applying; and

(d) Applicants must meet the applicable threshold requirements of Section V (B)(2) of the General Section of the SuperNOFA.

Applicants may propose assistance using in-house staff, consultants, subcontractors and sub-recipients, networks of private consultants, and/or local organizations with requisite experience and capabilities. Where appropriate, applicants should make use of TA providers located in the Field Office jurisdiction receiving services. This draws upon local expertise and persons familiar with the opportunities and

resources available in the area to be served while reducing travel and other costs associated with delivering the proposed TA services.

(2) HOME TA Eligible Applicants.

(a) A for-profit or non-profit professional and technical services company or firm that has demonstrated capacity to provide technical assistance services;

(b) A HOME participating jurisdiction (PJ);

(c) A public purpose organization responsible to the chief elected official of a PJ and established pursuant to State or local legislation;

(d) An agency or authority established by two or more PJs to carry out activities consistent with the purposes of the HOME program; and

(e) A national or regional non-profit organization that has membership comprised predominantly of entities or officials of entities of PJs or PJs' agencies or established organizations.

(3) CHDO (HOME) TA Eligible Applicants.

(a) Public and private non-profit intermediary organizations that customarily provide services (in more than one community) related to HOME affordable housing development and management or other neighborhood revitalization by CHDOs; and

(b) Other non-profit organizations that engage in community revitalization activities undertaken by CHDOs, including all eligible organizations under section 233 of the Cranston-Gonzales National Affordable Housing Act. as amended.

(c) Any organization funded to assist CHDOs under this CD–TA program section of the SuperNOFA may not undertake CHDO set-aside activities itself within its service area while under cooperative agreement with HUD.

(4) McKinney-Vento Act Homeless Assistance Programs TA Eligible Applicants.

(a) States, units of general local government, and public housing authorities; and

(b) Public and private non-profit or for-profit groups, including educational institutions and area-wide planning organizations.

(5) HOPWA TA Eligible Applicants.

(a) Non-profit organizations; and(b) States and units of general local

government. (C) *Eligible Activities.* Eligible activities for each of the four CD–TA

programs are the following: (1) *HOME TA*. By statute, HUD may provide TA to meet specified objectives.

From these objectives, HUD has identified six TA priorities for FY 2003. These priorities are the following: (a) Facilitate the exchange of information that will help PJs carry out the purposes of the HOME statute, including the design, implementation, and management of affordable housing programs that address accessibility, housing finance, land use controls, and building construction techniques;

(b) Improve the ability of PJs, particularly those PJs inexperienced in the development of affordable housing, to design and implement housing strategies that include an analysis and reduction of regulatory barriers, reflect sound management and fiscal controls, demonstrate measurable outcomes in the use of public funds, and provide for accurate and timely reporting of accomplishments;

(c) Encourage private lenders, nonprofit organizations, and for-profit developers of low-income housing to participate in public-private partnerships to achieve the purposes of the HOME statute;

(d) Assist PJs in developing strategies that ameliorate the affordability gap between rapidly increasing housing costs and the less rapid growth in incomes among low-income households, especially among underserved populations (*e.g.*, residents of the Colonias, homeless, persons with disabilities);

(e) Assist PJs in developing strategies that increase and help sustain homeownership opportunities for lowincome households—particularly lowincome, minority households; and

(f) Facilitate the establishment and efficient operation of land assembly, under which title to vacant and abandoned parcels of real estate located in or causing blighted neighborhoods is cleared for use consistent with the purposes and timeframes of the HOME statute.

(2) *CHDO (HOME) TA.* CHDO (HOME) TA funds may be used only for the following eligible activities:

(a) Organizational Support— Organizational support may be made available to CHDOs to cover operational expenses, training, technical, legal, engineering, and other assistance to the board of directors, staff, and members of the community development organization;

(b) Housing Education—Housing education assistance may be made available to CHDOs to cover expenses related to the provision or administration of programs for educating, counseling, and organizing homeowners and tenants who are eligible to receive assistance under the HOME Program;

(c) Program-Wide Support of Non-Profit Development and ManagementTechnical assistance, training, and continuing support may be made available to eligible CHDOs for managing and conserving properties developed under the HOME program;

(d) Benevolent Loan Funds— Technical assistance may be made available to increase the investment of private capital in housing for very lowincome families, particularly by encouraging the establishment of benevolent loan funds through which private financial institutions will accept deposits at below-market interest rates and make those funds available at favorable rates to developers of lowincome housing and to low-income homebuyers;

(e) Community Development Banks and Credit Unions—Technical assistance may be made available to establish privately-owned, local community development banks and credit unions to finance affordable housing;

(f) Community Land Trusts— Organizational support, technical assistance, education, and training and assistance to community groups for the establishment of community land trusts [as defined in section 233(f) of the Cranston-Gonzales National Affordable Housing Act]; and

(g) Facilitating Women in Homebuilding Professions—Technical assistance may be made available to businesses, unions and organizations involved in the construction and rehabilitation of housing in low- and moderate-income areas to assist women residing in the area to obtain jobs involving such activities, which may include facilitating access by helping such women to develop nontraditional skills, recruiting women to participate in such programs, providing continuing support for women at job sites, counseling and educating businesses regarding suitable work environments for women, providing information to such women regarding opportunities for establishing small housing construction and rehabilitation businesses, and providing materials and tools for training such women in an amount not to exceed ten percent of any assistance provided under this paragraph. HUD shall give priority under this paragraph to providing technical assistance for organizations rehabilitating single family housing owned or controlled by HUD pursuant to Title II of the National Housing Act and which have women members in occupations in which women constitute 25 percent or less of the total number of workers in the occupation (in this section referred to as "nontraditional occupations").

(3) McKinney-Vento Act Homeless Assistance Programs TA. Funds are available to provide TA to McKinney-Vento Act-funded homeless assistance projects. Funds may be used to provide TA to prospective applicants, applicants, grantees, and project sponsors of McKinney-Vento Actfunded housing and supportive services for homeless persons. The assistance may include, but is not limited to, written information such as papers, manuals, guides and brochures; personto-person exchanges; on-site assessments; provision of technical expertise; and training and related costs.

HUD has set a national goal to end chronic homelessness within ten years and seeks to meet the needs of chronically homeless individuals as well as other homeless persons and families. A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years.

TA activities are focused on but not limited to the following:

(a) Facilitating the exchange of information between community organizations to develop and implement a community-wide discharge plan for individuals exiting publicly-funded institutions (*e.g.*, criminal justice system, foster care system, mental health system) so that these individuals do not become homeless;

(b) Improving the ability of eligible applicants to develop and operate permanent housing projects for chronically homeless persons;

(c) Developing materials on effective grant administration for grantees and sponsors;

(d) Improving the ability of eligible grantees and sponsors in reaching out to and enumerating chronically homeless persons; and

(e) Improving the ability of grantees and sponsors in coordinating services available through mainstream resources with current housing units available for homeless persons.

(4) HOPWA TA. Funds are available to provide grantees, project sponsors, and potential recipients of HOPWA program funds with the skills and knowledge needed to develop, operate, and support HOPWA-eligible projects and activities in concert with two national goals: sustainable and sound management of HOPWA programs; and the accurate use of HUD's information and management tools. The national goals are to enhance the organization's ability to use HUD funds in a manner that upholds the public trust in the operation of the program, and to enhance the organization's ability to sustain their projects through financial downturns and beyond the term of the grant.

An applicant for HOPWA TA funds may propose activities on a national basis or a regional basis. To achieve the national goals, HOPWA TA must be used to address the following areas:

For goal one: Sustainable and sound management of HOPWA programs—

(a) Management and operations through such activities as training on management practices to ensure responsive, efficient, and cost effective facility and program operations; training on fiscal management to ensure accountability in the use of funds and in the development of long-term strategies to assure financial viability, including strategic planning, merger and acquisition consideration, and financial development programs;

(b) State, local, and community planning through such activities as training on the coordination of housing with health-care and other related supportive services for eligible persons; improving ability in developing collaborations with local, State and Federal agencies that administer HIV/ AIDS-related programs, including programs funded under the Ryan White CARE Act; facilitating in creating or linking to existing needs assessments of the area's housing needs of persons living with HIV/AIDS and their families; facilitating in creating or linking to comprehensive multiple-year HIV/AIDS housing plans that are undertaken in collaboration with local, State and Federal programs including the Ryan White CARE Act programs; and facilitating in creating or linking to existing plans that address specialized needs of clients, including assistance for clients with serious mental illness, chronic alcohol and other drug abuse issues, and homelessness; and

(c) Program evaluation through such activities as advising on data collection and program evaluation and dissemination of results; and developing and providing program handbooks, guidance materials, audio/visual products, training, and other activities to promote good management practices.

For goal two: Accurate use of HUD's information and management tools—

Providing TA to grantees, project sponsors, and other nonprofit organizations involved in HIV/AIDS plans in using the Department's information technology, financial reporting on program activities. Proposed activities may support the use of the Department's Consolidated

**Planning Process and Comprehensive** Annual Performance Evaluation Report (CAPER), Integrated Disbursement and Information System (IDIS), the use of HOPWA Annual Progress Reports, the Grants Management System, and LOCCS/HUDCAPS and other information collection or financial management tools, including the government-wide e-grants system when it becomes operational. The use of these management tools ensure that the performance of HOPWA recipients is measured under the HOPWA national performance goals. The proposed activities may include conducting grantee and sponsor workshops, developing training materials, developing or adapting program output and outcome measures and sponsoring related conferences and training of grantees and project sponsors.

#### **IV. CD-TA Program Requirements**

Because CD–TA program awards are made as cooperative agreements, they entail significant HUD involvement. Thus, the TA activities proposed in an application may change after discussion with HUD. In addition to the requirements listed in the General Section of this SuperNOFA, applicants are subject to the following requirements:

(A) *Profit/Fee.* No increment above cost, no fee or profit, may be paid to any recipient or subrecipient of an award under this CD–TA Program section of the SuperNOFA.

(B) *TA Oversight*. All Field Office TA providers, including those awarded pooled Field Office HOME TA account funds, must operate under the direction of each HUD Field Office within whose jurisdiction they are providing TA. When directed by a Field Office, TA providers may be required to coordinate activities through a lead CD-TA provider or other organization designated by the Field Office. If an applicant is selected as a Field Office CD–TA provider and is then designated as the lead CD-TA provider, the applicant must follow HUD Field Office direction and coordinate the activities of other CD-TA providers selected under this CD-TA Program section of the SuperNOFA. All national TA providers must coordinate their plans with, and operate under the direction of the GTR and GTM in HUD Headquarters.

Joint activities by CD–TA providers may be required.

(Č) Demand-Response Delivery System. All CD–TA applicants must operate within the structure of the demand-response system. Under the demand-response system, CD–TA providers are required to: (1) When requested by a HUD Headquarters or a Field Office GTR/ GTM, market the availability of their services to existing and potential recipients within the jurisdictions in which the assistance will be delivered;

(2) Respond to requests for assistance from the HUD Headquarters or HUD Field Office GTR/GTM responsible for overseeing TA within a specific geographic service area, including responding to priorities established by the Field Office in its Grants Management System. HOME PJs, CHDOs, and McKinney-Vento Act Homeless Assistance grantees may request assistance from the CD–TA provider directly, but the CD-TA provider is responsible for obtaining the local HUD Field Office's approval before responding to such requests. For CHDO (HOME) TA, the Field Office will coordinate with the affected HOME PJ in which the CD-TA provider proposes to work;

(3) When requested by a HUD Headquarters or a Field Office GTR/ GTM, conduct a Needs Assessment to identify the type and nature of the assistance needed by the recipient of the assistance. Needs Assessments identify the nature of the problem to be addressed, the plan of action, the type of TA to be provided, the duration of the assistance, the staff assigned to provide the assistance, anticipated products and/or outcomes, and the estimated cost; and

(4) CHDO (HOME) TA providers will be responsible for securing a technical assistance designation letter from a PJ stating that a CHDO, or prospective CHDO to be assisted by the provider, is a recipient or intended recipient of HOME funds and indicating, at its option, subject areas of assistance that are most important to the PJ.

(D) Technical Assistance Delivery Plan (TADP). After selection for funding but prior to executing the cooperative agreement, applicants must develop in consultation with the respective HUD Headquarters or Field Office GTR/GTM, a TADP for each national program or Field Office jurisdiction for which the applicant has been selected.

In developing the TADP, the applicant must follow the HUD Headquarters' or Field Office's management plan in determining the priority work activities, location of activities, and organizations to be assisted during the cooperative agreement performance period. The HUD Headquarters or Field Office GTR/ GTM will direct TA activities and establish expected outcomes. Applicants will use the logic model to identify their planned outcomes and report on actual accomplishments in relation to the planned outcomes.

For national HOME TA, applicants must work cooperatively with the GTR and GTM in the Office of Affordable Housing Programs to develop a TADP that addresses the national priorities, as identified in Section III (C), paragraphs (1) and (2) of this CD–TA NOFA, and meets the needs of HOME PJs and their partners.

The TADP must delineate all tasks and sub-tasks for each CD-TA program the applicant will undertake either nationally or in each Field Office jurisdiction. The TADP must specify the location of the proposed CD-TA activities, the level of CD-TA funding and proposed activities by location, the improved program performance or other results expected from the CD-TA, and the methodology to be used for measuring the success of the CD-TA. A detailed time schedule for delivery of the activities, budget summary, budgetby-task, and staffing plan must be included in the TADP

In the case of pooled Field Office HOME TA funds, applicants will work with the GTR and GTM in HUD Headquarters to develop a TADP that includes the elements contained in the previous paragraph except for the detailed time schedule for delivery of the activities, budget summary, budgetby-task, staffing plan, and scope of work which will be negotiated in the form of a Technical Plan for Assistance (TPA) with the Field Office in which the TA is to be provided to ensure that the TA provider is working under the control and direction of the Field Office. The TPA must be consistent with the approved TADP.

(E) *Training Sessions*. When conducting training sessions as part of its CD–TA activities, CD–TA providers are required to:

(1) Design the course materials as "step-in" packages (also called "trainthe-trainer" packages) so that a Field Office or other CD–TA provider may independently conduct the course on its own;

(2) Provide all course material in an electronic format that will permit wide distribution among TA providers, Field Offices, and HUD grantees;

(3) Arrange for joint delivery of the training with Field Office or Headquarters participation when requested by the HUD Headquarters or Field Office GTR/GTM; and

(4) When required by HUD, deliver HUD-approved training courses that have been designed and developed by other HUD contractors or HUD cooperating parties on a "step-in" basis for CD–TA clients, and send trainers to approved "train-the-trainers" sessions. The costs associated with attending these required sessions are eligible under the cooperative agreement.

(F) Reports to HUD Headquarters and Field Office GTR/GTMs. CD–TA providers will be required to report to the HUD Field Office(s) with oversight of the geographic area(s) in which CD– TA services are provided or to Headquarters GTR/GTMs in the case of national providers. At a minimum, this reporting will be on a quarterly basis unless otherwise specified in the approved TADP.

(G) Financial Management and Audit Information. After selection for funding but prior to award, applicants must submit a certification from an Independent Public Accountant or the cognizant government auditor, stating that the applicant's financial management system meets prescribed standards for fund control and accountability required by 24 CFR part 84 for Institutions of Higher Education and other Non-Profit Institutions, 24 CFR part 85 for States and local governments, or the Federal Acquisition Regulations for all other applicants. The information should include the name and telephone number of the independent auditor, cognizant Federal auditor, or other audit agency as applicable. In addition, the applicant must submit a certification that the organization is in compliance with the statutory limitations placed on HOME and CHDO (HOME) TA.

(H) Affirmatively Furthering Fair Housing. Section V (D) of the General Section of the SuperNOFA does not apply to these technical assistance programs.

(I) *CHDO (HOME) "Pass-Through Funds".* CD–TA providers may propose to fund the purchase of equipment and supplies, salaries and operating expenses, and training scholarships for eligible CHDOs that directly assist these organizations to own, develop, or sponsor affordable housing. CD–TA providers proposing "pass-through" grants are required to:

(1) Establish written criteria for selection of CHDOs receiving pass through funds which include the following: Participating jurisdictions must designate the organizations as CHDOs; and, generally, the organizations should not have been in existence more than 3 years.

(2) Enter into an agreement with the CHDO that the agreement and pass through funding may be terminated at the discretion of HUD if no written legally binding agreement to provide assistance for a specific housing project (for acquisition, rehabilitation, new construction, or tenant-based rental assistance) has been made by the PJ with the CHDO within 24 months of initially receiving pass-through funding.

(3) The pass-through amount, when combined with other capacity building and operating support available through the HOME program, cannot exceed the greater of 50 percent of the CHDO's operating budget for the year in which it receives funds or \$50,000 annually.

(J) Program Requirements for HOPWA Technical Assistance.

(1) The items listed in (A)—(I) immediately above apply to HOPWA TA, except that the demand-response delivery system does not apply. The CD–TA provider is responsible for obtaining the Field Office's approval before responding to TA requests in Field Office jurisdictions.

(2) If selected, the TA provider is required to begin technical assistance activities within one year of selection (*i.e.*, one year from the date of the signing of the selection letter by HUD) and to provide an initial report to the Field Office and the Headquarters GTR on the startup of the planned activities within three months of selection. If a selected project does not meet an appropriate performance benchmark, HUD reserves the right to cancel or withdraw the grant funds.

(3) Except for national meetings, research, information and other activities that are conducted on a program-wide basis in cooperation with HUD Headquarters TA providers must work cooperatively with HUD Field Offices. Providers must notify the applicable HUD Field Office of the planned activities; must consider the views or recommendations of that office, if any; must follow those recommendations, to the degree practicable; and must report to the applicable Field Office on the accomplishments of the assistance.

## **V. Application Selection Process**

# (A) Threshold Review, Rating and Ranking

(1) HUD will review each application to determine whether it meets the threshold requirements described in Sections I, III, and IV of this CD–TA NOFA. Only if an application meets all of the threshold requirements will it be eligible to be rated and ranked.

(2) HUD will evaluate and rate applications that meet the threshold requirements according to the Factors for Award noted below in Section V (B). Separate ratings will be given for each CD–TA program within each Field Office or nationally, as applicable, and for the pooled Field Office HOME TA. Under this system, the single application from one organization for multiple CD–TA programs in several geographic areas could be assigned different scores for each program and for each Field Office. For HOPWA, separate ratings will be given for applications for each of the two national goals.

The maximum number of points to be awarded for a CD–TA program proposal is 100. The minimum score for a program proposal to be considered within funding range is 75 with a minimum of 15 points on Factor 1. The CD–TA program is not subject to bonus points, as described in Section VI (C)(1)-(3) of the General Section of the Super NOFA.

(3) Once rating scores are assigned, rated applications submitted for each CD–TA program and for the pooled Field Office HOME TA at either the Headquarters or Field Office level will be listed in rank order for each CD-TA program and, in the case of HOPWA TA, for each of the two national HOPWA goals for which activities are proposed. Applications within the funding range (score of 75+ points with 15+ points for Factor 1) may then be funded in rank order under the CD-TA program and service area for which they applied. Applicants for pooled Field Office HOME TA may not necessarily be funded in rank order since the amount of their awards, if any, will be determined by totaling the fair share amounts assigned to them by the individual Field Offices participating in the pool. A Field Office participating in the pooled account may distribute some or all of its fair share amount to any applicant for pooled funds that scores in the fundable range (*i.e.*, score of 75+ points with 15+ points for Factor 1).

#### (B) Factors for Award

For each CD–TA program and the pooled Field Office HOME TA, points are awarded on five factors. Factor 1 relates to the capacity of the applicant and its relevant organizational experience. Rating of the "applicant" or the "applicant's organization and staff" includes any sub-contractors, consultants, sub-recipients, and members of consortia which are firmly committed to the project. In responding to Factor 1, applicants should specify the experience, knowledge, skills, and abilities of the applicant's organization and staff, and any organizations firmly committed to the project.

When addressing Factors 2–5, applicants should discuss the specific TA projects, activities, tasks, etc. that will be carried out during the term of the cooperative agreement. Applicants should provide relevant examples to support the proposal, where appropriate. Applicants should also be specific when detailing the communities, populations, and/or organizations that they propose to serve and the specific outcomes expected as a result of the TA.

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (25 points) (Minimum for Funding Eligibility—15 Points)

In a narrative, applicants should describe:

(1) (10 points). Recent, relevant, and successful experience of the applicant's organization in providing TA in all activities and to all entities for the CD– TA programs applied for, and an ability to provide CD–TA in a geographic area larger than a single city or county.

(2) (10 points). Competence, knowledge, skills, and abilities of key personnel in managing complex, multifaceted, or multi-disciplinary TA programs that require coordination with other entities or multiple, diverse units in an organization.

(3) (5 points). Sufficient personnel or access to qualified experts or professionals with the knowledge, skills, and abilities to deliver the proposed level of TA in each proposed service area in a timely and effective fashion.

In rating this factor, HUD will consider the extent to which the application demonstrates, in relation to the CD–TA program funding that is requested, relevant experience within the last four years of providing TA that demonstrates the ability to manage multiple TA assignments simultaneously, experience levels of key staff demonstrated by the technical complexity of assignments performed, and the number and experience of key staff as well as their availability to perform the work.

# Rating Factor 2: Need/Extent of the Problem (20 Points)

In a narrative, applicants should: (1) (10 points). Identify high priority needs in relation to the eligible activities [see section III (C) of the CD-TA NOFA] for the CD-TA program in each community or Field Office jurisdiction for which CD–TA funding is requested, or on a national or regional basis for national HOPWA, McKinney-Vento Homeless Assistance, and HOME grants. Even though applicants for pooled Field Office HOME TA funds must be willing to provide full coverage for all of the Field Office jurisdictions participating in the pool, for the purposes of this narrative, these applicants need only identify high

priority needs in four (4) Field Office jurisdictions.

(2) (10 points). Support the description of the need described with objective information and/or data showing need in each community or Field Office jurisdiction for which CD– TA funding is requested, or on a national or regional basis for national HOPWA, McKinney-Vento Homeless Assistance, and HOME grants.

In rating this factor, HUD will evaluate the extent to which the application shows, in each geographic area for which CD–TA funding is requested, an understanding of the specific needs for TA and supports the description of need with reliable, quantitative information.

#### Rating Factor 3: Soundness of Approach (40 Points)

In a narrative, applicants should: (1) (10 points). Describe a sound approach for addressing the identified needs.

(2) (10 points). Provide a cost-effective plan for designing, organizing, managing, and carrying out the proposed TA activities within the demand-response system.

(3) (10 points). Demonstrate an effective assistance program to specific disadvantaged communities, populations, and/or organizations which previously have been underserved and have the potential to participate in the four CD–TA programs.

(4) (10 points). Describe a feasible, creative plan which uses state of the art or new promising technology to transfer models and lessons learned in each of its CD–TA program's activities to grantees and/or program beneficiaries in other CD–TA programs.

In rating this factor, HUD will evaluate the extent to which the application presents and supports a detailed, sound approach in addressing identified needs and CD–TA program priorities. HUD will also evaluate the extent to which the application demonstrates the cost-effectiveness of its activities and the effectiveness of its operation under the demand-response system, including responding to requests for assistance at HUD's direction, handling competing demands, and responding to unanticipated demands.

# **Rating Factor 4: Leveraging Resources** (5 Points)

This factor addresses the applicant's ability to secure community resources that can be combined with HUD's program resources to achieve program purposes.

Applicants should provide evidence of leveraging/partnerships by including in the application of firm commitments for specific dollar amounts in letters, memoranda of understanding, or agreements to participate from those entities identified as partners in the application. Each letter of commitment, memorandum of understanding, or agreement to participate should include the organization's name, proposed level of commitment of resources (at fair market value) and responsibilities as they relate to the proposed program. The commitment must be signed by an authorized official of the organization legally able to make commitments on behalf of the organization, and indicate specifically that the resources will be committed during the time period in which CD-TA funds will be used. Outdated or past commitments will not be considered.

Resources may include cash or inkind contributions, such as services valued at the fair market rate. Resources may be provided by governmental entities, public or private nonprofit organizations, for-profit private organizations, or other entities.

In rating this factor, HUD will evaluate the extent to which, in relation to the funds requested, applicants can provide firm commitments for cash or in-kind services that will be used in conjunction with the CD–TA resources to achieve program purposes.

### **Rating Factor 5: Achieving Results and Program Evaluation (10 Points)**

This factor emphasizes HUD's commitment to ensuring that the TA provided achieves measurable results. In a narrative, applicants should:

(1) (5 points). Propose an effective, quantifiable, outcome-oriented evaluation plan for measuring performance, i.e., actual against planned achievements. An "outcome" is an impact or end result of the TA activities undertaken, not the TA activities themselves. The evaluation plan shall identify outcomes to be measured, how they will be measured, and the steps in place to make adjustments to work plans if performance targets are not met within established timeframes. For example, plans shall include goals (and report accomplishments) for the percent increase in program accomplishments as a result of capacity building assistance; measures of improved efficiencies; and increase in project resources as a result of assistance. The evaluation plan shall also contain ways to identify shortcomings and recommend areas for improvement when providing TA.

(2) (5 points). Demonstrate successful past performance in administering HUD

CD–TA programs or, for applicants new to HUD's CD–TA Programs, demonstrate successful past performance in providing TA in other community development programs.

In rating this factor, HUD will evaluate the extent to which the application has an evaluation plan that is specific, measurable, and appropriate in relation to the activities proposed and the extent to which the application demonstrates past performance that is timely and cost-effective in the delivery of community development TA. HUD will consider past performance of current CD–TA providers, including financial drawdown information in HUD's files.

(C) Selection. Applications within the funding range (75+ points with 15+ points on Factor 1) may be funded in rank order under the CD-TA program and service areas for which they applied. Applicants for pooled Field Office HOME TA may not necessarily be funded in rank order since the amount of their awards, if any, will be determined by totaling the fair share amounts assigned to them by the individual Field Offices participating in the pool. A participating Field Office may distribute some or all of its fair share amount to any applicant for pooled funds that scores in the fundable range. To the extent permitted by funding constraints, HUD intends to provide coverage for as full a range of eligible CD–TA program activities as possible both in Field Office jurisdictions and nationally. To achieve this objective, HUD will seek to fund the highest ranking applications that bring the required expertise in one or more specialized activity areas, and fund portions of providers' proposed programs in which they have the greatest skill and capability for given geographic areas or on a national basis. HUD also may require national, multijurisdictional, or other providers to provide coverage to Field Office jurisdictions that cannot otherwise receive cost-effective support from a CD–TA provider. In selecting applicants for funding, HUD will seek to select a range of providers and activities that will best serve HOME, CHDO (HOME), McKinney-Vento Act Homeless Assistance, and HOPWA program goals and priorities.

(D) Negotiation. After all applications have been rated and ranked and a selection has been made, HUD requires that all winners participate in negotiations to determine the specific terms of the TADP and the budget. HUD will follow the negotiation procedures described in Section VI (D) of the General Section of the SuperNOFA. (E) *Applicant Debriefing.* Applicants may request a debriefing as described in the General Section of the SuperNOFA.

### VI. Application Submission Requirements

The application must contain the following items:

(A) HUD-424 which identifies the legal name of the applicant organization, a contact person, mailing address (including zip code), telephone number, fax number, and e-mail address. If the organization has never received a CD-TA award, please include a statement to this effect.

(B) One-page summary outlining the key elements of the proposed CD–TA activities.

(C) Chart that summarizes the amount of funds the applicant is requesting for each CD–TA program in each Field Office jurisdiction, for the pooled Field Office HOME TA, and for National TA. Please use the chart in Appendix C of this NOFA.

For Field Office TA only: If the applicant will not offer services throughout the full jurisdictional area of the Field Office, attach a statement to the chart that identifies the service areas proposed (*e.g.*, cities, counties, etc.), as well as the communities in which the organization proposes to offer services. Please note that applicants requesting funding under the pooled Field Office HOME TA account must be willing to provide coverage to all Field Office jurisdictions opting in to the pooled account.

(D) Statement as to whether the applicant proposes to be considered for the role of lead CD–TA provider in one or more specific program areas in a Field Office jurisdiction and, if so, the organization's capabilities and attributes that qualify the applicant organization for the role.

(E) Narrative addressing each of the Factors for Award described in Section V(B) of this CD–TA Program section of this SuperNOFA. This narrative statement will be the basis for evaluating the application.

(F) Statement as to whether the organization proposes to use pass through funds under the CHDO (HOME) TA program and, if so, the amount and proposed uses of such funds.

(G) If applying for the CHDO (HOME) program, a certification as to whether

the organization qualifies as a primarily single-State provider under section 233(e) of the Cranston-Gonzales Affordable Housing Act and as discussed in Section III(C)(2) of this CD– TA program section of this SuperNOFA.

(H) Budget Summary identifying costs for implementing the plan of suggested TA activities by cost category for each CD–TA program for which funds are requested by Field Office or as a National Provider (applicants for pooled Field Office HOME TA should submit one Budget Summary to cover all Field Offices opting in) in accordance with the following:

(1) Direct Labor by position or individual indicating the estimated hours per position, the rate per hour, estimated cost per staff position, and the total estimated direct labor costs;

(2) Fringe Benefits by staff position identifying the rate, the salary base the rate was computed on, estimated cost per position, and the total estimated fringe benefit cost;

(3) Material Costs indicating the item, quantity, unit cost per item, estimated cost per item, and the total estimated material costs;

(4) Transportation Costs, as applicable;

(5) Equipment Costs, if any, identifying the type of equipment, quantity, unit costs, and total estimated equipment costs;

(6) Consultant Costs, if applicable, indicating the type, estimated number of consultant days, rate per day, total estimated consultant costs per consultant, and total estimated costs for all consultants;

(7) Subcontract Costs, if applicable, indicating each individual subcontract and amount;

(8) Other Direct Costs listed by item, quantity, unit cost, total for each item listed, and total other direct costs for the award; and

(9) Indirect Costs, if applicable, identifying the type, approved indirect cost rate, base to which the rate applies, and total indirect costs.

These line items should total the amount requested for each CD–TA program area. The grand total of all CD– TA program funds requested should reflect the grand total of all funds for which application is made.

(I) Forms, Certifications, and Assurances listed in Section II (H) of the General Section of the SuperNOFA (collectively referred to as the "standard forms").

### VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

### VIII. Environmental Requirements

In accordance with 24 CFR 50.19(b)(9) and 58.34(a)(9), the assistance provided by these programs relates only to the provision of technical assistance and is categorically excluded from the requirements of the National Environmental Policy Act and not subject to environmental review under the related laws and authorities. This determination is based on the ineligibility of real property acquisition, construction, rehabilitation, conversion, leasing, or repair for HUD assistance under these technical assistance programs.

### **IX.** Authority

The CHDO (HOME) Technical Assistance program is authorized by the HOME Investment Partnerships Act (42 U.S.C. 12773); 24 CFR part 92.

The HOME Technical Assistance Program is authorized by the HOME Investment Partnerships Act (42 U.S.C. 12781–12783); 24 CFR part 92.

For the McKinney-Vento Act Homeless Assistance Programs Technical Assistance, the Supportive Housing Program is authorized under 42 U.S.C. 11381 *et seq.*; 24 CFR 583.140. The Emergency Shelter Grant, Section 8 Moderate Rehabilitation Single Room Occupancy Program and Shelter Plus Care Technical Assistance Programs are authorized by the FY 2003 HUD Appropriations Act.

The HOPWA Technical Assistance program is authorized under the FY 2003 HUD Appropriations Act. The HOPWA program is authorized under the AIDS Housing Opportunities Act (42 U.S.C. 12901) and the HOPWA regulations are found at 24 CFR part 574.

### X. HUD Reform Act

The provisions of the HUD Reform Act of 1989 that apply to the CD–TA programs are explained in the General Section of this SuperNOFA.

	Appendix A to	CD-TA NOFA:	Amounts Avail	able in dollars	by CD-TA Progr	am
	ТА	HOME TA	Pooled	CHDO	McKinney-	HOPWA
	Jurisdiction		HOME TA	(HOME) TA	Vento	ТА
		· · · ·	· · ·		Homeless	
					Assistance TA	· · ·
	Alabama		75,000	75,000	40,000	
-	Alaska	40,000		45,000	40,000	
	Arkansas	45,000		45,000	40,000	
	California –	395,000		405,000	242,000	
	Northern and					
	Arizona,					
	Nevada					
	California –	345,000		355,000	255,000	
	Southern				<b></b>	
	Caribbean		90,000	90,000	40,000	
	Colorado and	140,000		140,000	40,000	
	Montana,					
	North Dakota,					
	South Dakota,					
	Utah,					
	Wyoming		The Alleran			
	Connecticut		55,000	55,000	40,000	
	District of		45,000	45,000	83,000	
	Columbia area					
	Florida –	60,000		60,000	70,000	

	<b>3</b>				
Southern					
Florida –	120,000		120,000	49,000	
Northern					
Georgia	115,000		115,000	40,000	
Hawaii	40,000		45,000	40,000	
Illinois		240,000	245,000	145,000	
Indiana		90,000	90,000	40,000	
Kansas,		100,000	100,000	40,000	
Missouri -					
Western					
Missouri -	40,000		45,000	40,000	
Eastern			<u>,, </u>		
Kentucky		75,000	75,000	40,000	
Louisiana		100,000	100,000	40,000	
Maryland,		60,000	60,000	40,000	
except District					
of Columbia					
area					
Massachusetts,		245,000	205,000	182,000	
Maine, New					
Hampshire,					
Rhode Island,					
Vermont					
Michigan	185,000		185,000	138,000	
Minnesota	65,000		65,000	52,000	

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[		1	[	1	
Mississippi		50,000	50,000	40,000	
Nebraska and		70,000	70,000	40,000	
Iowa					
		1 40 000	1 40 000	<b>50</b> 000	
New Jersey		140,000	140,000	52,000	
New Mexico	40,000		45,000	40,000	
New York -		410,000	410,000	239,000	
Downstate					
New York -		85,000	70,000	57,000	
Upstate					
North Carolina	105,000		105,000	40,000	
Ohio	215,000		220,000	104,000	
Oklahoma		55,000	55,000	40,000	
Oregon and		85,000	85,000	40,000	
Idaho					
Pennsylvania -		195,000	195,000	106,000	
Eastern and					
Delaware			· · · · · · · · · · · · · · · · · · ·		
Pennsylvania	85,000		85,000	57,000	
– Western and	:				
West Virginia					
South Carolina	55,000		55,000	40,000	
Tennessee	90,000		90,000	40,000	
Texas -		245,000	250,000	88,000	
Northern					
Texas –	55,000		55,000	40,000	

Southern					
Virginia,		80,000	80,000	40,000	
except District			r r		
of Columbia					
area					
Washington		85,000	85,000	67,000	
Wisconsin		90,000	90,000	54,000	
Field Office	\$2,235,000	\$2,765,000	\$5,000,000	\$3,000,000	
TA Total	· 				
National TA	\$3,32	2,000	\$961,000	\$3,600,000	\$2,000,000
Field Office		\$8,322,000	\$5,961,000	\$6,600,000	\$2,000,000
and National					
Total					

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### Appendix B to CD–TA Program—List of HUD CPD Field Offices

#### New England

- Connecticut State Office, One Corporate Center, 19th Floor, Hartford, CT 06103– 3220
- Manchester Area Office, 275 Chestnut St., Norris Cotton Bldg., Manchester, NH 03101–2487
- Massachusetts State Office, 10 Causeway Street, Room 301, Boston, MA 02222–1092

#### New York/New Jersey

- Buffalo Area Office, 465 Main Street, Fifth Floor, Buffalo, NY 14203–1780
- New Jersey State Office, One Newark Center, 13th Floor, Newark, NJ 07102–5260
- New York State Office, 26 Federal Plaza, New York, NY 10278–0068

### Mid-Atlanic

- Maryland State Office, 10 S. Howard St., 5th Floor, City Crescent Bldg., Baltimore, MD 21201–2505
- Pennsylvania State Office, Wanamaker Bldg., 100 Penn Square East, Philadelphia, PA 19107–3390
- Pittsburgh State Office, 339 6th Avenue, 6th Floor, Pittsburgh, PA 15222–2515
- Virginia State Office, 600 East Broad Street, Richmond, VA 23230–4920
- District of Columbia Office, 820 1st St., N.E., Ste. 450, Washington, DC 20002–4205

#### Southeast/Caribbean

- Alabama State Office, Medical Forum Building, Suite 900, 950 22nd Street North, Birmingham, AL 35203
- Caribbean Office, 159 Carlos E. Chardon Avenue, San Juan, PR 00918–1804
- Florida State Office, 909 Southeast 1st Ave., Rm 500, Miami, FL 33131

- Georgia State Office, 40 Marietta Street, Five Points Plaza—15th Floor, Atlanta, GA 30303–3388
- Jacksonville Area Office, Southern Bell Tower, 301 West Bay Street, Ste. 2200, Jacksonville, FL 32202–5121
- Kentucky State Office, 601 W. Broadway, Louisville, KY 40202
- Mississippi State Office, 100 West Capitol Street, Rm 910, Jackson, MS 39269–1096
- North Carolina State Office, Koger Bldg., 2306 W. Meadowview Rd., Greensboro, NC 27407–3707
- South Carolina State Office, S. Thurmon Fed. Bldg., 1835 Assembly Street, Columbia, SC 29201–2480
- Tennessee State Office, 710 Locust Street, 3rd Floor, Knoxville, TN 37902–2526

#### Midwest

- Illinois State Office, 77 West Jackson Boulevard, Ralph Metcalfe Bldg., Chicago, IL 60604–3507
- Indiana State Office, 151 North Delaware Street, Indianapolis, IN 46204–2526
- Michigan State Office, Patrick McNamara Building, 477 Michigan Avenue, Detroit, MI 48226–2592
- Minnesota State Office, 920 Second Avenue, South, Minneapolis, MN 55401–2195
- Ohio State Office, 200 North High Street, Columbus, OH 43215–2499
- Wisconsin State Office, 310 W. Wisconsin Avenue, Ste. 1380, Milwaukee, WI 53203– 2289

#### Southwest

- Arkansas State Office, 425 West Capital Avenue, TCBY Tower, Ste. 900, Little Rock, AR 72201–3488
- Louisiana State Office, 501 Magazine Street, Hale Boggs, 9th Floor, New Orleans, LA 70130–3099

- New Mexico State Office, 625 Silver Avenue, SW., Ste. 100, Albuquerque, NM 87110– 6472
- Oklahoma State Office, 500 West Main Street, Ste. 40, Oklahoma City, OK 73102
- San Antonio State Office, Washington Square, 800 Delorosa Street, San Antonio, TX 78207–4563
- Texas State Office, 801 N. Cherry Street, 6T1, 25th Floor, Fort Worth, TX 76102

#### **Great Plains**

- Kansas/Missouri State Office, Gateway Tower II, 400 State Avenue, Rm. 200, Kansas City, KS 66101–2406
- Nebraska State Office, 10909 Mill Valley Road, Omaha, NE 68154–3955
- St. Louis Area Office, 1222 Spruce Street, 3rd Floor, Suite 1200, St. Louis, MO 63103– 2836

#### **Rocky Mountain**

Colorado State Office, First Interstate Tower North, 633—17th Street, Denver, CO 80202–3607

#### Pacific/Hawaii

- California State Office, 450 Golden Gate Avenue, San Francisco, CA 94102–3448
- Hawaii State Office, 500 Ala Moana Blvd., Ste. 3A, Honolulu, HI 96813–4918
- Los Angeles Area Office, AT&T Center, 611 W. 6th Street, Ste. 800, Los Angeles, CA 90015–3801
- Phoenix Area Office, 400 North 5th Street, Ste. 1600, Phoenix, AZ 85004

#### Northwest/Alaska

- Alaska State Office, 949 East 36th Avenue, Ste. 401, Anchorage, AK 99508–4135
- Oregon State Office, 400 Southwest 6th Ave., Ste. 700, Portland, OR 97204–1632
- Washington State Office, 909 1st Avenue, Ste. 200, Seattle, WA 98104–1000

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Appendix C to CD-TA NOFA: Chart for Applicants to Fill in Amount Request							
ТА	HOME TA	Pooled	CHDO	McKinney-	HOPWA		
Jurisdiction		HOME TA	(HOME) TA	Vento	ТА		
				Homeless			
				Assistance TA			
Alabama		*					
Alaska							
Arkansas							
California –							
Northern and							
Arizona,							
Nevada							
California –							
Southern							
Caribbean		*					
Colorado,							
Montana,				:			
North Dakota,							
South Dakota,							
Utah,							
Wyoming							
Connecticut		*					
District of		*					
Columbia area							

Florida –			
Southern			
Florida –			
Northern			
Georgia			
Hawaii			
Illinois	*		
Indiana	*		
Kansas,	*		
Missouri -			
Western			
Missouri -			
Eastern			
Kentucky	*		
Louisiana	*		
Maryland,	*		
except District			
of Columbia			
area		 	
Massachusetts,	*		
Maine, New			
Hampshire,			
Rhode Island,			
Vermont			
Michigan			

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	[		T	Γ	Sec. Sec.
Minnesota					
Mississippi		*			
Nebraska and		*			
Iowa					
New Jersey		*			
New Mexico					
New York -		*			
Downstate					
New York -		*			
Upstate					
North Carolina					
Ohio					
Oklahoma		*			
Oregon and		*			
Idaho					
Pennsylvania		*			
– Eastern and					
Delaware					
Pennsylvania					
– Western and					
West Virginia					
South Carolina				······	
Tennessee					
Texas -		*			
Northern					

Texas -			
Southern			
Virginia,	*		
except District			Anno 1997
of Columbia			
area			
Washington	*		
Wisconsin	*		
National TA			
Total			

\* Indicates Field Offices participating in the pooled Field Office HOME TA arrangement. Please enter your funding request for this category on the Total line. Remember that applicants for this category of funding must be willing to provide services in any of the Field Office jurisdictions participating in the funding pool.

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# UNIVERSITIES AND COLLEGES PROGRAMS

Community Outreach Partnership Centers Program (COPC)

Historically Black College and Universities (HBCU)

Hispanic-Serving Institutions Assisting Communities (HSIAC)

Alaska Native/Native Hawaiian Institutions Assisting Communities (AN/NHIAC)

Tribal Colleges and Universities Program (TCUP)

21103

Billing Code 4210-32-C

# Funding Availability for Universities and Colleges Programs

As part of HUD's consolidation approach to streamline the NOFA process, the Office of University Partnerships (OUP) is announcing the following competitive grant programs in this NOFA.

• Community Outreach Partnership Centers Program (COPC)

Historically Black Colleges and Universities (HBCU)
Hispanic Serving Institutions

Assisting Communities (HSIAC)

• Alaska Native/Native Hawaiian Institutions Assisting Communities (AN/NHIAC)

• Tribal Colleges and Universities Program (TCUP)

The purpose for combining all of the OUP competitive grant programs (excluding the Early Doctoral Student Research Grant Program, the Doctoral Dissertation Research Grant Program, the Community Development Work Study Program, and the Community Outreach Partnership Center (COPC) Community Futures Demonstration) under this NOFA is to make it easier for applicants to identify all of the funding opportunities available to colleges and universities through OUP. Please read this NOFA thoroughly and carefully prior to submitting a proposal, since each program in this NOFA has distinct requirements. THERE IS NO SEPARATE APPLICATION KIT FOR THESE PROGRAMS.

Available Funds. Approximately \$34.092 million from the Fiscal Year (FY) 2003 Consolidated Appropriation Resolution, Division K (plus any unexpended and additional funds recaptured from prior appropriations) is available for the Office of University Partnership programs as follows:

• Community Outreach Partnership Centers Programs: \$6.955 million (\$1.955 million has been set aside to fund the COPC Community Futures Demonstration. A separate NOFA is included in this SuperNOFA for this program).

• Historically Black Colleges and Universities: \$9.935 million (up to \$2 million was earmarked to provide technical assistances).

• Hispanic Serving Institutions Assisting Communities: \$6.458 million plus approximately \$588,000 in previously unexpended FY 2002 funds.

• Alaska Native/Native Hawaiian Institutions Assisting Communities: \$2.981 million plus approximately \$4.0 million in previously unexpended funds.

• Tribal Colleges and Universities Program: \$2.981 million plus approximately \$194,552 in previously unexpended FY 2002 funds.

#### **Additional Information**

Applicants interested in applying for funds under these grant programs should carefully review the General Section of this SuperNOFA and the following additional information.

## I. Application Due Date, Addresses, Submission Procedures, Further Information, and Technical Assistance

Application Due Date. A completed application package is due on or before June 12, 2003 for Historically Black Colleges and Universities (HBCU) Program, Hispanic-Serving Institutions Assisting Communities (HSIAC) Program, Alaska Native/Native Hawaiian Communities Program (AN/ NHIAC), and Tribal Colleges and Universities Program (TCUP).

A completed application package is due on or before June 24, 2003 for the Community Outreach Partnership Centers (COPC) Program.

Address for Submitting Applications. A completed application package consists of one original signed application, three copies, and one computer disk (in Word 6.0 or higher) of the application. This package must be submitted to the following address: Processing and Control Branch, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street SW., Room 7251, Washington, DC, 20410. When submitting an application package, also please include the following information on the outside of the envelope: (a) the Office of University Partnerships, (b) name of the program under which funding is being requested, (c) Room number 7251, (d) applicant's name and mailing address (including zip code), and (e) applicant's telephone number (including area code). Applicants applying for funding under the HBCU program must also send a copy of their application to the **Community Planning and Development** (CPD) Director in the appropriate HUD Field Office. The address for each Field Office is listed in the General Section of this NOFA.

Mailing and Receipt Procedures. Applicants must refer to the General Section of this SuperNOFA for detailed requirements governing application submission and receipt.

For Further Information and Technical Assistance. Applicants may contact Armand W. Carriere of HUD's Office of University Partnerships at (202) 708–3061, ext. 3181 or Susan Brunson at (202) 708–3061, ext. 3852. For information regarding the Tribal Colleges and Universities Program, please contact Sherone Ivey, Office of Native American Programs at (202) 708– 0314 ext. 4200. Speech- or hearingimpaired individuals may call the Federal Information Relay Service TTY at (800) 877–8399. Except for the "800" number, these numbers are not toll-free. Applicants may also reach Mr. Carriere via email at

Armand\_W. Carriere@hud.gov, Ms. Brunson at Susan\_S. Brunson@hud.gov, and Ms. Ivey at Sherone\_E.\_ Ivey@hud.gov.

*Šatellite Broadcast.* HUD will hold an information broadcast via satellite for potential applicants to learn more about these programs and preparation of applications. For more information about the date and time of this broadcast, consult HUD's Website at *www.hud.gov.* 

### The Community Outreach Partnership Centers Program (COPC)

## I. Program Overview

Purpose of the Program. To provide funds to two-year colleges, four-year colleges, and universities to establish and operate Community Outreach Partnership Centers (COPCs) to address the problems of urban areas.

#### II. Amount Allocated, Grant Size and Term, and Performance Period

The amount allocated, grant size and term, and performance period for this program are listed below.

*Amount Allocated.* In Fiscal Year 2003, approximately \$6.955 million was earmarked by the conference report accompanying the FY 2003 Consolidation Appropriation Resolution, Division K (\$1.955 million has been set aside to fund architectural and planning schools. There is a separate NOFA for this program and it is included in this SuperNOFA).

Grant Size and Term. HUD will award two kinds of grants under this program, New Grants and New Directions Grants.

(1) New Grants will be awarded to applicants who have never received a COPC grant to undertake eligible work (as identified in Section III(C) below). The minimum amount a New Grant applicant can request is \$250,000 and the maximum amount is \$400,000 for a three-year (36 months) grant performance period.

(2) New Directions Grants will be awarded to applicants who were previous COPC recipients to undertake new directions in their activities (as identified in Section III(C) below). The minimum and maximum amount a New Direction Grant applicant can request is \$150,000 for a two-year (24 months) grant performance period. HUD will use up to \$4 million to fund approximately 10 New Grants and up to \$1 million to fund approximately 6 New Directions Grants.

HUD intends to fund at least two eligible COPC applications (applications that receive a minimum score of 75 points) that serve Colonias, (as defined in the General Section of this SuperNOFA). HUD will select the highest-ranking COPC applications that serve Colonias among the rated COPC applications. If less than two fundable COPC applications that serve Colonias are eligible for award these funds will be used to award additional COPC grants.

### III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description. The main purpose of the COPC Program is to assist in establishing or carrying out outreach and applied research activities that address problems of urban areas; and to encourage structural change, both within an institution of higher education and in the way the institution relates to its neighbors. Funding under this program shall be used to establish and operate local Community Outreach Partnership Centers (COPC). The five key concepts that a COPC Program should include are:

(1) Outreach, technical assistance, and applied research;

(2) Empowerment efforts that engage community-based organizations and residents as partners with the institution throughout the life of the project and beyond;

(3) Applied research related to the project's outreach activities;

(4) Assistance to target communities primarily from the faculty, students, and to a limited extent by neighborhood residents and community-based organizations funded by the university; and

(5) Support from the university's senior officials to make the program part of the institution's broader effort to meet its urban mission.

(B) Eligible Applicants. Public or private nonprofit institutions of higher education granting two- or four-year degrees that are accredited by a national or regional accrediting agency recognized by the U.S. Department of Education. Consortia of eligible institutions may also apply, as long as one institution is designated the lead applicant. (Note: Institutions that participated in a COPC grant as a member of a consortium are eligible to apply for New Grant if they received 25 percent or less of the earlier grant.)

(C) Eligible Activities. COPC Programs should combine research with outreach

activities and work with communities and local governments to address the multidimensional problems that beset urban areas. Appropriate urban problems include, but are not limited to housing, economic development, neighborhood revitalization, infrastructure, health care, job training, education, crime prevention, planning, the environment, and community organizing.

(1) Research activities must have a clear near-term potential and practical application for solving specific, significant urban problems in designated communities and neighborhoods, including evaluation of the effectiveness of the outreach activities and how they relate to HUD programs. Applicants must have the capacity to apply the research results directly to the proposed outreach activities outlined in the application's work plan. In addition, applicants must work with communities and local institutions, including neighborhood groups, local governments, and other appropriate community stakeholders, in applying these results to real-life urban problems.

(2) Outreach, technical assistance, and information exchange activities designed to address specific urban problems in designated communities and neighborhoods served by the grant.

Examples of outreach activities include, but are not limited to:

(a) Assistance to communities to improve consolidated housing and community development plans and eliminate impediments to the design and implementation of such plans;

(b) Design of community or metropolitan strategies to resolve urban problems of communities and neighborhoods;

(c) Innovative use of funds to provide direct technical expertise and assistance to local community groups, residents, and other appropriate community stakeholders to resolve local problems such as homelessness, housing discrimination, and impediments to fair housing choice;

(d) Technical assistance in business start-up activities for low- and moderate-income individuals and organizations, including business startup training and technical expertise and assistance, mentor programs, assistance in developing small loan funds, business incubators, etc;

(e) Technical assistance to local public housing authorities on welfareto-work initiatives and physical transformations of public or assisted housing, including development of accessible and visitable housing; (f) Job training and other training projects, such as workshops, seminars, and one-on-one and on-the-job training;

(g) Assistance to communities in eliminating or reducing excessive, unnecessary or duplicative regulations, processes or policies that restrict the development or rehabilitation of affordable housing (For further discussion of Regulatory Barriers see the General Section of this SuperNOFA);

(h) Assistance to communities to improve the design of affordable housing to better meet user needs and applying design approaches and principles that can improve overall quality and livability. For further information and guidance visit the Web site: http://www.designadvisor.org.

(i) Regional projects that maximize the interaction of targeted inner city distressed neighborhoods with suburban job opportunities similar to HUD's Bridges-to-Work or Moving to Opportunity programs. (For more information *see www.HUDUSER.org.*)

(3) Funds for faculty development including paying for course time or summer support to enable faculty members to work with the COPC.

(4) Funds for stipends or salaries for students (but the program cannot cover tuition and fees) while they are working with the COPC.

(5) Up to 20% of the grant for payments of reasonable grant administrative costs related to planning and execution of the project (*e.g.* preparation/submission of HUD reports). A detailed explanation of these costs is provided in the OMB circulars that can be accessed at the White House Web site at: *http://www.whitehouse.gov/ omb/circulars/index.html.* 

(6) Activities to carry out the "Program Requirements" as defined in this NOFA. These activities may include leases for office space in which to house the Community Outreach Partnership Center, under the following conditions:

(a) The lease must be for existing facilities not requiring rehabilitation or construction;

(b) No repairs or renovations of the property may be undertaken with federal funds; and

(c) Properties in the Coastal Barrier Resource System designated under the Coastal Barrier Resources Act (16 U.S.C. 3501) cannot be leased with federal funds.

(7) Components of the program may address metropolitan or regional strategies. Applicants must clearly demonstrate how:

(a) Strategies are directly related to what the targeted neighborhoods and neighborhood-based organizations have decided is needed; and (b) Neighborhoods and neighborhood organizations are involved in the development and implementation of the metropolitan or regional strategies.

(D) *Îneligible Activities*. Activities ineligible for funding under this program include, but are not limited to the following:

(1) Research activities that have no clear and immediate practical application for solving urban problems or do not address specific problems in designated communities and neighborhoods or have any specific link to HUD programs.

(2) Any type of construction, rehabilitation, or other physical development costs.

(3) Costs used for routine operations and day-to-day administration of institutions of higher education, local governments or neighborhood groups.

#### **IV. Program Requirements**

In addition to the program requirements listed in the General Section of this SuperNOFA, applicants must meet the following program requirements:

(1) All funds awarded to New Grant applicants must be spent over a threeyear (36 months) grant performance period. All funds awarded to New Direction Grants applicants must be spent over a two-year (24 months) grant performance period.

(2) Applicants are required to meet the following match requirements:

(a) New Grant applicants match requirements:

(1) Research Activities. 50% of the total project costs of establishing and operating research activities.

(2) Outreach Activities. 25% of the total project costs of establishing and operating outreach activities.

(b) New Directions Grant applicants match requirements:

(1) Research Activities. 60% of the total project costs of establishing and operating research activities.

(2) Outreach Activities. 35% of the total project costs of establishing and operating outreach activities.

For each match, cash or in-kind contributions to the program, applicants must submit a signed letter of commitment (Further detailed information is outlined in this NOFA in Section V. Application Selection Process, "Factor 4: Leveraging Resources" for this program). Applicants may not count as match any costs that would be ineligible for funding under the program (*e.g.*, housing rehabilitation).

In previous competitions, some applicants incorrectly based their match calculations on the federal grant amount only. An applicant's match is evaluated as percentage of the total cost of establishing and operating research and outreach activities, not just the federal grant amount. Please remember to base the calculation on the TOTAL AMOUNT.

(3) Employ the research and outreach resources of the institution of higher education to solve specific urban problems identified by communities served by the Center;

(4) Establish outreach activities in areas identified in the application as the communities to be served;

(5) Establish a community advisory committee comprised of representatives of local institutions and residents of the communities to be served to assist in identifying local needs and advise on the development and implementation of strategies to address those issues;

(6) Coordinate outreach activities in communities to be served by the Center;

(7) Facilitate public service projects in the communities served by the Center;

(8) Act as a clearinghouse for dissemination of information;

(9) Develop instructional programs, convene conferences, and provide training for local community leaders, when appropriate;

(10) Exchange information with other Centers. The clearinghouse function in Section IV(8) above refers to a local or regional clearinghouse for dissemination of information and is separate and distinct from the functions in (10) above, which relate to the provision of information to the University Partnerships Clearinghouse, which is the national clearinghouse for the program; and

(11) Grant funds will pay for activities conducted directly, rather than passing funds to other entities (In order for an application to be competitive, no more than 25 percent of the grant funds should be passed to other entities).

### V. Application Selection Process

Two types of reviews will be conducted:

(1) A threshold review to determine an application's eligibility; and

(2) A technical review for all applications that pass the threshold review to rate and rank the application based on the "Factors for Award" rating factors listed in Section V(B) below.

Only those applications that pass the threshold review will receive a technical review and be rated and ranked.

#### (A) Threshold Requirements For Funding Consideration

All applicants must be in compliance with the threshold requirements as

defined in the General Section of this SuperNOFA and the requirements listed below to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified:

There will be two separate competitions, one for New Grants applicants and one for New Direction Grant applicants. For each type of grant applicants will be rated, ranked, and selected separately.

(1) The applicant is eligible as referenced in Section III, "Program Description, Eligible Applicants; Eligible Activities in this NOFA".

(2) Applicants applying for New Grants may not request less than \$250,000 or exceed \$400,000. Applicants applying for New Direction Grants may not request less or exceed \$150,000.

(3) Applicants must meet the program's statutory match requirement (the requirement is defined in Section IV, "Program Requirements").

(4) New Grant applications must be multifaceted, address three or more urban problems, and propose at least one distinct activity to address each separate urban problem. Single purpose applications are not eligible.

(5) New Direction Grant applications are required to address two urban problems and undertake at least one activity for each of these problems. Applicants must also demonstrate that the proposed activities either implement new eligible projects in the current target neighborhood(s) or implement eligible projects in a new target neighborhood(s). Single purpose applications are not eligible.

(6) New Direction Grant applicants must have drawn down at least 75% from any previous COPC award two weeks prior to the program's application due date to be eligible to apply and receive a New Directions Grant.

(7) Applicants who were a member of a consortium and received more than 25 percent of the earlier funding are not eligible to apply for a New Grant. However applicants may submit an application for a New Direction Grant (Applicants may submit an application individually or as part of the old consortium).

(8) Only one New Grant application will be permitted from an institution. However different campuses of the same university system are eligible to apply, even if one campus has already received COPC funding if they have an administrative and budgeting structure independent of other campuses in the system. (9) Applicants may be part of only one consortium or submit only one application or all applications will be disqualified. HUD will hold the applicant responsible for ensuring that neither the applicant nor any part of their institution, including specific faculty, participate in more than one application.

(10) Programs must operate in an urban area. The statute creating COPC is very specific that programs address the problems of urban areas. HUD uses the Census definition of an urban area: a single geographic place (*e.g.*, a city, town, or village, but not a county) with a population of 2,500 or more. Applicants cannot meet this test by aggregating several places smaller than the population threshold in order to meet this requirement.

(11) In order to ensure that the primary focus of the proposed project is on outreach, there is a cap on research costs that can be budgeted for this program. No more than 25 percent of the total project costs (federal share plus match) can be spent on research activities. However, applicants are not required to undertake any research as part of their project and may apply for a project that is totally outreach focused.

# (B) Factors for Award Used to Evaluate and Rate Applications

The factors for evaluating, rating, and ranking an application and the maximum points for each factor are listed below. Unless otherwise noted, New Grant applications and New Directions Grant applications will receive the same number of points on a given factor. Applications must receive a minimum of 75 out of the total possible points to be considered for funding. The maximum number of points available under this program is 102. This includes the two RC/EZ/EC bonus points as described in the General Section of this SuperNOFA.

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (15 Points)

This factor addresses the extent to which the applicant has the organizational resources necessary to successfully implement the proposed activities in a timely manner. In rating this factor HUD will consider the extent to which the proposal demonstrates:

(1) Knowledge and Experience (15 Points) For New Grant Applicants. (7 Points) For New Direction Grant Applicants.

(a) The knowledge and experience of the overall proposed project director and staff, including the day-to-day program manager, consultants, and contractors in planning and managing the kind of programs for which funding is being requested. Experience will be judged in terms of recent, relevant, and successful knowledge and skills of the staff to undertake eligible program activities. HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to be successful. The more recent and substantial the experience of the staff, particularly the institution's own staff who will work on the project have in successfully conducting and completing similar activities, the higher the number of points an applicant can receive for this rating factor. The following categories will be evaluated:

(1) Undertaking research activities in specific communities that have a clear near-term potential for practical application to significant urban issues;

(2) Undertaking outreach activities in specific communities to solve or ameliorate significant urban issues;

(3) Undertaking projects with community-based organizations or local governments; and

(4) Providing leadership in solving community problems and making national contributions to solving longterm and immediate urban problems.

(b) Past Performance (8 points). For New Directions Grants only. This subfactor will evaluate the extent to which an applicant has performed successfully under a previous COPC grant(s), as measured by:

(a) Achievement of specific measurable outcome objectives consistent with the timeline in the awarded grant proposal. Please provide a detailed list outlining those achievements as they related to the approved timeline in the awarded grant;

(b) Leveraging of funding consistent with or exceeding the funds originally proposed to be leveraged for that project. In addressing leveraging provide information that compares the proposed leveraged funds and resources with what was actually leveraged; and

(c) Full points will be awarded for performance that met the goals and objectives as outlined in the awarded grant proposal.

# Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for funding the proposed program activities and an indication of the urgency of meeting the need in the target area. In evaluating this factor, the proposal will be rated on the extent to which the level of need for the proposed activities and the importance of meeting the need are documented.

Applicants should use statistics and analyses contained in at least one or more current data sources that are sound and reliable. The data provided must be current. In rating this factor, HUD will consider data collected within the last five years to be current. To the extent that the targeted community's Five (5) Year Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI) identify the level of the problem and the urgency in meeting the need, applicants should include references to these documents in the response.

If the proposed activities are not covered under the scope of the Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI), indicate such in the proposal and use other sound data sources to identify the level of need and the urgency in meeting the need. Other reliable sources of data include, but are not limited to, Census reports, HUD Continuum of Care gap analysis and its E-Map (http:// www.hud.gov/emaps), law enforcement agency crime reports, Public Housing Authorities' Comprehensive Plan, community needs analyses such as provided by the United Way, the applicant's institution, and other sound and reliable appropriate sources. Needs in terms of fulfilling court orders or consent decrees, settlements, conciliation agreements, and voluntary compliance agreements may also be addressed.

The data used should be specific to the area where the proposed activities will be carried out. Needs should be documented as they apply to the area where the activities will be targeted, rather than the entire locality or state. Remember the statute creating COPC is very specific that the program addresses problems of an urban area: A single geographic place (*e.g.* a city, town, or village, but not a county) with a population of 2,500 or more.

# Rating Factor 3: Soundness of Approach (55 Points)

This factor addresses the quality and cost-effectiveness of the proposed work plan. There must be a clear relationship between the proposed activities, community needs, and purpose of the program funding for an applicant to receive points for this factor. In addition, HUD will also consider the extent to which the budget is consistent with the Work Plan and the dollars indicated on the HUD 424 form. This factor will be evaluated on the extent to which the proposed work plan will:

(1) (10 points). *Identify the specific services or activities to be performed.* (Note applicants are not required to undertake research as part of the grant.) In reviewing this subfactor, HUD will consider the extent to which:

(a) There is a clear research agenda;

(i) With identifiable research projects and outcomes (*e.g.*, reports, surveys, etc.)

(ii) That identifies each task and who will be responsible for it;

(iii) Which is tied to the outreach agenda (*e.g.*, if an applicant proposed to study the extent of housing abandonment in a neighborhood and then design a plan for reusing this housing, this demonstrates a link between the proposed research and outreach strategies);

(iv) Which does not duplicate research by the institution or others for the target area previously completed or currently underway. If other complimentary research is underway, describe how the proposed research agenda would complement it; and

(b) There is a clear outreach agenda:

(i) With identifiable outreach projects;(ii) That identifies each task and who

will be responsible for it;

(iii) That involves the institution as a whole (*i.e.*, many academic disciplines and administrative offices);

(iv) That provides for on-site or frequent presence in the target area; and

(v) That does not duplicate outreach activities by the institution or others for the target area previously completed or currently underway.

(c) For research and outreach activities, applicant should briefly summarize the potential for their work to improve the performance of HUD programs, such as citizen participation requirements and other features of the Consolidated Plan.

(2) (7 Points). Involve the communities to be served in a partnership for the planning and implementation of the proposed program activities. In reviewing this subfactor, HUD will look at the extent to which:

(a) One or more Community Advisory Committees have been or will be formed that represent the communities' diversity (including businesses, community groups, residents, and others) to be served to develop and implement strategies to address the needs identified in Factor 2. In addressing this subfactor, applicants must demonstrate by providing a list that such a committee(s) has already been formed and what groups they represent or that commitments have been secured from the appropriate persons to serve on the committee(s), rather than just describing generally the types of people whose involvement will be sought.

(b) A wide range of neighborhood organizations and local government entities has been involved in the identification of the proposed research and outreach activities.

(c) The committee and partners will play an active role in all stages of the project and will not serve as merely advisors or monitors.

(d) The outreach agenda includes training projects for local community leaders, for example, to increase their capacity to direct their organizations or undertake various kinds of community development projects.

(3) (6 Points). Help solve or address an urgent problem as identified in Rating Factor 2 and will achieve the purposes of the program within the grant period. In reviewing this subfactor, HUD will look at the extent to which:

(a) Specific time phased and measurable objectives are identified to be accomplished; the proposed short and long term program objectives to be achieved as a result of the proposed activities; the tangible and measurable impact the program will have on the community in general; the target area or population in particular including affirmatively furthering fair housing for classes protected under the Fair Housing Act; and the relationship the proposed activities to other ongoing or proposed efforts to improve the economic, social or living environment in the impact area; and

(b) The activities proposed are responsive to the pressing and urgent needs, as identified in the documents described in Factor 2.

(4) (4 Points) Potentially yield innovative strategies or "best practices" that can be replicated and disseminated to other organizations, including nonprofit organizations, state and local governments. In reviewing this subfactor, HUD will assess the applicant's demonstrated ability to disseminate results of research and outreach activities to other COPCs and communities. HUD will evaluate an applicant's past experience and the scope and quality of the plan to disseminate information on COPC results, strategies, and lessons learned through such means as conferences, cross-site technical assistance, publications, etc. The more proactive the plan for providing information to a wide ranges of audiences, the higher the

number of points an applicant will receive.

(5) (5 Points) *Affirmatively Further Fair Housing.* This factor will evaluate the extent to which an applicant proposes to undertake activities designed to affirmatively further fair housing, for example:

(a) Working with other entities in the community to overcome impediments to fair housing, such as discrimination in the sale or rental of housing or in advertising, provision of brokerage services, or lending;

(b) Promoting fair housing choice through the expansion of homeownership opportunities and improved quality of services for minorities, families with children, and persons with disabilities; or

(c) Providing housing mobility counseling services.

(6) (6 Points) HUD Policy Priorities. HUD encourages applicants to undertake specific activities that will assist the Department in implementing its policy priorities and which help the Department achieve its goals and objectives in FY 2004, when the majority of grant recipients will be reporting programmatic results and achievements. In addressing this factor, HUD will evaluate the extent to which a program will further and support HUD's priorities. The quality of the responses provided to one or more of HUD's priorities will determine the score an applicant can receive. For each policy priority addressed an applicant will receive one point. Applicants cannot receive more than six points. For the full list and explanation of each policy priority, please refer to the General Section of this SuperNOFA.

(7) (12 Points) For New Grant Applicants (7 Points) For New Directions Grant Applicants. *Result in the COPC function and activities becoming part of the urban mission of the institution and being funded in the future by sources other than HUD.* The rating for this subfactor will vary depending on whether the application is for a New Grant or a New Directions Grant.

In reviewing this subfactor for a New Grant, HUD will evaluate the extent to which the applicant addresses each of the categories below:

(a) COPC activities relate to the institution's urban mission; demonstrates support and involvement of the institution's executive leadership (*e.g.* department chairs, deans, etc.); are linked by a formal organizational structure to other units related to outreach and community partnerships; are reflected in budget and planning documents of the university; are part of a climate that rewards faculty work on these activities through promotion and tenure policies; benefit students because they are part of a service learning program or professional training at the institution (rather than just volunteer activities); and are reflected in the institution's curriculum. HUD will look at the institution's commitment to faculty and staff continuing work in COPC neighborhoods or replicating successes in other neighborhoods and to the long term commitment (e.g. three years after the start of the COPC) of hard dollars to COPC work. HUD will consider the extent to which the proposed activities are appropriate for an institution of higher education and are tied to the institution's teaching or research mission. In addition, HUD will consider the extent to which the faculty, staff and students from across many disciplines are involved in COPC-like activities as a way of demonstrating the institution's commitment to these kinds of activities.

(b) The institution has received commitments for funding from sources outside the university for related COPClike projects and activities in the targeted neighborhood or other distressed neighborhoods. Funding sources to be considered include, but are not limited to, local governments, neighborhood organizations, private businesses, the institution, and foundations.

In reviewing this subfactor for a New Directions Grant, HUD will consider the extent to which the New Directions project will sustain the institutional capacity and commitment of the institution to undertake outreach activities. HUD will evaluate the following: (a) Increases in the number of faculty undertaking this kind of work, (b) increases in the number of courses linked to outreach activities and the number of students taking these courses, (c) formal changes in institutional policies related to support of outreach, and (d) other measures of the impact of this work on the institution.

(8) (5 Points) For New Direction Grants Only. Previous grantees have a wealth of knowledge that they can and should be shared with other institutions. If an applicant sends a faculty member of its team who has been listed in the application to participate in the peer review process for New Grants, the applicant will receive 5 points.

(9) (5 Points) *Budget.* HUD will consider the extent to which the budget presentation is consistent with the Work Plan and the dollars indicated on the HUD 424 form. The budget submission should follow the narrative statement in this factor and include the following documents:

(a) HUD 424–C "Budget Summary for Competitive Grant Programs". This budget form shows the costs for each budget category for the program's entire period of performance.

(b) HUD 424–CB "Grant Application Detailed Budget". This budget form shows the total budget by year and by line item for the program activities to be carried out. This will be a functional budget. Each year of the program should be presented separately.

All budget forms must be completed in full. If an application is selected for award, the applicant may be required to provide greater specificity to the budget during grant agreement negotiations.

(b) Budget-Narrative. A narrative explanation of how the applicant arrived at the cost estimates, for any line item, including match items, over \$5,000. For example, a van rental, \$150 per month  $\times$  36 months equals \$5,400. The proposed cost estimates should be reasonable for the work to be performed and consistent with rates established for the level of expertise required to perform the work proposed in the geographical area. When necessary, quotes from various vendors or historical data should be used and included. All direct labor or salaries must be supported with mandated city/ state pay scales, the Davis-Bacon rate, (if applicable) or other documentation. When an applicant proposes to use a consultant, the applicant must indicate whether there is a formal agreement or written procurement policy. For each consultant, please provide the name, if known, hour or daily fee, and the estimated time on the project. For equipment applicants must provide a list by type and cost for each item and explain how it will be used. Applicants using contracts must provide an individual description and cost estimate for each contract.

Indirect costs attributed to a particular project functional category should be listed under the category "Indirect Costs". Indirect costs are allowable only if an applicant has a federally approved indirect cost rate. A copy of the institution's negotiated indirect cost rate as issued by the cognizant federal agency must be attached to the budget sheets when submitting an application.

Make sure that the amount shown on the HUD 424, the budget forms, and on all other required program forms is consistent and the budget totals correct. Remember to check addition in totaling the categories on the HUD 424–C and HUD 424–CB forms so that all items are included in the total. If there is an inconsistency between any of the forms required, the HUD 424C form will be used. If upon checking the addition HUD finds that an applicant has added incorrectly, the HUD 424–CB will be revised accordingly. Please note that this would be considered a substantive rather than a technical error. If this correction puts an application over the grant maximum, the applicant will not be able to correct the amount requested and the application will be disqualified.

# **Rating Factor 4: Leveraging Resources** (10 Points)

This factor addresses the ability of the applicant to secure community resources that can be combined with HUD's grant funds to achieve the program purpose. This factor measures the extent to which partnerships have been established with other entities to secure additional resources to increase the effectiveness of the proposed program activities. Resources may include funding or in-kind contributions, such as services or equipment, allocated to the purpose(s) of the grant being sought. Resources may be provided by governmental entities, public or private nonprofit organizations, for-profit private organizations, or other entities willing to establish partnerships. Applicants may also establish partnerships with funding recipients in other grant programs to coordinate the use of resources in the target area. Please note that the value of the time of individuals serving on an applicant program advisory board cannot be counted as an in-kind contribution. Applicants may count overhead and other institutional costs (e.g., salaries) that the institution has waived. In evaluating this factor, HUD will allocate points as follows:

(1) Five (5 Points) will be awarded for a match that is 50 percent over the required match, as described in Section V, Application Selection Process. Less points will be assigned depending on the extent of the match. Matching funds must be provided unconditionally in order to be counted for this subfactor.

HUD is concerned that applicants should be providing hard dollars as part of their matching contributions to enhance the tangible resources going into targeted neighborhoods. Thus, while indirect costs can count towards meeting the required match, they will not be used in calculating match overage. Only direct costs can count in this factor.

(2) (Up to an additional five (5) points) will be awarded for the extent to which applicants document that matching funds are provided from eligible sources other than the institution (*e.g.*, funds from the city, including CDBG, other state or local government agencies, public or private organizations, or foundations). Less points will be assigned depending on the extent of the outside match. Applicants must provide evidence of leveraging/partnerships by including in the application package letters of firm commitment, memoranda of understanding, or agreements to participate from any entity, including the applicant's own institution that will be providing matching funds to the project.

For each match, cash or in-kind contribution, a letter of commitment, memorandum of understanding, or agreement must be provided that shows the extent and firmness of the commitment of leveraged funds (including any commitment of resources from the applicant's own institution) in order for the resources to count in determining points under this factor. Resources will not be counted for which there is no commitment letter, memorandum of understanding, or agreement, nor quantified level of commitment. Letters, memoranda of understanding or agreements must be submitted from the provider on the provider's letterhead and be included with the application package. The date of the letter, memorandum of understanding, or agreement from the CEO of the provider organization must be dated no earlier than the date of this published SuperNOFA. Applications that do not include evidence of leveraging will receive zero (0) points for this Factor and will be disqualified.

A firm commitment letter, memorandum of understanding, or agreement must address the following:

(a) The cash amount contributed or dollar value of the in-kind goods and/ or services committed (If a dollar amount and use is not shown, the source cannot be counted toward the match requirement);

(b) Specifically indicate how the match is to be used;

(c) The date the match will be made available and a statement that describes the duration of the contribution. If any of the matching sources are for more than one year, the commitment letter, memorandum of understanding, or agreement must state the number of years, the per year commitment, and the total commitment. Without this statement, HUD will assume that the commitment is for only one year;

(d) Any terms and conditions affecting the commitment, other than receipt of a HUD Grant; and

(e) The signature of the appropriate executive officer authorized to commit the funds and/or goods and/or services. Please remember that only items eligible for funding under this program can be counted as a match.

#### **Rating Factor 5: Achieving Results and Program Evaluation (10 Points)**

This factor reflects HUD's goal to embrace high standards of ethics, management, and accountability. The factor measures the applicant's commitment to assess their performance to achieve the program's proposed objectives and goals. Applicants are required to develop an effective, quantifiable, outcome oriented evaluation plan for measuring performance and determining that objectives and goals have been achieved.

"Outcomes" are benefits accruing to institutions of higher education and/or communities during or after participation in the COPC program. Applicants must clearly identify the outcomes to be measured and achieved. Examples of outcomes are increasing business start-up in the target community, by a certain percentage, or increasing family financial stability (*e.g.*, increasing assets to families and communities through the development of incubators).

In addition, applicants must establish interim benchmarks and outputs that lead to the ultimate achievement of outcomes. "Outputs" are the direct products of the program's activities. Examples of outputs are the number of new businesses developed, the number of students involved in service learning activities, the number of new courses an institution developed that focus on community outreach activities. the number of new formed partnerships that aid in community capacity building. Outputs should produce outcomes for the program. At a minimum an applicant must address the following activities in the evaluation plan:

(a) Short and long term objectives to be achieved;

(b) Actual accomplishments against anticipated achievements;

(c) Measurable impacts the grant will have on the community in general and the target area or population;

(d) The impact the grant will have on the long term commitment of the University to the faculty and students to provide opportunities to reward and continue this type of work; and

(e) The impact the grant will have on assisting the University to obtain additional resources to continue this type of work at the end of the funding period of this grant award.

This information should be provided in a Logic Model format. This form and information on how to use can be found in the General Section of this SuperNOFA.

# The Historically Black Colleges and Universities Program (HBCU)

#### I. Program Overview

Purpose of the Program. To assist Historically Black Colleges and Universities (HBCU) expand their role and effectiveness in addressing community development needs in their localities, including neighborhood revitalization, housing, and economic development, principally for persons of low- and moderate-income, consistent with the purposes of Title I of the Housing and Community Development Act of 1974, as amended.

#### II. Amount Allocated, Grant Size and Term and Performance Period

Amount Allocated. In Fiscal Year 2003, \$9.935 million was earmarked by the conference report accompanying the FY 2003 Consolidation Appropriation Resolution, Division K (of which up to \$2 million was earmarked to provide technical assistance).

*Grant Size and Term.* HUD will award two kinds of grants under this program, Previously Unfunded HBCU Grants and Previously Funded HBCU Grants.

(1) Previously Unfunded HBCU
Grants will be awarded to HBCU
applicants who have never received an
HBCU grant. The minimum and
maximum amount a Previously
Unfunded HBCU applicant can request
is \$340,000 for a three-year (36 months)
grant performance period.
(2) Previously Funded HBCU Grants

(2) Previously Funded HBCU Grants will be awarded to HBCU applicants that have received funding under previous HBCU grant competitions. The minimum amount a Previously Funded HBCU applicant can request is \$340,000 and the maximum is \$550,000 for a three-year (36 months) grant performance period.

In order to ensure that Previously Unfunded HBCU applicants receive awards in this competition, approximately \$1.4 million will be made available to fund Previously Unfunded HBCU applicants and approximately \$6.6 million will be made available to Previously Funded HBCU applicants that have received funding under previous HBCU competitions. (See Appendix C of this NOFA for a list of Previously Funded and Unfunded HBCUs).

### III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description. The purpose of the HBCU Program is to assist HBCUs expand their role and effectiveness in addressing community development needs in their localities, including neighborhood revitalization, housing, and economic development.

(1) For the purposes of these programs, the term "locality" includes any city, county, township, parish, village, or other general political subdivision of a state, Puerto Rico, or the U.S. Virgin Islands where the institution is located.

(2) If the institution is located in a metropolitan statistical area (MSA), as established by the Office of Management and Budget (OMB), the locality may be considered to be one or more entities (as defined above) within the entire MSA. The nature of the locality for each HBCU may differ, therefore, depending on its location.

(3) A "target area" is the locality or the area within the locality in which the institution will implement its proposed HUD grant.

(B) Eligible Applicants. HBCUs as determined by the Department of Education in 34 CFR 608.2 in accordance with that Department's responsibilities under Executive Order 13256, dated February 12, 2002, are eligible for funding under this program. Applicants must be accredited by a national or regional accrediting agency recognized by the U.S. Department of Education.

(C) Eligible Activities. Each activity proposed for funding must meet both a Community Development Block Grant (CDBG) Program national objective and the CDBG eligibility requirements. Eligible activities that may be funded under this program are those activities eligible for CDBG funding. The eligible activities are listed in 24 CFR part 570, subpart C, particularly §§ 570.201 through 570.206. Each activity funded under this program must meet one of the three national objectives of the Community Development Block Grant program, which are:

(a) Benefit to low- or moderateincome persons;

(b) Aid in the prevention or elimination of slums or blight; or

(c) Meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health and welfare of the community, and other financial resources are not available to meet such needs.

Criteria for determining whether an activity addresses one or more of these objectives are provided at 24 CFR 570.208.

Examples of Eligible Activities include, but are not limited to:

(a) Acquisition of real property;

(b) Clearance and demolition;

(c) Rehabilitation of residential structures including lead-based paint hazard evaluation and reduction; and encouraging accessible design features in accordance with the requirements of section 504 of the Rehabilitation Act of 1973:

(d) Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements, such as water and sewer facilities and streets; including leadbased paint hazard evaluation and reduction; and encouraging compliance accessible with the design and construction requirements of Section 504 of the Rehabilitation Act of 1973 and the Fair Housing Act;

(e) Relocation payments and other assistance for permanently and temporarily relocated individuals, families, businesses, nonprofit organizations, and farm operations where the assistance is:

(i) Required under the provisions of 24 CFR 570.606(b) or (c); or

(ii) Determined by the grantee to be appropriate under the provisions of 24 CFR 570.606(d);

(f) Direct homeownership assistance to low- and moderate-income persons, as provided in section 105(a) (25) of the Housing and Community Development Act of 1974;

(g) Special economic development activities described at 24 CFR 570.203;

(h) Assistance to facilitate economic development by providing technical or financial assistance for the establishment, stabilization, and expansion of microenterprises, including minority enterprises;

(i) Assistance to community-based development organizations (CBDO) to carry out a CDBG neighborhood revitalization, community economic development, or energy conservation project, in accordance with 24 CFR 570.204. This could include activities in support of a HUD approved local entitlement grantee, CDBG Neighborhood Revitalization Strategy (NRS) or HUD approved State CDBG Community Revitalization Strategy (CRS);

(j) Eligible public service activities are those general support activities that can help to stabilize a neighborhood and contribute to sustainable redevelopment of the area, including but not limited to such activities as those concerned with employment, crime prevention, child care, health, drug abuse, education, fair housing counseling, energy conservation, homebuyer down payment assistance, or recreational needs;

The CDBG Publication entitled "Community Development Block Grant Program Guide to National Objectives and Eligible Activities for Entitlement Communities'' describes the regulations, and a copy can be obtained from HUD's SuperNOFA Information Center at 1– 800–HUD–8929 or 1–800–HUD–2209 for the hearing-impaired.

(k) Fair housing services designed to further the fair housing objectives of the Fair Housing Act (42 U.S.C. 3601–20) by making all persons, without regard to race, color, religion, sex, national origin, family status and/or disability aware of the range of housing opportunities available to them;

(l) Payments of reasonable grant administrative costs related to planning and execution of the project (*e.g.* preparation/submission of HUD reports). A detailed explanation of these costs are provided in the OMB circulars that can be accessed at the White House Web site at: *http://www.whitehouse.gov/ omb/circulars/index.html*; and

(m) Activities Designed to Promote Training and Employment Opportunities. HUD urges applicants to consider undertaking activities designed to promote opportunities for training and employment of very low-income residents in connection with HUD initiatives such as "Neighborhood Networks" (NN) in other federally assisted or insured housing and Employment Opportunities for Lower Income Persons in connection with Assisted Projects.

(D) *Ineligible Activities*. Ineligible CDBG Activities are listed at 24 CFR 570.207.

#### **IV. Program Requirements**

In addition to the program requirements listed in the General Section of this SuperNOFA, applicants must meet the following requirements:

(1) All funds awarded under these programs must be spent over a threeyear (36 months) grant performance period.

(2) Applicants that propose to undertake activities that involve the following: acquisition of real property, clearance, demolition, rehabilitation of residential structures including leadbased paint hazard evaluation, reduction encouraging accessible design features, acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements are required to provide at least one appraisal from a qualified certified appraiser other than the institution, of the cost to complete the activities. This information must be submitted with the application. Such an entity must be involved in the business of housing rehabilitation, construction, and/or management.

(3) Applicants must ensure that not less than 51% of the aggregated expenditures of the grant benefit lowand moderate-income persons under the criteria specified in 24 CFR 570.208(a) or 570.208(d)(5) or (6).

(4) Applicants that claim leveraging from any source, including their own institution, must provide letters of firm commitment, memoranda of understanding, or agreements evidencing the extent and firmness of commitment of leveraging from other federal (e.g., AmeriCorps Programs), state, local, and/other private sources (including the applicant's own resources). These documents must be dated no earlier than the date of this published NOFA and follow the outline provided in Section V, Application Process, "Factor 4: Leveraging Resources of this NOFA.

(5) Where grant funds will be used for acquisition, rehabilitation, or new construction an applicant must demonstrate site control. Funds may be recaptured or deobligated from applicants that cannot demonstrate control of a suitable site within one year after the initial notification of award.

(6) Labor Standards. Applicants awarded funds must comply with the labor standards (Davis-Bacon) as found at 24 CFR 570.603.

#### V. Application Selection Process

Two type of reviews will be conducted:

(1) A threshold review to determine an applicant's eligibility; and

(2) A technical review for all applications that pass the threshold review to rate and rank the application based on the "Factors for Award" rating factors listed in Section V (B) below.

Only those applications that pass the threshold review will receive a technical review and be rated and ranked.

# (A) Threshold Requirements for Funding Consideration

All applicants must be in compliance with the threshold requirements as defined in the General Section of this SuperNOFA and the requirements listed below to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified:

(1) The applicant is eligible as referenced in Section III, "Program Description, Eligible Applicants; Eligible Activities in this NOFA".

(2) The minimum and maximum amount Previously Unfunded HBCU applicants can request is \$340,000. The minimum amount a Previously Funded HBCU applicant can request is \$340,000 and the maximum is \$550,000.

(3) Applicants are bound by the CDBG statutory requirement that no more than 15% of the total grant amount is used for public service activities that benefit low- and moderate-income persons. Therefore, at least 85% of the grant amount must be used for activities qualifying under an eligibility category other than public services (as described at 24 CFR 570.201(e). If an applicant proposes an activity which otherwise is eligible it may not be funded if state or local law requires that it be carried out by a governmental entity.

(4) Institutions with two (2) or more active HBCU grants who have drawn down less than 50 percent of the funding for each active grant two weeks prior to the program's application due date are ineligible to apply for a grant under this NOFA.

#### (B) Factors for Award Used To Evaluate and Rate Applications

The factors for evaluating, rating, and ranking an application and the maximum points for each factor are listed below. Applications must receive a minimum of 75 out of the total possible points to be considered for funding. The maximum number of points available under this program is 102. This includes the two RC/EZ/EC bonus points as described in the General Section of this SuperNOFA.

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points)

This factor addresses the extent to which the institution has the organizational resources necessary to successfully implement the proposed activities in a timely manner. In rating this factor, HUD will consider the extent to which the proposal demonstrates:

(1) Knowledge and Experience (20 Points) For previously Unfunded Applicants (5 Points) For previously Funded Applicants.

The knowledge and experience of the overall project director and staff, including the day-to-day program manager, consultants (including technical assistance providers), and contractors in planning and managing the kinds of programs for which funding is being requested. Experience will be judged in terms of recent, relevant, and successful knowledge and skills of the staff to undertake eligible program activities. HUD will consider experience within the last 5 years to be recent; experience pertaining to specific activities to be relevant; and experience producing specific accomplishments to be successful. The more recent and

substantial the experience of the staff, particularly the institution's own staff who will work on the project have in successfully conducting and completing similar activities, the higher the number of points an applicant can receive for this rating factor. The following categories will be evaluated:

(a) Undertaking specific successful community development projects with community-based organizations or local governments; and

(b) Providing leadership in solving community problems that have a direct bearing on the proposed activities.

(2) Past Performance for Previously Funded Grant Applicants Only (15 points).

This subfactor will evaluate the extent to which an applicant has performed successfully under all previously awarded and current grant(s) as measured by:

(a) Achievement of specific measurable outcome objectives consistent with the timeline in the grant proposal(s). Provide a detailed list outlining those achievements as they relate to the approved timeline in the past grant award(s);

(b) Leveraging of funding consistent with or exceeding the funds originally proposed to be leveraged for that project. In addressing leveraging, provide information that compares the proposed leveraged funds and resources with what was actually leveraged; and

(c) Full points will be awarded for performance that has met the goals and objectives as outlined in the past awarded grant proposal(s).

To address this subfactor, applicants must submit the HUD 40076–HBCU "Response Sheet" (Preparation Narrative only) for each HBCU grant they have received. (This form is located in Appendix C at the end of this NOFA.) The form should be complete and detailed.

# Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for funding the proposed program activities and an indication of the importance of meeting the need in the target area. In responding to this factor, the proposal will be rated on the extent to which the level of need for the proposed activities and the importance of meeting the need are documented.

Applicants should use statistics and analyses contained in at least one or more current data sources that are sound and reliable. The data provided must be current. In rating this factor HUD will consider data collected within the last five years to be current. To the

If the proposed activities are not covered under the scope of the Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI), indicate such in the proposal and use other sound data sources to identify the level of need and the urgency in meeting the need. Other reliable sources include, but are not limited to Census reports, HUD Continuum of Care gap analysis and its E–MAP (http:// www.hud.gov/emaps), law enforcement agency crime reports, Public Housing Authorities' Comprehensive Plans, community needs analyses such as provided by the United Way, the applicant's institution, and other sound and reliable appropriate sources. Needs in terms of fulfilling court orders or consent decrees, settlements, conciliation agreements, and voluntary compliance agreements may also be addressed.

The data used should be specific to the area where the proposed activities will be carried out. Needs should be documented as they apply to the area where the activities will be targeted, rather than the entire locality or state, unless the target area is the entire locality or state.

# Rating Factor 3: Soundness of Approach (50 Points)

This factor addresses the quality and cost effectiveness of the proposed work plan, the commitment of the institution to sustain the proposed activities, and actions regarding HUD's priorities, goals and objectives, and Affirmatively Furthering Fair Housing. In addition, HUD will also consider the extent to which the budget is consistent with the Work Plan and the dollars indicated on the HUD 424 form.

This factor will be evaluated based on the extent to which the proposed work plan will:

(1) Quality of the Work Plan (35) Points)

(a) (10 Points) *Work Plan Impact.* Describe how the proposed activities will:

(i) Expand the role of the institution in its community;

(ii) Alleviate and/or fulfill the needs identified in Factor 2;

(iii) Relate to and not duplicate other activities in the target area. Duplicative effort will be acceptable only if an applicant can demonstrate through documentation that there is a population in need that is not being served;

(iv) Involve and empower citizens of the target area in all stages of the proposed project (particularly through a committee that is representative of the target community to guide the project); and

(v) Be disseminated to a wide variety of audiences, both academic and community-based, using a wide variety of media, including print and Internet technology.

(b) (20 Points). Specific Services and/ or Activities. The work plan must incorporate all proposed activities. HUD will consider the feasibility of success of the program, measurable objectives, and how timely products will be delivered.

Describe each proposed activity and the tasks required to implement and complete the activities. Also for each activity describe:

(i) Which CDBG national objective is being met and how;

(ii) The sequence, duration, and the products to be delivered in 6 month intervals, up to thirty-six (36) months. Indicate which staff member, as described in Factor 1, will be responsible and accountable for the deliverables; and

(iii) Measurable objectives to be accomplished, *e.g.*, the number of persons to be trained and employed; houses to be built (pursuant to 24 CFR 570.207) or rehabilitated; minority owned businesses to be started.

(c) (5 Points) *Involvement of the Faculty and Students.* The extent to which the applicant proposes to integrate the institution's students and faculty into proposed project activities.

(2) (5 Points) HUD Policy Priorities. HUD encourages applicants to undertake specific activities that will assist the Department in implementing its policy priorities and which help the Department achieve its goals and objectives in FY 2004, when the majority of grant recipients will be reporting programmatic results and achievements. In addressing this factor, HUD will evaluate the extent to which a program will further and support HUD's priorities. The quality of the responses provided to one or more of HUD's priorities will determine the score an applicant can receive. For each policy priority addressed an applicant will receive one point. Applicants cannot receive more than five points. For the full list and explanation of each policy priority, please refer to the General Section of this SuperNOFA.

(3) (5 Points) *Affirmatively Furthering Fair Housing.* This subfactor will be evaluated on the extent to which an

applicant proposes to undertake activities designed to affirmatively further fair housing, for example:

(a) Working with other entities in the community to overcome impediments to fair housing, such as discrimination in the sale or rental of housing or in advertising, provision of brokerage services or lending;

(b) Promoting fair housing choice through the expansion of homeownership opportunities and improved quality of services for minorities, families with children, and persons with disabilities; or

(c) Providing housing mobility counseling services.

(4) (5 Points) *Budget.* HUD will consider the extent to which the budget presentation is consistent with the Work Plan and the dollars indicated on the HUD 424 Form. The budget submission should follow the narrative statement in this factor and include the following documents:

(a) HUD 424–C "Budget Summary for Competitive Grant Programs". This budget form shows the costs for each budget category for the program's entire period of performance.

(b) HUD 424–CB "Grant Application Detailed Budget". This budget form must show the total budget by year and by line item for the program activities to be carried out. This will be a functional budget. Each year of the program should be presented separately.

All budget forms must be completed in full. If an application is selected for award, the applicant may be required to provide greater specificity to the budget during grant agreement negotiations.

(c) Budget-Narrative. A narrative explanation of how the applicant arrived at the cost estimates, for any line item, including match items, over \$5,000. For example, a van rental, \$150 per month  $\times$  36 months equals \$5,400. The proposed cost estimates should be reasonable for the work to be performed and consistent with rates established for the level of expertise required to perform the work proposed in the geographical area. When necessary, quotes from various vendors or historical data should be used and included. All direct labor or salaries must be supported with mandated city/ state pay scales, Davis-Bacon wage rates (if applicable) or other documentation. When an applicant proposes to use a consultant, the applicant must indicate whether there is a formal agreement or written procurement policy. For each consultant, please provide the name, if known, hour or daily fee, and the estimated time on the project. If applicants propose to undertake: rehabilitation of residential, commercial

and/or industrial structures; and/or acquisition, construction, or installation of public facilities and improvements, applicants must submit one appraisal from a qualified certified appraiser other than the institution. Such an entity must be involved in the business of housing rehabilitation, construction and/or management. Guidance for securing these estimates can be obtained from the local HUD Office of Community Planning and Development. Equipment and contracts cannot be presented as a total estimated figure. For equipment applicants must provide a list by type and cost for each item and explain how it will be used. Applicants using contracts must provide an individual description and cost estimate for each contract.

Indirect costs attributed to a particular project functional category should be listed as "Indirect Costs" under that category. Indirect costs are allowable only if an applicant has a federally approved indirect cost rate. A copy of the institution's negotiated indirect cost rate as issued by the cognizant federal agency must be attached to the budget sheets when submitting an application.

Make sure that the amount shown on the HUD 424, the budget forms, and on all other required program forms is consistent and the budget totals correct. Remember to check addition in totaling the categories on the HUD 424-C and HUD 424–CB form so that all items are included in the total. If there is an inconsistency between any of the forms required, the HUD 424-C form will be used. If upon checking the addition HUD finds that an applicant has added incorrectly, the HUD 424-CB will be revised accordingly. Please note that this would be considered a substantive rather than a technical error. If this correction puts an application over the grant maximum, the applicant will not be able to correct the amount requested and the application will be disqualified.

# Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses the ability of the applicant to secure community resources that can be combined with HUD's grant funds to achieve the program's purpose.

In evaluating this factor, HUD will consider the extent to which the applicant established partnerships with other entities to secure additional resources to increase the effectiveness of the proposed activities. Resources may include funding or in-kind contributions, such as services or equipment, allocated to the purpose(s) of the grant. Resources may be provided by governmental entities, public or

private nonprofit organizations, forprofit private organizations, or other entities. Applicants may also establish partnerships with other program funding recipients to coordinate the use of resources in the target area. Please note that the value of the time of individuals serving on the program's advisory board cannot be counted as an in-kind contribution. Overhead and other institutional costs (e.g., salaries) that the institution has waived may be counted. However, higher points will be awarded if an applicant secures leveraged resources from sources outside the institution. Examples of potential sources for outside assistance:

• State and local governments

Housing Authorities

• Local or national nonprofit organizations

Banks and/or private businessesFoundations

• Faith-based and other community based organizations.

For each match, cash or in-kind contribution to the program a letter of commitment, memorandum of understanding, or agreement must be provided that shows the extent and firmness of the commitment of leveraged funds (including any commitment of resources from the applicant's own institution) in order for these resources to count in determining points under this factor. Resources will not be counted for which there is no commitment letter, memorandum of understanding, or agreement, nor quantified level of commitment. Letters, memoranda of understanding, or agreements must be submitted from the provider on the provider's letterhead and be included with the application package. The date of the letter, memorandum of understanding, or agreement from the CEO of the provider organization must be dated no earlier than the date of this published SuperNOFA. Applications that do not include evidence of leveraging will receive zero (0) points for this Factor.

A firm commitment letter, memorandum of understanding, or agreement must address the following:

(a) The cash amount contributed or dollar value of the in-kind goods and/ or services committed (If a dollar amount and use is not shown, the source cannot be counted towards the match requirement.);

(b) Specifically indicate how the match is to be used;

(c) The date the match will be made available and a statement that describes the duration of the contribution. If any of the matching sources are for more than one year, the commitment letter, memoranda of understanding, or agreement must state the number of years, the per year commitment, and the total commitment. Without this statement, HUD will assume that the commitment is for only one year;

(d) Any terms and conditions affecting the commitment, other than receipt of a HUD Grant; and

(e) The signature of the appropriate executive officer authorized to commit the funds and/or goods and/or services.

Please remember that only items eligible for funding under this program can be counted as a match.

#### Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management, and accountability. The factor measures the applicant's commitment to assess their performance to achieve the program's proposed objectives and goals. Applicants are required to develop an effective, quantifiable, outcome oriented evaluation plan for measuring performance and determining that objectives and goals have been achieved.

"Outcomes" are benefits accruing to institutions of higher education and/or communities during or after participation in the HBCU program. Applicants must clearly identify the outcomes to be measured and achieved. Examples of outcomes are increasing community development in the target community, by a certain percentage, or increasing family stability through the creation of affordable housing opportunities (*e.g.*, increasing assets to families and communities through the development of affordable community housing).

In addition, applicants must establish interim benchmarks and outputs that lead to the ultimate achievement of outcomes. "Outputs" are the direct products of the program's activities. Examples of outputs are the number of new affordable housing units, the number of homes that have been renovated, and the number of community facilities that have been constructed or rehabilitated. Outputs should produce outcomes for the program. At a minimum, an applicant must address the following activities in the evaluation plan:

(a) Short and long term objectives to be achieved;

(b) Actual accomplishments against anticipated achievements;

(c) Measurable impacts the grant will have on the community in general and the target area or population;

(d) The impact the grant will have on the long term commitment of the University to the faculty and students to provide opportunities to reward and continue this type of work; and

(e) The impact the grant will have on assisting the university to obtain additional resources to continue this type of work at the end of the funding period of this grant award.

This information should be provided in a Logic Model format. This form and information on how to use can be found in the General Section of this SuperNOFA.

#### The Hispanic-Serving Institutions Assisting Communities Program (HSIAC)

#### I. Program Overview

Purpose of the Program. To assist Hispanic-serving Institutions (HSIs) expand their role and effectiveness in addressing community development needs in their localities, including neighborhood revitalization, housing, and economic development, consistent with the purposes of Title I of the Housing and Community Development Act of 1974, as amended.

### II. Amount Allocated, Grant Size and Term and Performance Period

Amount Allocated. In Fiscal Year 2003, \$6.458 million was earmarked by the conference report accompanying the FY 2003 Consolidation Appropriation Resolution, Division K plus approximately \$588,000 in previously unexpended FY 2002 funds.

*Grant Size and Term.* The maximum amount an HSIAC applicant can request for award is \$600,000 for a three-year (36 months) grant performance period.

HUD intends to fund at least two eligible HSIAC applications (applications that receive a minimum score of 75 points) that serve Colonias (as defined in the General Section of the SuperNOFA). HUD will select the highest-ranking HSIAC applications that serve Colonias among the rated HSIAC applications. If less than two fundable HSIAC applications that serve Colonias are eligible for award these funds will be used to award additional HSIAC grants.

### III. Program Description; Eligible Applicants; Eligible Activities

#### (A) Program Description

The purpose of the HSIAC Program is to assist HSI's expand their role and effectiveness in addressing community development needs in their localities, including neighborhood revitalization, housing, and economic development, principally for persons of low- and moderate-income. (1) For the purposes of these programs, the term "locality" includes any city, county, township, parish, village, or other general political subdivision of a state, Puerto Rico, or the U.S. Virgin Islands where the institution is located.

(2) A "target area" is the locality or the area within the locality in which the institution will implement its proposed HUD grant.

#### (B) Eligible Applicants

Nonprofit Hispanic-serving institutions of higher education that meet the definition of an HSI established in Title V of the 1998 Amendments to the Higher Education Act of 1965 (Pub. L. 105–244; enacted October 7, 1998). In order to meet this definition, at least 25 percent of the fulltime undergraduate students enrolled in an institution must be Hispanic and not less than 50 percent of these Hispanic students must be low-income individuals. Institutions are not required to be on the list of eligible HSIs prepared by the U.S. Department of Education. However, an applicant that is not on the list is required to state in the application that the institution meets the U.S. Department of Education's statutory definition of an HSI.

#### (C) Eligible Activities

Each activity proposed for funding must meet both a Community Development Block Grant (CDBG) Program national objective and the CDBG eligibility requirements. Eligible activities that may be funded under this program are those activities eligible for CDBG funding. The eligible activities are listed in 24 CFR part 570, subpart C, particularly §§ 570.201 through 570.206. Each activity funded under this program must meet one of the three national objectives of the Community Development Block Grant program, which are:

(a) Benefit to low- or moderateincome persons;

(b) Aid in the prevention or elimination of slums or blight; or

(c) Meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health and welfare of the community, and other financial resources are not available to meet such needs.

Criteria for determining whether an activity addresses one or more of these objectives are provided at 24 CFR 570.208.

Examples of Eligible Activities include, but are not limited to:

(a) Acquisition of real property;

(b) Clearance and demolition;

(c) Rehabilitation of residential structures including lead-based paint hazard evaluation and reduction; and encouraging accessible design features in accordance with the requirements of section 504 of the Rehabilitation Act of 1973;

(d) Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements, such as water and sewer facilities and streets; including leadbased paint hazard evaluation and reduction; and encouraging compliance accessible with the design and construction requirements of Section 504 of the Rehabilitation Act of 1973 and the Fair Housing Act;

(e) Relocation payments and other assistance for permanently and temporarily relocated individuals, families, businesses, nonprofit organizations, and farm operations where the assistance is:

(i) Required under the provisions of 24 CFR 570.606(b) or (c); or

(ii) Determined by the grantee to be appropriate under the provisions of 24 CFR 570.606(d);

(f) Direct homeownership assistance to low- and moderate-income persons, as provided in section 105(a) (25) of the Housing and Community Development Act of 1974;

(g) Special economic development activities described at 24 CFR 570.203;

(h) Assistance to facilitate economic development by providing technical or financial assistance for the establishment, stabilization, and expansion of microenterprises, including minority enterprises;

(i) Assistance to community-based development organizations (CBDO) to carry out a CDBG neighborhood revitalization, community economic development, or energy conservation project, in accordance with 24 CFR 570.204. This could include activities in support of a HUD approved local entitlement grantee CDBG Neighborhood Revitalization Strategy (NRS) or HUD approved State CDBG Community Revitalization Strategy (CRS);

(j) Eligible public service activities are those general support activities that can help to stabilize a neighborhood and contribute to sustainable redevelopment of the area, including but not limited to such activities as those concerned with employment, crime prevention, child care, health, drug abuse, education, fair housing counseling, energy conservation, homebuyer down payment assistance, or recreational needs; The CDBG Publication entitled "Community Development Block Grant Program Guide to National Objectives and Eligible Activities for Entitlement Communities" describes the regulations, and a copy can be obtained from HUD's SuperNOFA Information Center at 1– 800–HUD–8929 or 1–800–HUD–2209 for the hearing-impaired.

(k) Fair housing services designed to further the fair housing objectives of the Fair Housing Act (42 U.S.C. 3601–20) by making all persons, without regard to race, color, religion, sex, national origin, family status and/or disability aware of the range of housing opportunities available to them;

(l) Up to 20% of the grant for payments of reasonable grant administrative costs related to planning and execution of the project (*e.g.* preparation/submission of HUD reports). A detailed explanation of these costs are provided in the OMB circulars that can be accessed at the White House website at: www.whitehouse.gov/omb/ circulars/index.html; and

(m) Activities Designed to Promote Training and Employment Opportunities. HUD urges applicants to consider undertaking activities designed to promote opportunities for training and employment of very low-income residents in connection with HUD initiatives such as "Neighborhood Networks" (NN) in other federally assisted or insured housing and Employment Opportunities for Lower Income Persons in connection with Assisted Projects.

#### (D) Ineligible Activities

Ineligible CDBG Activities are listed at § 570.207.

#### **IV. Program Requirements**

In addition to the program requirements listed in the General Section of this SuperNOFA, applicants must meet the following requirements:

(1) All funds awarded under these programs must be spent over a threeyear (36 months) grant performance period.

(2) Applicants that propose to undertake activities that involve the following: acquisition of real property, clearance, demolition, rehabilitation of residential structures including leadbased paint hazard evaluation, reduction encouraging accessible design features, acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements are required to provide at least one appraisal from a qualified certified appraiser other than the institution, of the cost to complete the activities. This information must be submitted with the application. Such an entity must be involved in the business of housing rehabilitation, construction, and/or management.

(3) Applicants must ensure that not less than 51% of the aggregated expenditures of a grant benefit low- and moderate-income persons under the criteria specified in 24 CFR 570.208(a) or 570.208(d)(5) or (6).

(4) Applicants that claim leveraging from any source, including their own institution, must provide letters of firm commitment, memoranda of understanding, or agreements evidencing the extent and firmness of commitment of leveraging from other federal (e.g., AmeriCorps Programs), state, local, and/other private sources (including the applicant's own resources). These documents must be dated no earlier than the date of this published NOFA and follow the outline provided for these programs in Section V, Application Process, "Factor 4: Leveraging Resources" of this NOFA.

(5) Where grant funds will be used for acquisition, rehabilitation, or new construction an applicant must demonstrate site control. Funds may be recaptured or deobligated from applicants that cannot demonstrate control of a suitable site within one year after the initial notification of award.

(6) Labor Standards. Applicants awarded funds must comply with the labor standards (Davis-Bacon) as found at 24 CFR 570.603.

#### V. Application Selection Process

Two types of reviews will be conducted:

(1) A threshold review to determine an applicant's eligibility; and

(2) A technical review for all applications that pass the threshold review to rate and rank the application based on the "Factors for Award" rating factors listed in Section V(B) below. Only those applications that pass the threshold review will receive a technical review and be rated and ranked.

# (A) Threshold Requirements for Funding Consideration

All applicants must be in compliance with the threshold requirements as defined in the General Section of this SuperNOFA and the requirements listed below to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified:

(1) The applicant is eligible as referenced in Section III, "Program Description, Eligible Applicants; Eligible Activities in this NOFA". (2) The maximum amount an HSIAC applicant can request is \$600,000.

(3) In order to meet the definition of a HISAC, at least 25 percent of the fulltime undergraduate student enrolled in an institution must be Hispanic and not less than 50 percent of these Hispanic students must be low-income individuals.

(4) An individual campus that is one of several campuses of the same institution may apply separately from the other campus as long as the applicant's campus has a separate administrative and budget structure.

(5) Institutions that received an HSIAC grant in FY2002 cannot reapply. If an institution received an HSIAC grant in FY1999, FY2000, or FY2001 the institution may reapply as long as it: (a) propose a different activity (activities) in their current project location, or propose replicating their current project in a new location and (b) have drawn down at least 75 percent of the previous grant two weeks prior the program's application due date.

(B) Factors for Award Used To Evaluate and Rate Applications

The factors for evaluating, rating, and ranking an application and the maximum points for each factor are listed below. Applications must receive a minimum of 75 out of the total possible points to be considered for funding. The maximum number of points available under this program is 102. This includes the two RC/EZ/EC bonus points as described in the General Section of this SuperNOFA.

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points)

This factor addresses the extent to which the institution has the organizational resources necessary to successfully implement the proposed activities in a timely manner. In rating this factor, HUD will consider the extent to which the proposal demonstrates:

(1) Knowledge and Experience (20 Points) For previously Unfunded Applicants (5 Points) For previously Funded Applicants.

The knowledge and experience of the overall project director and staff, including the day-to-day program manager, consultants (including technical assistance providers), and contractors in planning and managing the kinds of programs for which funding is being requested. Experience will be judged in terms of recent, relevant, and successful knowledge and skills of the staff to undertake eligible program activities. HUD will consider experience within the last 5 years to be recent; experience pertaining to specific activities to be relevant; and experience producing specific accomplishments to be successful. The more recent and substantial the experience of the staff, particularly the institution's own staff who will work on the project have in successfully conducting and completing similar activities, the higher the number of points an applicant can receive for this rating factor. The following categories will be evaluated:

(a) Undertaking specific successful community development projects with community-based organizations or local governments; and

(b) Providing leadership in solving community problems that have a direct bearing on the proposed activities.

(2) Past Performance For previously Funded Grant Applicants Only (15 Points).

This subfactor will evaluate the extent to which an applicant has performed successfully under all previously awarded and current grant(s) as measured by:

(a) Achievement of specific measurable outcome objectives consistent with the timeline in the grant proposal(s). Provide a detailed list outlining those achievements as they relate to the approved timeline in the past grant award(s);

(b) Leveraging of funding consistent with or exceeding the funds originally proposed to be leveraged for that project. In addressing leveraging, provide information that compares the proposed leveraged funds and resources with what was actually leveraged; and

(c) Full points will be awarded for performance that has met the goals and objectives as outlined in the past awarded grant proposal(s).

# Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for funding the proposed program activities and an indication of the importance of meeting the need in the target area. In responding to this factor, the proposal will be rated on the extent to which the level of need for the proposed activities and the importance of meeting the need are documented.

Applicants should use statistics and analyses contained in at least one or more current data sources that are sound and reliable. The data provided must be current. In rating this factor HUD will consider data collected within the last five years to be current. To the extent that the targeted community's Five (5) Year Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI) identify the level of the problem and the urgency in meeting the need, applicants should include references to these documents in the response to this factor.

If the proposed activities are not covered under the scope of the Consolidated Plan and Analysis of Impediments for Housing Choice (AI), indicate such in the proposal and use other sound data sources to identify the level of need and the urgency in meeting the need. Other reliable sources include, but are not limited to Census reports, HUD Continuum of Care gap analysis and its E-MAP (www.hud.gov/ emaps), law enforcement agency crime reports, Public Housing Authorities' Comprehensive Plans, community needs analyses such as provided by the United Way, the applicant's institution, and other sound and reliable appropriate sources. Needs in terms of fulfilling court orders or consent decrees, settlements, conciliation agreements, and voluntary compliance agreements may also be addressed.

The data used should be specific to the area where the proposed activities will be carried out. Needs should be documented as they apply to the area where the activities will be targeted, rather than the entire locality or state, unless the target area is the entire locality or state.

# Rating Factor 3: Soundness of Approach (50 Points)

This factor addresses the quality and cost effectiveness of the proposed work plan, the commitment of the institution to sustain the proposed activities, and actions regarding HUD's priorities, goals and objectives, and Affirmatively Furthering Fair Housing. In addition, HUD will also consider the extent to which the budget is consistent with the Work Plan and the dollars indicated on the HUD 424 form.

This factor will be evaluated based on the extent to which the proposed work plan will:

(1) Quality of the Work Plan (35 Points)

(a) (10 Points) *Work Plan Impact.* Describe how the proposed activities will:

(i) Expand the role of the institution in its community;

(ii) Alleviate and/or fulfill the needs identified in Factor 2;

(iii) Relate to and not duplicate other activities in the target area. Duplicative effort will be acceptable only if an applicant can demonstrate through documentation that there is a population in need that is not being served;

(iv) Involve and empower citizens of the target area in all stages of the proposed project (particularly through a committee that is representative of the target community to guide the project); and

(v) Be disseminated to a wide variety of audiences, both academic and community-based, using a wide variety of media, including print and Internet technology.

(b) (20 Points) Specific Services and/ or Activities. The work plan must incorporate all proposed activities. HUD will consider the feasibility of success of the program, measurable objectives, and how timely products will be delivered.

Describe each proposed activity and the tasks required to implement and complete the activities. Also for each activity describe:

(1) Which CDBG national objective is being met and how;

(2) The sequence, duration, and the products to be delivered in 6 month intervals, up to thirty-six (36) months. Indicate which staff member, as described in Factor 1, will be responsible and accountable for the deliverables; and

(3) Measurable objectives to be accomplished, *e.g.*, the number of persons to be trained and employed; houses to be built (pursuant to 24 CFR 570.207) or rehabilitated; minority owned businesses to be started.

(c) (5 Points) Involvement of the Faculty and Students. The extent to which the applicant proposes to integrate the institution's students and faculty into proposed project activities.
(2) (5 Points) HUD Policy Priorities.

HUD encourages applicants to undertake specific activities that will assist the Department in implementing its policy priorities and which help the Department achieve its goals and objectives in FY2004, when the majority of grant recipients will be reporting programmatic results and achievements. In addressing this factor, HUD will evaluate the extent to which a program will further and support HUD's priorities. The quality of the responses provided to one or more of HUD's priorities will determine the score an applicant can receive. For each policy priority addressed, an applicant will receive one point. Applicants cannot receive more than five points. For the full list and explanation of each policy priority, please refer to the General Section of this SuperNOFA.

(3) (5 Points) *Affirmatively Furthering Fair Housing.* This subfactor will be evaluated on the extent to which an applicant proposes to undertake activities designed to affirmatively further fair housing, for example:

(a) Working with other entities in the community to overcome impediments to

fair housing, such as discrimination in the sale or rental of housing or in advertising, provision of brokerage services or lending;

(b) Promoting fair housing choice through the expansion of homeownership opportunities and improved quality of services for minorities, families with children, and persons with disabilities; or

(c) Providing housing mobility counseling services.

(4) (5 Points) *Budget.* HUD will consider the extent to which the budget presentation is consistent with the Work Plan and the dollars indicated on the HUD 424 Form. The budget submission should follow the narrative statement in this factor and include the following documents:

(a) HUD 424–C "Budget Summary for Competitive Grant Programs". This budget form shows the costs for the each budget category for the program's entire period of performance.

(b) HUD 424 CB "Grant Application Detailed Budget". This budget form must show the total budget by year and by line item for the program activities to be carried out. This will be a functional budget. Each year of the program should be presented separately.

All budget forms must be completed in full. If an application is selected for award, the applicant may be required to provide greater specificity to the budget during grant agreement negotiations.

(c) Budget-Narrative. A narrative explanation of how the applicant arrived at the cost estimates, for any line item, including match items, over \$5,000. For example, a van rental, \$150 per month  $\times$  36 months equals \$5,400. The proposed cost estimates should be reasonable for the work to be performed and consistent with rates established for the level of expertise required to perform the work proposed in the geographical area. When necessary, quotes from various vendors or historical data should be used and included. All direct labor or salaries must be supported with mandated city/ state pay scales, Davis-Bacon wage rates (if applicable) or other documentation. When an applicant proposes to use a consultant, the applicant must indicate whether there is a formal agreement or written procurement policy. For each consultant, please provide the name, if known, hour or daily fee, and the estimated time on the project. If applicants propose to undertake: rehabilitation of residential, commercial and/or industrial structures; and/or acquisition, construction, or installation of public facilities and improvements, applicants must submit one appraisal from a qualified certified appraiser other than the institution. Such an entity must be involved in the business of housing rehabilitation, construction and/or management. Guidance for securing these estimates can be obtained from the local HUD Office of Community Planning and Development. Equipment and contracts cannot be presented as a total estimated figure. For equipment applicants must provide a list by type and cost for each item and explain how it will be used. Applicants using contracts must provide an individual description and cost estimate for each contract.

Indirect costs attributed to a particular project functional category should be listed as "Indirect Costs" under that category. Indirect costs are allowable only if an applicant has a federally approved indirect cost rate. A copy of the institution's negotiated indirect cost rate as issued by the cognizant federal agency must be attached to the budget sheets when submitting an application.

Make sure that the amount shown on the HUD 424, the budget forms, and on all other required program forms is consistent and the budget totals correct. Remember to check addition in totaling the categories on the HUD 424C and HUD 424–CB form so that all items are included in the total. If there is an inconsistency between any of the forms required, the HUD 424C form will be used. If upon checking the addition HUD finds that an applicant has added incorrectly, the HUD 424-CB will be revised accordingly. Please note that this would be considered a substantive rather than a technical error. If this correction puts an application over the grant maximum, the applicant will not be able to correct the amount requested and the application will be disqualified.

# **Rating Factor 4: Leveraging Resources** (10 Points)

This factor addresses the ability of the applicant to secure community resources that can be combined with HUD's grant funds to achieve the program's purpose.

In evaluating this factor, HUD will consider the extent to which the applicant established partnerships with other entities to secure additional resources to increase the effectiveness of the proposed activities. Resources may include funding or in-kind contributions, such as services or equipment, allocated to the purpose(s) of the grant. Resources may be provided by governmental entities, public or private nonprofit organizations, forprofit private organizations, or other entities. Applicants may also establish partnerships with other program funding recipients to coordinate the use

of resources in the target area. Please note that the value of the time of individuals serving on the program's advisory board cannot be counted as an in-kind contribution. Overhead and other institutional costs (*e.g.*, salaries) that the institution has waived may be counted. However, higher points will be awarded if an applicant secures leveraging resources from sources outside the institution. Examples of potential sources for outside assistance:

State and local governments

Housing Authorities

• Local or national nonprofit organizations

Banks and/or private businesses
Foundations

• Faith-based and other community based organizations.

For each match, cash or in-kind contribution to the program a letter of commitment, memorandum of understanding, or agreement must be provided that shows the extent and firmness of the commitment of leveraged funds (including any commitment of resources from the applicant's own institution) in order for these resources to count in determining points under this factor. Resources will not be counted for which there is no commitment letter, memorandum of understanding, or agreement, nor quantified level of commitment. Letters, memoranda of understanding, or agreements must be submitted from the provider on the provider's letterhead and be included with the application package. The date of the letter, memorandum of understanding, or agreement from the CEO of the provider organization must be dated no earlier than the date of this published SuperNOFA. Applications that do not include evidence of leveraging will receive zero (0) points for this Factor.

A firm commitment letter, memorandum of understanding, or agreement must address the following:

(a) The cash amount contributed or dollar value of the in-kind goods and /or services committed (If a dollar amount and use is not shown, the source cannot be counted towards the match requirement);

(b) Specifically indicate how the match is to be used;

(c) The date the match will be made available and a statement that describes the duration of the contribution. If any of the matching sources are for more than one year, the commitment letter, memorandum of understanding, or agreement must state the number of years, the per year commitment, and the total commitment. Without this statement, HUD will assume that the commitment is for only one year; (d) Any terms and conditions affecting the commitment, other than receipt of a HUD Grant; and

(e) The signature of the appropriate executive officer authorized to commit the funds and/ or goods and /or services.

Please remember that only items eligible for funding under this program can be counted as a match.

#### Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management, and accountability. The factor measures the applicant's commitment to assess their performance to achieve the program's proposed objectives and goals. Applicants are required to develop an effective, quantifiable, outcome oriented evaluation plan for measuring performance and determining that objectives and goals have been achieved.

"Outcomes" are benefits accruing to institutions of higher education and/or communities during or after participation in the HSIAC program. Applicants must clearly identify the outcomes to be measured and achieved. Examples of outcomes are increasing community development in the target community, by a certain percentage, or family stability through the creation of affordable housing opportunities (*e.g.* increasing assets to families and communities through the development of affordable community housing).

In addition, applicants must establish interim benchmarks and outputs that lead to the ultimate achievement of outcomes. "Outputs" are the direct products of the program's activities. Examples of outputs are the number of new affordable housing units, the number of homes that have been renovated, the number of community facilities that been constructed or rehabilitated. Outputs should produce outcomes for the program. At a minimum an applicant must address the following activities in the evaluation plan:

(a) Short and long term objectives to be achieved;

(b) Actual accomplishments against anticipated achievements.

(c) Measurable impacts the grant will have on the community in general and the target area or population;

(d) The impact the grant will have on the long term commitment of the University to the faculty and students to provide opportunities to reward and continue this type of work; and

(e) The impact the grant will have on assisting the university to obtain

additional resources to continue this type of work at the end of the funding period of this grant award.

This information should be provided in a Logic Model format. This form and information can be found in the General Section of this SuperNOFA.

#### The Alaska Native/Native Hawaiian Institutions Assisting Communities Program (AN/NHIAC)

#### I. Program Overview

Purpose of the Program. To assist Alaska Native/Native Hawaiian Institutions of higher education (AN/ NHIs) expand their role and effectiveness in addressing community development needs in their localities, including neighborhood revitalization, housing, and economic development, principally for persons of low- and moderate-income, consistent with the purposes of Title I of the Housing and Community Development Act of 1974, as amended.

#### II. Amount Allocated, Grant Size and Term, and Performance Period

Amount Allocated. In Fiscal Year 2003, \$2.981 million was earmarked by the conference report accompanying the FY 2003 Consolidation Appropriation Resolution, Division K plus approximately \$4 million in previously unexpended FY2002 funds.

# III. Grant Size and Term, and Performance Period

HUD will award two kinds of grants under this program. Grants for Alaska Native Institutions (ANIs) and grants for Native Hawaiian Institutions (NHIs).

The maximum amount an ANI and NHI applicant can request is \$800,000 for a three-year (36 months) grant performance period. \$3.4 million is being made available for ANIs and \$ 3.4 million is being made available for NHIs.

#### IV. Program Description; Eligible Applicants; Eligible Activities

#### (A) Program Description

The purpose is to assist AN/NHIs to expand their role and effectiveness in addressing community development needs in their localities, including neighborhood revitalization, housing, and economic development.

(1) For the purposes of this program, the term "locality" includes any city, county, township, parish, village, or other general political subdivision of a state within which your AN/NHI is located.

(2) A "target area" is the locality or the area within the locality in which the institution will implement its proposed HUD grant.

### (B) Eligible Applicants

Nonprofit Alaska Native and Native Hawaiian institutions of higher education that meet the definitions of Alaska Native and Native Hawaiian institutions of higher education established in Title III, Part A, Section 317 of the Higher Education Act of 1965, as amended by the Higher Education Amendments of 1998 (Pub. L.105-244; enacted October 7, 1998). Institutions are not required to be on the list of eligible AN/NHIs prepared by the U.S. Department of Education. However, an institution that is not on the list is required to state in the application that the institution meets the U.S. Department of Education's statutory definition of an AN/NHI institution.

#### (C) Eligible Activities

Each activity proposed for funding must meet both a Community Development Block Grant (CDBG) Program national objective and the CDBG eligibility requirements. Eligible activities that may be funded under this program are those activities eligible for CDBG funding. The eligible activities are listed in 24 CFR part 570, subpart C, particularly §§ 570.201 through 570.206. Each activity funded under this program must meet one of the three national objectives of the Community Development Block Grant program, which are:

(a) Benefit to low-or moderate-income persons;

(b) Aid in the prevention or elimination of slums or blight; or

(c) Meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health and welfare of the community, and other financial resources are not available to meet such needs.

Criteria for determining whether an activity addresses one or more of these objectives are provided at 24 CFR 570.208.

Examples of Eligible Activities include, but are not limited to:

(a) Acquisition of real property;

(b) Clearance and demolition;

(c) Rehabilitation of residential structures including lead-based paint hazard evaluation and reduction; and encouraging accessible design features in accordance with the requirements of section 504 of the Rehabilitation Act of 1973;

(d) Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements, such as water and sewer facilities and streets; including leadbased paint hazard evaluation and reduction; and encouraging compliance accessible with the design and construction requirements of Section 504 of the Rehabilitation Act of 1973 and the Fair Housing Act;

(e) Relocation payments and other assistance for permanently and temporarily relocated individuals, families, businesses, nonprofit organizations, and farm operations where the assistance is:

(i) Required under the provisions of 24 CFR 570.606(b) or (c); or

(ii) Determined by the grantee to be appropriate under the provisions of 24 CFR 570.606(d);

(f) Direct homeownership assistance to low- and moderate-income persons, as provided in section 105(a) (25) of the Housing and Community Development Act of 1974;

(g) Special economic development activities described at 24 CFR 570.203;

(h) Assistance to facilitate economic development by providing technical or financial assistance for the establishment, stabilization, and expansion of microenterprises, including minority enterprises;

(i) Assistance to community-based development organizations (CBDO) to carry out a CDBG neighborhood revitalization, community economic development, or energy conservation project, in accordance with 24 CFR 570.204. This could include activities in support of a HUD-approved local entitlement grantee CDBG Neighborhood Revitalization Strategy (NRS) or HUD-approved State CDBG Community Revitalization Strategy (CRS);

(j) Eligible public service activities are those general support activities that can help to stabilize a neighborhood and contribute to sustainable redevelopment of the area, including but not limited to such activities as those concerned with employment, crime prevention, child care, health, drug abuse, education, fair housing counseling, energy conservation, homebuyer down payment assistance, or recreational needs.

The CDBG Publication entitled "Community Development Block Grant Program Guide to National Objectives and Eligible Activities for Entitlement Communities" describes the regulations, and a copy can be obtained from HUD's SuperNOFA Information Center at 1– 800–HUD–8929 or 1–800-HUD–2209 for the hearing-impaired;

(k) Fair housing services designed to further the fair housing objectives of the Fair Housing Act (42 U.S.C. 3601–20) by making all persons, without regard to race, color, religion, sex, national origin, family status and/or disability aware of the range of housing opportunities available to them;

(l) Up to 20% of the grant for payments of reasonable grant administrative costs related to planning and execution of the project (*e.g.* preparation/submission of HUD reports). A detailed explanation of these costs are provided in the OMB circulars that can be accessed at the White House website at: www.whitehouse.gov/omb/ circulars/index.html; and

(m) Activities Designed to Promote Training and Employment Opportunities. HUD urges applicants to consider undertaking activities designed to promote opportunities for training and employment of very low-income residents in connection with HUD initiatives such as "Neighborhood Networks" (NN) in other federally assisted or insured housing and Employment Opportunities for Lower Income Persons in connection with Assisted Projects.

#### (D) Ineligible Activities

Ineligible CDBG Activities are listed at 24 CFR 570.207.

#### **V. Program Requirements**

In addition to the program requirements listed in General Section of this SuperNOFA, applicants must meet the following program requirements:

(1) All funds awarded under these programs must be spent over a threeyear (36 months) period grant performance period.

(2) Applicants that propose to undertake activities that involve the following: acquisition of real property, clearance, demolition, rehabilitation of residential structures including leadbased paint hazard evaluation, reduction encouraging accessible design features, acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements are required to provide at least one appraisal from a qualified certified appraiser other than the institution, of the cost to complete the activities. This information must be submitted with the application. Such an entity must be involved in the business of housing rehabilitation, construction, and/or management.

(3) Applicants must ensure that not less than 51% of the aggregated expenditures of a grant benefit low- and moderate-income persons under the criteria specified in 24 CFR 570.208(a) or 570.208(d)(5) or (6). (4) Applicants that claim leveraging from any source, including their own institution, must provide letters of firm commitment, memoranda of understanding, or agreements evidencing the extent and firmness of commitment of leveraging from other federal (*e.g.*, AmeriCorps Programs), state, local, and/other private sources (including the applicant's own resources). These documents must be dated no earlier than the date of this published NOFA and follow the outline provided for this program in Section V, Application Process, "Factor 4: Leveraging Resources" of this NOFA.

(5) Where grant funds will be used for acquisition, rehabilitation, or new construction an applicant must demonstrate site control. Funds may be recaptured or deobligated from applicants that cannot demonstrate control of a suitable site within one year after the initial notification of award.

(6) Labor Standards. Applicants awarded funds must comply with the labor standards (Davis-Bacon) as found at 24 CFR 570.603.

#### VI. Application Selection Process

Two types of reviews will be conducted:

(1) A threshold review to determine an applicant's eligibility; and

(2) A technical review for all applications that pass the threshold review to rate and rank the application based on the "Factors for Award" rating factors listed in Section V (B) below. Only those applications that pass the threshold review will receive a technical review and be rated and ranked.

# (A) Threshold Requirements for Funding Consideration

All applicants must be in compliance with the threshold requirements as defined in the General Section of this SuperNOFA and the requirements listed below to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified:

(1) The applicant is eligible as referenced in Section III, "Program Description, Eligible Applicants; Eligible Activities in this NOFA".

(2) The maximum amount ANI and NHI applicants can request for award is \$800,000.

(3) In order to meet the Alaska Native Institution definition, at least 20% of the undergraduate headcount enrollment must be Alaska Native students. If applicant is a Native Hawaiian institution, in order to meet this definition at least 10% of the undergraduate headcount enrollment must be Native Hawaiian students.

(4) Institutions that received grants in FY 2002 are not eligible to submit an application.

(5) If an institution has multiple campuses, each one is eligible to apply separately as long as it meets the enrollment test.

#### (B) Factors for Award Used To Evaluate and Rate Applications

The factors for evaluating, rating, and ranking an application and the maximum points for each factor are listed below. Applications must receive a minimum of 75 out of the total possible points to be considered for funding. The maximum number of points available under this program is 102. This includes the two RC/EZ/EC bonus points as described in the General Section of this SuperNOFA.

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points)

This factor addresses the extent to which the institution has the organizational resources necessary to successfully implement the proposed activities in a timely manner. In rating this factor, HUD will consider the extent to which the proposal demonstrates:

(1) Knowledge and Experience (20 Points) For previously Unfunded Applicants (5 Points) For previously Funded Applicants.

The knowledge and experience of the overall project director and staff, including the day-to-day program manager, consultants (including technical assistance providers), and contractors in planning and managing the kinds of programs for which funding is being requested. Experience will be judged in terms of recent, relevant, and successful knowledge and skills of the staff to undertake eligible program activities. HUD will consider experience within the last 5 years to be recent; experience pertaining to specific activities to be relevant; and experience producing specific accomplishments to be successful. The more recent and substantial the experience of the staff, particularly the institution's own staff who will work on the project have in successfully conducting and completing similar activities, the higher the number of points an applicant can receive for this rating factor. The following categories will be evaluated:

(a) Undertaking specific successful community development projects with community-based organizations or local governments; and (b) Providing leadership in solving community problems that have a direct bearing on the proposed activities.

(2) Past Performance—For previously Funded Grant Applicants Only (15 Points).

This subfactor will evaluate the extent to which an applicant has performed successfully under all previously awarded and current grant(s) as measured by:

(a) Achievement of specific measurable outcome objectives consistent with the timeline in the grant proposal(s). Provide a detailed list outlining those achievements as they relate to the approved timeline in the past grant award(s);

(b) Leveraging of funding consistent with or exceeding the funds originally proposed to be leveraged for that project. In addressing leveraging, provide information that compares the proposed leveraged funds and resources with what was actually leveraged; and

(c) Full points will be awarded for performance that has met the goals and objectives as outlined in the past awarded grant proposal(s).

Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for funding the proposed program activities and an indication of the importance of meeting the need in the target area. In responding to this factor, the proposal will be rated on the extent to which the level of need for the proposed activities and the importance of meeting the need are documented.

Applicants should use statistics and analyses contained in at least one or more current data sources that are sound and reliable. The data provided must be current. In rating this factor HUD will consider data collected within the last five years to be current. To the extent that the targeted community's Five (5) Year Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI) identify the level of the problem and the urgency in meeting the need, applicants should include references to these documents in the response to this factor.

If the proposed activities are not covered under the scope of the Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI), indicate such in the proposal and use other sound data sources to identify the level of need and the urgency in meeting the need. Other reliable sources include, but are not limited to Census reports, HUD Continuum of Care gap analysis and its E-MAP (*http:// www.hud.gov/emaps*), law enforcement agency crime reports, Public Housing Authorities' Comprehensive Plans, community needs analyses such as provided by the United Way, the applicant's institution, and other sound and reliable appropriate sources. Needs in terms of fulfilling court orders or consent decrees, settlements, conciliation agreements, and voluntary compliance agreements may also be addressed.

The data used should be specific to the area where the proposed activities will be carried out. Needs should be documented as they apply to the area where the activities will be targeted, rather than the entire locality or state, unless the target area is the entire locality or state.

# Rating Factor 3: Soundness of Approach (50 Points)

This factor addresses the quality and cost effectiveness of the proposed work plan, the commitment of the institution to sustain the proposed activities, and actions regarding HUD's priorities, goals and objectives, and Affirmatively Furthering Fair Housing. In addition, HUD will also consider the extent to which the budget is consistent with the Work Plan and the dollars indicated on the HUD 424 form.

This factor will be evaluated based on the extent to which the proposed work plan will:

(1) Quality of the Work Plan (35 Points)

(a) (10 Points) Work Plan Impact. Describe how the proposed activities will:

(i) Expand the role of the institution in its community;

(ii) Alleviate and/or fulfill the needs identified in Factor 2;

(iii) Relate to and not duplicate other activities in the target area. Duplicative effort will be acceptable only if an applicant can demonstrate through documentation that there is a population in need that is not being served;

(iv) Involve and empower citizens of the target area in all stages of the proposed project (particularly through a committee that is representative of the target community to guide the project); and

(v) Be disseminated to a wide variety of audiences, both academic and community-based, using a wide variety of media, including print and Internet technology.

(b) (20 Points). *Specific Services and/ or Activities.* The work plan must incorporate all proposed activities. HUD will consider the feasibility of success of the program, measurable objectives, and how timely products will be delivered. Describe each proposed activity and the tasks required to implement and complete the activities. Also for each activity, describe:

(1) Which CDBG national objective is being met and how;

(2) The sequence, duration, and the products to be delivered in 6 month intervals, up to thirty-six (36) months. Indicate which staff member, as described in Factor 1, will be responsible and accountable for the deliverables; and

(3) Measurable objectives to be accomplished, *e.g.*, the number of persons to be trained and employed; houses to be built (pursuant to 24 CFR 570.207) or rehabilitated; minorityowned businesses to be started.

(c) (5 Points) Involvement of the Faculty and Students. The extent to which the applicant proposes to integrate the institution's students and faculty into proposed project activities.
(2) (5 Points) HUD Policy Priorities.

HUD encourages applicants to undertake specific activities that will assist the Department in implementing its policy priorities and which help the Department achieve its goals and objectives in FY 2004, when the majority of grant recipients will be reporting programmatic results and achievements. In addressing this factor, HUD will evaluate the extent to which a program will further and support HUD's priorities. The quality of the responses provided to one or more of HUD's priorities will determine the score an applicant can receive. For each policy priority addressed an applicant will receive one point. Applicants cannot receive more than five points. For the full list and explanation of each policy priority, please refer to the General Section of this SuperNOFA.

(3) (5 Points) Affirmatively Furthering Fair Housing. This subfactor will be evaluated on the extent to which an applicant proposes to undertake activities designed to affirmatively further fair housing, for example:

(a) Working with other entifies in the community to overcome impediments to fair housing, such as discrimination in the sale or rental of housing or in advertising, provision of brokerage services or lending;

(b) Promoting fair housing choice through the expansion of homeownership opportunities and improved quality of services for minorities, families with children, and persons with disabilities; or

(c) Providing housing mobility counseling services.

(4) (5 Points) *Budget.* HUD will consider the extent to which the budget presentation is consistent with the Work

Plan and the dollars indicated on the HUD 424 Form. The budget submission should follow the narrative statement in this factor and include the following documents:

(a) HUD 424–C "Budget Summary for Competitive Grant Programs". This budget form shows the costs for each budget category for the program's entire period of performance.

(b) HUD 424 CB "Grant Application Detailed Budget". This budget form must show the total budget by year and by line item for the program activities to be carried out. This will be a functional budget. Each year of the program should be presented separately.

All budget forms must be completed in full. If an application is selected for award, the applicant may be required to provide greater specificity to the budget during grant agreement negotiations.

(c) Budget-Narrative. A narrative explanation of how the applicant arrived at the cost estimates, for any line item, including match items, over \$5,000. For example, a van rental, \$150 per month  $\times$  36 months equals \$5,400. The proposed cost estimates should be reasonable for the work to be performed and consistent with rates established for the level of expertise required to perform the work proposed in the geographical area. When necessary, quotes from various vendors or historical data should be used and included. All direct labor or salaries must be supported with mandated city/ state pay scales, Davis-Bacon wage rates (if applicable) or other documentation. When an applicant proposes to use a consultant, the applicant must indicate whether there is a formal agreement or written procurement policy. For each consultant, please provide the name, if known, hour or daily fee, and the estimated time on the project. If applicants propose to undertake: rehabilitation of residential. commercial and/or industrial structures; and/or acquisition, construction, or installation of public facilities and improvements, applicants must submit one appraisal from a qualified certified appraiser other than the institution. Such an entity must be involved in the business of housing rehabilitation, construction and/or management. Guidance for securing these estimates can be obtained from the local HUD Office of Community Planning and Development. Equipment and contracts cannot be presented as a total estimated figure. For equipment applicants must provide a list by type and cost for each item and explain how it will be used. Applicants using contracts must provide an individual description and cost estimate for each contract.

Indirect costs attributed to a particular project functional category should be listed as "Indirect Costs" under that category. Indirect costs are allowable only if an applicant has a federally approved indirect cost rate. A copy of the institution's negotiated indirect cost rate as issued by the cognizant federal agency must be attached to the budget sheets when submitting an application.

Make sure that the amount shown on the HUD 424, the budget forms, and on all other required program forms is consistent and the budget totals correct. Remember to check addition in totaling the categories on the HUD 424C and HUD 424-CB form so that all items are included in the total. If there is an inconsistency between any of the forms required, the HUD 424C form will be used. If upon checking the addition HUD finds that an applicant has added incorrectly, the HUD 424-CB will be revised accordingly. Please note that this would be considered a substantive rather than a technical error. If this correction puts an application over the grant maximum, the applicant will not be able to correct the amount requested and the application will be disqualified.

# **Rating Factor 4: Leveraging Resources** (10 Points)

This factor addresses the ability of the applicant to secure community resources that can be combined with HUD's grant funds to achieve the program's purpose.

In evaluating this factor, HUD will consider the extent to which the applicant established partnerships with other entities to secure additional resources to increase the effectiveness of the proposed activities. Resources may include funding or in-kind contributions, such as services or equipment, allocated to the purpose(s) of the grant. Resources may be provided by governmental entities, public or private nonprofit organizations, forprofit private organizations, or other entities. Applicants may also establish partnerships with other program funding recipients to coordinate the use of resources in the target area. Please note that the value of the time of individuals serving on the program's advisory board cannot be counted as an in-kind contribution. Overhead and other institutional costs (e.g., salaries) that the institution has waived may be counted. However, higher points will be awarded if an applicant secures leveraging resources from sources outside the institution. Examples of potential sources for outside assistance:

- State and local governments
- Housing Authorities

• Local or national nonprofit organizations

• Banks and/or private businesses

• Foundations

• Faith-based and other community based organizations.

For each match, cash or in-kind contribution to the program a letter of commitment, memorandum of understanding, or agreement must be provided that shows the extent and firmness of the commitment of leveraged funds (including any commitment of resources from the applicant's own institution) in order for these resources to count in determining points under this factor. Resources will not be counted for which there is no commitment letter, memorandum of understanding, or agreement, nor quantified level of commitment. Letters. memoranda of understanding, or agreements must be submitted from the provider on the provider's letterhead and be included with the application package. The date of the letter, memorandum of understanding, or agreement from the CEO of the provider organization must be dated no earlier than the date of this published SuperNOFA. Applications that do not include evidence of leveraging will receive zero (0) points for this Factor.

A firm commitment letter, memorandum of understanding, or agreement must address the following:

(a) The cash amount contributed or dollar value of the in-kind goods and/ or services committed (If a dollar amount and use is not shown, the source cannot be counted towards the match requirement);

(b) Specifically indicate how the match is to be used;

(c) The date the match will be made available and a statement that describes the duration of the contribution. If any of the matching sources are for more than one year, the commitment letter, memorandum of understanding, or agreement must state the number of years, the per year commitment, and the total commitment. Without this statement, HUD will assume that the commitment is for only one year;

(d) Any terms and conditions affecting the commitment, other than receipt of a HUD Grant; and

(e) The signature of the appropriate executive officer authorized to commit the funds and/ or goods and/or services.

Please remember that only items eligible for funding under this program can be counted as a match.

#### Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management, and accountability. The factor measures the applicant's commitment to assess their performance to achieve the program's proposed objectives and goals. Applicants are required to develop an effective, quantifiable, outcome oriented evaluation plan for measuring performance and determining that objectives and goals have been achieved.

"Outcomes" are benefits accruing to institutions of higher education and/or communities during or after participation in the AN/NHIAC program. Applicants must clearly identify the outcomes to be measured and achieved. Examples of outcomes are increasing community development in the target community, by a certain percentage, or increasing family stability through the creation of affordable housing opportunities (*e.g.*, increasing assets to families and communities through the development of affordable community housing).

In addition, applicants must establish interim benchmarks and outputs that lead to the ultimate achievement of outcomes. "Outputs" are the direct products of the program's activities. Examples of outputs are the number of new affordable housing units, the number of homes that have been renovated, the number of community facilities that have been constructed or rehabilitated. Outputs should produce outcomes for the program. At a minimum, an applicant must address the following activities in the evaluation plan:

(a) Short- and long-term objectives to be achieved;

(b) Actual accomplishments against anticipated achievements.

(c) Measurable impacts the grant will have on the community in general and the target area or population;

(d) The impact the grant will have on the long term commitment of the University to the faculty and students to provide opportunities to reward and continue this type of work; and

(e) The impact the grant will have on assisting the university to obtain additional resources to continue this type of work at the end of the funding period of this grant award.

This information should be provided in a Logic Model format. This form and information on how to use can be found in the General Section of this SuperNOFA.

#### Tribal Colleges and Universities Program (TCUP)

#### **I. Program Overview**

Purpose of the Program. To assist Tribal Colleges and Universities (TCUs) to build, expand, renovate, and equip their own facilities.

#### II. Amount Allocated, Grant Size and Term, and Performance Period

Amount Allocated. In Fiscal Year 2003, \$2.981 million was earmarked by the conference report accompanying the FY 2003 Consolidation Appropriation Resolution, Division K, and approximately \$194,522 in previously unexpended FY 2002 funds is being made available.

Grant Size and Term. The maximum amount a TCUP applicant can request is \$400,000 for a three-year (36 months) grant performance period.

### **III. Program Description; Eligible** Applicants; Eligible Activities

#### (A) Program Description

The purpose of this program is to assist TCUs to build, expand, renovate, and equip their own facilities, especially those facilities that are used by or available to the larger community.

#### (B) Eligible Applicants

Tribal colleges and universities that meet the definition of a TCU established in Title III of the 1998 Amendments to the Higher Education Act of 1965 (Pub. L. 105–244, enacted October 7, 1998). Institutions must be accredited or state they are a candidate for accreditation by a regional institutional accrediting association recognized by the U.S. Department of Education.

#### (C) Eligible Activities

Each activity proposed for funding must meet one of the following Community Development Block Grant (CDBG) Program national objectives:

(a) Benefit low- and moderate-income persons;

(b) Aid in the prevention or elimination of slums or blight; or

(c) Meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health and welfare of the community, and other financial resources are not available to meet such needs.

TCU Programs should build, expand, renovate, and equip facilities to assist activities that an institution normally provides. Buildings in which an institution undertakes activities that serve those not enrolled in the institution are eligible, however the facilities must be predominantly for the use of the institution.

Up to 20% of the grant for payments of reasonable grant administrative costs related to planning and execution of the project (*e.g.*, preparation/submission of HUD reports). A detailed explanation of these costs is provided in the OMB circulars that can be accessed at the White House Web site at: *http:// www.whitehouse.gov/omb/circulars/ index.html.* 

Examples of Eligible Activities include, but are not limited to:

(a) Small business assistance center operated by the institution or renovation of the facility in which the center is located;

(b) New gymnasium solely for students, but that offers some physical education classes or other activities in the evening to the larger community;

(c) Rehabilitation of a student union building that would also serve as a community meeting facility, with the community helping to plan the renovations and also helping to operate additional activities;

(d) Equipping the university's computer lab where the larger community helped the institution identify the equipment needs and also help in implementing workshops, etc.;

(e) Development of a facility that is solely for the institution (*e.g.*, a dormitory or administration building); and

(f) Long-term leases of property (*i.e.*, at least five years in duration are considered an acceptable form of ownership under this program).

#### (D) Ineligible Activities

Activities ineligible for funding under this program include, but are not limited to the following:

(a) Renovation of a facility/center in which the facility/center is not used at least 51% of the time by the institution.

(b) Rental space to another entity that operates a small business assistance center;

(c) Institution proposes to build a new gymnasium, where the majority of the activities are for non-students, or the activities are primarily run by an outside entity.

#### **IV. Program Requirements**

In addition to the program requirements listed in the General Section of this SuperNOFA, applicants must meet the following program requirements:

(1) All funds awarded under this program must be spent over a three-year (36 months) grant performance period.

(2) While community-wide use of a facility (that is purchased, leased, or built) is permissible under this program, the facility must be predominantly for the use of the institution (*i.e.*, it must be used by the institution at least 51% of the time).

(3) Applicants that claim leveraging from any source, including their own

institution, must provide letters of firm commitment, memoranda of understanding, or agreements evidencing the extent and firmness of commitment of leveraging from other federal (*e.g.*, Bureau of Indian Affairs), state, Indian housing authorities, local, tribes, and/other private sources (including the applicant's own resources). These documents must be dated no earlier than the date of this published NOFA and follow the outline provided for these programs in Section V, Factor 4 of this NOFA.

(4) If a TCU is a part or instrumentality of a tribe, the applicant must comply with the Indian Civil Rights Act (25 U.S.C. 1301 et seq.). If the TCU is not a part or instrumentality of a tribe the applicant must comply with the Fair Housing Act (42 U.S.C. 3601-19) and implementing regulations at 24 CFR part 100 et seq. Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d-2000d-4) (Nondiscrimination in Federally Assisted Programs) and implementing regulations at 24 CFR part 1, and Section 109 of Title One of the Housing and Community Development Act of 1974, as amended, with respect to nondiscrimination on the basis of age, sex, religion, or disability and implementing regulations at 24 CFR part 6;

(5) Labor Standards. Institutions and their subgrantees, contractors and subcontractors must comply with the labor standards (Davis-Bacon) requirements referenced in 24 CFR 570.603. However, in accordance with HCDA section 107(e)(2), the Secretary waives the provisions of HCDA section 110 with respect to the TCUP program for grants to a TCU that is part of a tribe, *i.e.*, a TCU that is legally a department or other part of a tribal government, but not a TCU that is established under tribal law as an entity separate from the tribal government. If a TCU is not part of a tribe, the labor standards of HCDA section 110, as referenced in 24 CFR 570.603, apply to activities under the grant to the TCU.

#### V. Application Selection Process

Two types of reviews will be conducted:

(1) A threshold review to determine an applicant's eligibility; and

(2) A technical review for all applications that pass the threshold review to rate and rank the application based on the "Factors for Award" rating factors listed for each program in Section V(B) below.

Only those applications that pass the threshold review will receive a technical review and be rated and ranked.

# (A) Threshold Requirements for Funding Consideration

All applicants must be in compliance with the threshold requirements as defined in the General Section of this SuperNOFA and the requirements listed below to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified:

(1) The applicant is eligible as referenced in Section III, "Program Description, Eligible Applicants; Eligible Activities in this NOFA.

(2) The maximum amount a TCUP applicant can request for award is \$400,000.

(3) Funds awarded under this program may not be used for public services, as defined in 24 CFR part 570, subpart C, § 570.201(e).

(4) Only one application is eligible for funding from an institution or campus. However, an individual campus that is one of several campuses of the same institution may apply separately from the other campus as long as the applicant's campus has a separate administrative and budget structure.

(5) Institutions that received grants in FY 2002 are not eligible to submit an application

# (B) Factors for Award Used To Evaluate and Rate Applications.

The factors for evaluating, rating, and ranking an application and the maximum points for each factor are listed below. Applications must receive a minimum of 75 out of the total possible points to be considered for funding. The maximum number of points available under this program is 100. The RC/EZ/EC bonus points do not apply to this program as described in the General Section of this SuperNOFA.

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points)

This factor addresses the extent to which the applicant has the organizational resources necessary to successfully implement the proposed activities in a timely manner. In rating this factor, HUD will consider the extent to which the proposal demonstrates the overall project director and staff, including the day-to-day program manager, consultants, and contractors in planning and managing the kind of activities/projects for which funding is being requested. Experience will be judged in terms of recent, relevant, and successful knowledge and skills of the staff to undertake eligible program activities. HUD will consider experience within the last 5 years to be recent; experience pertaining to specific activities to be relevant; and experience producing specific accomplishments to be successful. Higher points will be awarded for this factor where the experience belongs to members of the TCU staff who will actually do the work on the project rather than consultants, contractors, and other staff outside the institution.

# Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for funding the proposed program activities and an indication of the importance of meeting that need. In responding to this factor, the proposal will be rated on the extent to which the level of need for the proposed activities and the importance of meeting the need are documented.

Applicants should use statistics and analyses contained in at least one or more current data sources that are sound and reliable. The data provided must be current and specific to the area where the proposed activities will be carried out. In rating this factor HUD will consider data collected within the last five years to be current.

# Rating Factor 3: Soundness of Approach (50 Points)

This factor addresses the quality and cost-effectiveness of the proposed work plan.

(1) Quality of Work Plan (40 Points) (a) (15 Points) Work Plan Impact.

Specifically, HUD will consider the extent to which the proposed activities will:

(i) Meet an identified important need; and

(ii) Relate to and not duplicate other activities in the target area.

(b) (15 Points) Specific Services and/ or Activities. HUD will consider the feasibility of success of the program, the measurable objectives, and how timely the identified tasks will be completed. Specifically, HUD will examine the extent to which the objectives are measurable (e.g., the number of classrooms added, the number of additional clients that can be helped in an expanded small business assistance center), result in measurable improvement to the community (e.g., fifty more people receiving computer literacy training, twenty more small businesses started, etc.), and how well the applicant demonstrates that these objectives will be achieved by the proposed management plan, and team and will result directly from the activities.

(c) (5 Points) *Community Involvement.* HUD will consider the extent to which the applicant has involved the community in all stages of the proposed project.

(d) (5 Points) *Involvement of the Faculty and Students.* The extent to which the applicant proposes to integrate students and faculty into project activities.

(2) (5 Points) HUD Policy Priorities. HUD encourages applicants to undertake specific activities that will assist the Department in implementing its policy priorities and which help the Department achieve its goals and objectives in FY 2004, when the majority of grant recipients will be reporting programmatic results and achievement. In addressing this factor, HUD will evaluate the extent to which a program will further and support HUD priorities. The quality of the responses provided to one or more of HUD's priorities will determine the score an applicant can receive. For each policy priority addressed an applicant will receive one point. Applicants cannot receive more than five points. For the full list and explanation of each policy priority, please refer to the General Section of this SuperNOFA.

(3) (5 Points) *Budget.* HUD will consider the extent to which the budget presentation is consistent with the Work Plan and the dollars indicated on the HUD 424 form. The budget submission should follow the narrative statement in this factor and include the following documents:

(a) HUD 424–C "Budget Summary for Competitive Grant Programs". This budget form shows the cost for each budget category for the program's entire period of performance.

(b) HUD 424–CB "Grant Application Detailed Budget". This budget form shows the total budget by year and by line item for the program activities to be carried out. This will be a functional budget. Each year of the program should be presented separately.

All budget forms must be completed in full. If an application is selected for award, the applicant may be required to provide greater specificity to the budget during grant agreement negotiations.

(b) Budget-Narrative. A narrative explanation of how the applicant arrived at the cost estimates, for any line item, including match items, over 5,000. For example, a van rental, 150per month  $\times 36$  months equals 5,400. The proposed cost estimates should be reasonable for the work to be performed and consistent with rates established for the level of expertise required to perform the work proposed in the geographical area. When necessary,

quotes from various vendors or historical data should be used and included. All direct labor or salaries must be supported with mandated city/ state pay scales, Davis-Bacon wage rates (if applicable) or other documentation. When an applicant proposes to use a consultant, the applicant must indicate whether there is a formal agreement or written procurement policy. For each consultant, please provide the name, if known, hour or daily fee, and the estimated time on the project. Applicants must submit one appraisal from a qualified certified appraiser other than the institution for projects that involve rehabilitation of residential, commercial and/or industrial structures; and/or acquisition, construction, or installation of public facilities and improvements. Such an entity must be involved in the business of housing rehabilitation, construction and/or management. Guidance for securing these estimates can be obtained from the local Office of Native American Programs (ONAP) and the local HUD Office of Community Planning and Development. Equipment and contracts cannot be presented as a total estimated figure. For equipment applicants must provide a list by type and cost for each item and explain how it will be used. Applicants using contracts must provide an individual description and cost estimate for each contract.

Indirect costs attributed to a particular project functional category should be listed as "Indirect Costs" under that category. Indirect costs are allowable only if an applicant has a federally approved indirect cost rate. A copy of the institution's negotiated indirect cost rate as issued by the cognizant federal agency must be attached to the budget sheets when submitting an application.

Make sure that the amount shown on the HUD 424, the budget forms, and on all other required program forms is consistent and the budget totals correct. Remember to check addition in totaling the categories on the HUD 424-C and HUD 424-CB form so that all items are included in the total. If there is an inconsistency between any of the forms required, the HUD 424-C will be used. If upon checking the addition HUD finds that an applicant has added incorrectly, the HUD 424-CB will be revised accordingly. Please note that this would be considered a substantive rather than a technical error. If this correction puts an application over the grant maximum, the applicant will not be able to correct the amount requested and the application will be disqualified.

#### **Rating Factor 4: Leveraging Resources** (10 Points)

This factor addresses the ability of the applicant to secure community resources that can be combined with HUD's grant funds to achieve the program's purpose.

In evaluating this factor, HUD will consider the extent to which the applicant established partnerships with other entities to secure additional resources to increase the effectiveness of the proposed activities. Resources may include funding or in-kind contributions, such as services or equipment, allocated to the purpose(s) of the grant. Resources may be provided by governmental entities (e.g. the tribe, federal government (Bureau of Indian Affairs, Department of Health and Human Services, and Department of Education)), public or private nonprofit organizations, for-profit private organizations, or other entities. Applicants may also establish partnerships with other program funding recipients to coordinate the use of resources in the target area. Please note that the value of the time of individuals serving on the program's advisory board cannot be counted as an in-kind contribution. Overhead and other institutional costs (e.g., salaries) that the institution has waived may be counted. However, higher points will be awarded if an applicant secures leveraging resources from sources outside the institution. Examples of potential sources for outside assistance are:

• State and local governments

• Tribe/Tribally Designated Housing Entities

 Local or national nonprofit organizations

- Banks and/or private businesses
- Foundations

• Faith-based and other community based organizations.

For each match, cash or in-kind contribution, a letter of commitment, memorandum of understanding, or agreement must be provided that shows the extent and firmness of the commitments of leveraged funds (including any commitment of resources from the applicant's own institution) in order for these resources to count in determining points under this factor. Resources will not be counted for which there is no commitment letter, memorandum of understanding or agreement, nor quantified level of commitment. Letters, memoranda of understanding, or agreements must be submitted from the provider on the provider's letterhead and be included with the application package. The date

of the letter, memorandum of understanding, or agreement from the CEO of the provider organization must be dated no earlier than the date of this published SuperNOFA. Applicants that do not include evidence of leveraging will receive zero (0) points for this Factor.

A firm commitment letter, memorandum of understanding, or agreement must address the following:

(a) The cash amount contributed or dollar value of the in-kind goods and/ or services committed (If a dollar amount and use is not shown, the source cannot be counted towards the match requirement);

(b) Specifically indicate how the match is to be used;

(c) The date the match will be made available and a statement that describes the duration of the contribution. If any of the matching sources are for more than one year, the commitment letter, memorandum of understanding, or agreement must state the number of years, the per year commitment, and the total commitment. Without this statement, HUD will assume that the commitment is for only one year;

(d) Any terms and conditions affecting the commitment, other than receipt of a HUD grant; and

(e) The signature of the appropriate executive officer authorized to commit the funds and/or goods and/or services. Please remember that only items eligible for funding under this program can be counted as a match.

#### **Rating Factor 5: Achieving Results and Program Evaluation (10 Points)**

This factor reflects HUD's goal to embrace high standards of ethics, management, and accountability. The factor measures the applicant's commitment to assess their performance to achieve the program's proposed objectives and goals. Applicants are required to develop an effective, quantifiable, outcome-oriented evaluation plan for measuring performance and determining that objectives and goals have been achieved.

"Outcomes" are benefits accruing to institutions of higher education and/or communities during or after participation in the TCUP program. Applicants must clearly identify the outcomes to be measured and achieved. Examples of outcomes are increasing the number of facilities built or renovated, by a certain percentage (*e.g.* rehabilitation of a student union building primarily for the use of students).

In addition, applicants must establish interim benchmarks and outputs that

lead to the ultimate achievement of outcomes. "Outputs" are the direct products of the program's activities. Examples of outputs are the number of new on campus facilities renovated, or the number of new dormitories built. Outputs should produce outcomes for the program. At a minimum, an applicant must address the following activities in the evaluation plan:

(a) Short and long term objectives to be achieved;

(b) Actual accomplishments against anticipated achievements;

(c) Measurable impacts the grant will have on the community in general and the target area or population;

(d) The impact the grant will have on the long term commitment of the University to the faculty and students to provide opportunities to reward and continue this type of work; and

(e) The impact the grant will have on assisting the university to obtain additional resources to continue this type of work at the end of the funding period of this grant award.

This information should be provided in a Logic Model format. This form and information can be found in the General Section of this SuperNOFA.

#### VI. Application Submission Requirements (For All Programs)

A complete application package must include an original signed application, three copies, and one computer disk of the application (in Word 6.0 or higher) of the items listed below. In order to be able to recycle paper, applications should not be submitted in bound form; binder clips or loose-leaf binders are acceptable. Please do not use colored paper. Applications must be submitted on 81/2 by 11 inches paper, doublespaced on one side of the paper, and printed in a standard Times Roman 12point font. Each page should include the applicant's name and be numbered. Each section should be tabbed sequentially. The application narrative including the statement of work, tables, and maps must not exceed 75 pages (excluding forms, budget narrative, assurances and commitment letters). The double-spacing requirement applies to all parts of the application including agreements and tables. Please note that although submitting pages in excess of the page limit will not disqualify an application, HUD will not consider the information on any excess page. This may result in a lower score or failure to meet a threshold. Please make sure that all items are submitted in the order listed below. Except where a particular form may direct otherwise, all forms included in an application, as well as the transmittal letter, must be signed by

the Chief Executive Officer (this is generally the President or Provost) or an official authorized legally to make a commitment on behalf of the institution. If a designee signs, the application must contain a copy of the official designation of signatory authority.

Applicants applying for funding under more than one of the programs included in this NOFA will need to produce separate applications for each program. However, applicants may use portions of an application to fulfill certain requirements of all of the applications. There is no separate application kit for these programs. Note: All OUP programs are included under this NOFA (excluding the Early Doctoral Student Research Grant, the Doctoral Dissertation Research Grant, the Community Development Work Study Grant Programs, and the Community **Outreach Partnerships Center** Community Futures Demonstration). Applicants are advised to review each program for specific requirements. Therefore, it is important for applicants to thoroughly read the information presented in this NOFA. Please include each item in the order listed below:

(1) HUD 424 "Application for Federal Assistance". Instructions for completing this form are found on the back of the first page of the form. Please remember the following: (a) The full grant amount should be entered in block 15, not the amount for just one year; (b) Include the name, title, address, telephone number, facsimile number, and email address of the designated contact in block 5. This is the person who will receive the reviewer comments; therefore please ensure the accuracy of the information (c) the correct Employer Identification/ Tax ID number in block 6. This form should be signed by the appropriate official (d) Block 10, the Catalog of Federal Domestic Assistance Number for the program from which funding is requested, and (e) the project's proposed start date and completion date. For all projects the start date should be September 1, 2003. The Catalog of Federal Domestic Assistance (CDFA) numbers (Item 10) for all OUP programs are as follows:

- -Community Outreach Partnership Center Programs 14.511
- —Historically Black Colleges and Universities 14.237
- —Hispanic Serving Institutions Assisting Communities 14.514
- —Alaska Ňative/Native Hawaiian Institutions Assisting Communities 14.515
- —Tribal Colleges and Universities Program 14.519

(2) *Transmittal Letter.* The letter should contain the following:

(a) A statement certifying that the institution is an eligible institution because it meets the requirement of the specific program from which funding is being sought; (b) the institution is a twoor four-year institution; and (c) the institution of higher education is fully accredited. This assurance must state not only the name of the accrediting agency but also that the particular accrediting agency is recognized by the U.S. Department of Education (or, for applicants to the Tribal Colleges and Universities Programs, that the institution has applied for accreditation by a regional instructional accrediting association recognized by the U.S. Department of Education). Applicants can also use the transmittal letter as one way to demonstrate the President's commitment to the institutionalization of the program. This letter must be signed by the *Chief Executive Officer* (usually the President or Provost) of the institution. If the Chief Executive Officer has delegated this responsibility to another official, that person may sign, but a copy of the delegation must be included or stated in the letter. (Note: If applying for funding under the TCUP program, applicants must also address whether their institution is a department or agency of a tribal government and is thus claiming exemption from Davis-Bacon labor standards and the non-discrimination provision of section 109 of the Housing and Community Development Act of 1974).

(3) Application Checklist. Applicants must include the completed checklist in their application. On the checklist, indicate the page number where each of the items can be found in the application (See Appendix A).

(4) Abstract. Applicants must include a two-page summary of the proposed project. Please include the following:

(a) The designated contact person, including phone number, facsimile number, and email address;

(b) University's name, department, mailing address, telephone number, facsimile number, and email address; and

(c) The principal investigator for the project, including phone number, facsimile number, and email address.

(5) Narrative statement addressing the Factors for Award. HUD will use the narrative response to the "Factors for Award" to evaluate, rate, and rank applications. This statement is the main source of information. Therefore, it is very important that applicants become fully familiar with each of the rating factors above since all OUP programs (excluding the Early Doctoral Student Research Grant, the Doctoral

Dissertation Research Grant, the Community Development Work Study Programs, and the Community Outreach Partnership Centers Housing and Community Futures Demonstration) are included in this NOFA. Applicants are advised to review each factor carefully for program specific requirements. The response to each factor should be concise and contain only information relevant to the factor, but detailed enough to address each factor fully. Please do not repeat material in response to the five factors; instead focus on how well the proposal responds to each of the factors. In factors where there are subfactors, each subfactor should be presented separately, with the short title of the subfactor presented. Make sure to address each subfactor and provide sufficient information about every element of the subfactor.

The application narrative including the statement of work, tables, and maps must not exceed 75 pages (excluding forms, budget narrative, assurances, and letters of leveraging commitments).

(a) Statement of Work. The Statement of Work (SOW) under the Narrative Statement section of the application (Factor 3) should clearly identify and incorporate all proposed eligible activities in the application and detail how the proposed work will be accomplished. Specifically, the SOW must: briefly describe the target population that will be assisted with grant funds (See Factor for Award #2 for the kind of information that should be included).

(1) Arrange the presentation of related major activities by project functional category, (a) Summarize each activity, (b) Delineate the major tasks involved in carrying out each activity, (c) Indicate the sequence in which these tasks will be performed, noting areas of work that will be performed simultaneously and continually during the life of the grant and, (d) Identify the key personnel responsible for carrying out the activity (HUD recommends Applicant use a milestone chart to present the information above). Applicants applying for funding under the HBCU, HSIAC, AN/NHIAC, and TCUP programs should describe how each proposed activity meets one of the three Community **Development Block Grant Program** (CDBG) national objectives. The sequence and duration should be presented in six-month intervals for the entire life of the grant (See Allocation of Funding, Period of Performance, Match Requirement).

(2) Identify the specific number of quantifiable, major, intermediate, and end products and objectives (*e.g.*, the

number of individuals in the community that will receive job training) the proposal aims to deliver by the end of the grant period as a result of the work performed.

(3) State the impact objectives the project intends to achieve in measurable terms along with deadlines for meeting them (*e.g.*, number of persons obtaining jobs that pay more than minimum wage, or persons entering full time employment with benefits).

(4) Briefly discuss, with specific details:

(a) How the proposed major activities do not duplicate those of other entities in an applicant's target community; and

(b) Are appropriate for an institution of higher education to undertake in light of its teaching, research, and service missions (if applicable).

**Note:** If applying for a COPC New Directions Grant, the Statement of Work should also describe the new directions proposed in the application either the new activities or new target neighborhoods—and how these differ from those in the previous COPC grant.

(6) *Budget.* The budget documents should follow the statement addressing Factor 3. The budget presentation should be consistent with the Statement of Work and include the following:

(a) HUD 424–C "Budget Summary for Competitive Grants Programs"

(b) (HUD 424–CB "Grant Application Detailed Budget"

Applicants should provide a budget for the funding period of the program for which they are applying (See Allocation of Funding, Period of Performance, and Match Requirement).

(c) Budget-Narrative. A narrative of how the applicant arrived at costs for line items over \$5,000. All budget forms must be completed in full.

Make sure that the amount shown on the HUD 424, the budget forms, and on all other required program forms is consistent and the budget totals correct. If there is an inconsistency between any of the forms required, the HUD 424–C will be used. If upon checking the addition HUD finds that an applicant has added incorrectly, the HUD 424–CB will be revised accordingly.

(d) Indirect Cost Rate. A copy of the negotiated indirect cost rate as issued by the cognizant federal agency.

(e) Explanation of Compliance with Limitation on Research Allocation. (Applicable only to applicants applying for funding under the COPC program). Applicants must demonstrate that not more than 25% of the total budget (including federal and matching funds) will be allocated to research activities. An applicant must use the Form HUD– 30002, "Community Outreach Partnership Centers Breakdown of Outreach and Research Activities'' to demonstrate this. This form is included in Appendix B. For purposes of this form, all costs (including administrative costs) must be categorized or apportioned as either research or outreach, as appropriate.

(f) Explanation of Compliance with Matching Requirement. (Applicable only to applicants applying for funding under the COPC program). This NOFA spells out the matching responsibilities for applicants applying for funds under COPC. Note that research requires a 50 percent match, while outreach activities require a 25 percent match. Match requirements are based on Total Project Costs, not the federal grant amount. In order to avoid confusion about the calculation of the match, an example is provided.

Assume that the total project cost for a New COPC Grant was \$500,000, with \$125,000 for research and \$375,000 for outreach. Note that this project meets the requirement that no more than onequarter of the total project costs be allocated for research. The total amount of the required match would be \$156,250. The research match would be \$62,500 (\$125,000 × 50 percent) and the outreach match would be \$93,750  $($375,000 \times 25 \text{ percent})$ . The federal grant requested would be \$343,750 (\$500,000 minus the match of \$156,250). In calculating the match, administrative costs should be applied to the appropriate attributable outreach or research component.

Applicants must use Form "HUD– 30001, Community Outreach Partnership Centers Matching Requirements" (included in Appendix B) to show how the match requirements have been met. Under each category, list the specific project activities. Only the dollar totals for research and outreach activities should be listed; costs by activity do not need to be listed. For the purposes of this form, administrative costs should be allocated between research and outreach activities, as appropriate. Applicants must provide letters, memoranda of understanding or agreements that show the extent and firmness of commitments of leveraged funds (including an applicant's own resources) in order for these resources to count. Any resource for which there is no commitment letter will not be counted, nor will the resource be counted without the proposed level of commitment being quantified. Each letter must include a specific dollar amount and use of the funds. If a dollar amount and use is not shown, the source cannot be counted towards the match requirement (Applicable only to

COPC) and Factor 4. (Note: While indirect costs can count towards meeting the required match, they will not be used to calculate the match percentage above the match requirement. Only direct costs can count in this factor). Letters, memoranda of understanding and agreements must be signed by an authorized representative of the funding source. If any matching sources are for more than one year, the commitment letter, memorandum of understanding, or agreement must state the number of years, the per year commitment, and the total commitment. Items eligible for program funding can be counted as match. Include matching documentation at the end of in the Narrative Statement Addressing the Factors for Award (see below). COPC program applicants only must include a multiple-page worksheet entitled "HUD 30011 or HUD 30012, Verification of the Match," (included in Appendix B) which must be used to determine if a sufficient match has been provided. This worksheet must be included in the application. Please note on this form by each commitment listed if the match is an inside or outside match commitment.

(7) *Certifications.* The following certifications and assurances must be included in all application packages. These forms must be signed by the Chief Executive Officer (or official designee) of the institution and can be downloaded from the HUD Web site at *http://www.hud.gov.* 

(a) Applicant Assurances and Certifications (HUD–424–B)

(b) Disclosure of Lobbying Activities (SF–LLL)

(c) Applicant/Recipient Disclosure/ Update Report (HUD–2880)

(d) Certification of Consistency with the Consolidated Plan (HUD–2991)

(e) Certification of Consistency with the EZ/EC/RC Strategic Plan (HUD– 2990). Must be signed by the certifying official of the EZ/EC/RC. The General Section of the SuperNOFA provides procedures and guidelines required to certify that proposed grant activities are being conducted in the EZ/EC/RC that serve the residents of these areas, and are certified to be consistent with the area's strategic plan. (**Note:** Applicants applying for funding under the TCUP programs are not eligible to receive these bonus points.)

(f) Acknowledgment of Receipt of Application (Form HUD–2993). To confirm that HUD has received the application package, please complete this form. Applicants are not required to include this form, but HUD recommends an applicant to do so. (g) Client Comments and Suggestions (Form HUD–2994). This form is included to solicit information from the most valuable source, the applicant. The changes that we have instituted this year are designed to make things easier for the applicant. If applicants complete and submit this form, it will help us to assess whether the changes have had the intended results. It will also guide us in our continuing efforts to improve the competitive grant process. Applicants are not required to complete this form.

(h) Appendices. Applicants are not permitted to submit any appendices. Letters of commitment for matching funds should be included in the narrative response to Factor 4. An applicant may not submit general support letters or resumes or other backup materials (unless an applicant is willing to have the latter count towards the page limits). Applicants should make sure that the Statement of Work and Narrative Statement addressing the "Factors for Award" contain sufficient detail to stand on their own, without the need for back-up material.

(B) Final selection.

If an application is in compliance with the applicable threshold requirements as defined in the General Section of this SuperNOFA and NOFA, as well as the applicable program requirements, it will be evaluated, rated, and ranked based on its total score on the program's rating factors. In order to be funded, an application must receive a minimum score of 75 points. HUD will fund applications for each program in this NOFA in rank order, until it has awarded all available program funds.

If two or more applications have the same number of points, the application with the most points for Factor 3, Soundness of Approach, shall be selected. If there is still a tie, the application with the most points for Factor 4, Leveraging, shall be selected. HUD also reserves the right to make selections out of rank order to provide for geographic distribution of grantees. If HUD decides to use this option, it will do so only if two adjacent HUD regions do not yield at least one fundable grantee on the basis of rank order. If this occurs, HUD will fund the highestranking applicant within the two regions as long as the minimum score of 75 points is achieved.

HUD reserves the right to reduce the amount of funding requested in order to fund as many highly ranked applications under each program in this NOFA as possible. Additionally, if funds remain after funding the highest ranked applications, HUD may fund part of the next highest-ranking application in a given program area. If an applicant turns down the award offer, HUD will make the same determination for the next highestranking application. If funds remain after all selections have been made, the remaining funds will be carried over to the next funding cycle's competition.

(C) *Negotiations*. After all selections have been made, HUD may require winning applicants to participate in negotiations to determine the specific terms of a program's Statement of Work and/or Grant Budget. In cases where HUD cannot successfully conclude negotiations, or an applicant fails to provide HUD with requested information, an award will not be made. In such instances, HUD may elect to offer an award to the next highestranking applicant, and proceed with negotiations with that applicant.

#### VII. Other Matters

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of the SuperNOFA.

(A) *Debriefing.* The General Section of the SuperNOFA provides the procedures for requesting a debriefing. All requests for debriefings must be made in writing and submitted to Armand Carriere of HUD's Office of University Partnerships, Robert C. Weaver Building, 451 7th St., SW., Room 8106, Washington, DC 20410. Applicants may also write to Mr. Carriere via email at

Armand W. Carriere@hud.gov.

(B) Administrative. Grants awarded under this NOFA will be governed by the provisions of 24 CFR part 84 (Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations), A–21 (Cost Principles for Education Institutions) and A–133 (Audits of States, Local Governments, and Non-Profit Organizations). Applicants can access the OMB circulars at the White House website at www.whitehouse.gov/omb/ circulars/index.html.

#### VIII. Corrections to Deficient Applications

The General Section of this SuperNOFA provides the procedures for corrections to deficient applications.

#### **IX. Site Control**

Where grant funds will be used for acquisition, rehabilitation, or new construction an applicant must demonstrate site control. If the recipient cannot demonstrate control of a suitable site within one year after initial notification of award of assistance, HUD may recapture or deobligate any award for assistance. (This is not applicable to applicants applying for funding under COPC).

#### X. Environmental Requirements

(A) *COPC Program.* In accordance with 24 CFR 50.19 (b) of the HUD regulations, activities under the COPC program are categorically excluded from the requirements of the National Environment Policy Act and are not subject to environmental review under related laws and authorities.

(B) HBCU, HSIAC, AN/NHIAC, and TCUP Programs. Selection for award does not constitute approval of any proposed sites. Following selection for award, HUD will perform an environmental review of activities proposed for assistance in accordance with 24 CFR part 50. The results of the environmental review may require that proposed activities be modified or proposed sites be rejected. Applicants are particularly cautioned not to undertake or commit funds for acquisition or development of proposed properties prior to HUD approval of specific properties or areas. An application constitutes an assurance that the institution will assist HUD to comply with part 50; will supply HUD with all available and relevant information to perform an environmental review for each proposed property; will carry out mitigating measures required by HUD or select alternate property; and will not acquire, rehabilitate, convert, demolish, lease, repair, or construct property and not commit or expend HUD or local funds for these program activities with respect to any eligible property until HUD approval of the property is received. In supplying HUD with environmental information, applicants should use the same guidance as provided in the HUD Notice CPD-99-01 entitled "Field **Environmental Review Processing for** HUD Colonias Initiative (HCI) Grants' issued January 27, 1999.

#### XI. Authority

The COPC program is authorized under the Community Outreach Partnership Act of 1992 (42 U.S.C. 5307 note; the "COPC Act"). The COPC Act is contained in section 851 of the Housing and Community Development Act of 1992 (Pub. L. 102-550, approved October 28, 1992) (HCD Act of 1992). Section 801(c) of the HCD Act of 1992 authorized \$7.5 million for each year of the 5-year demonstration to create **Community Outreach Partnership** Centers as authorized in the COPC Act. Division K of the Consolidated Appropriations Resolution, 2003 (Pub. L. 108–7, approved February 20, 2003) continued the program beyond the

initial five-year demonstration by providing funding for Community Outreach Partnership Centers for FY 2003.

The HBCU program is authorized under section 107 (b) (3) of the Housing and Community Development Act of 1974 (42 U.S.C. 5307 (b) (3)), which was added by section 105 of the Department of Housing and Urban Development Reform Act of 1989 (Pub. L. 101–235, approved December 15, 1989). This program is governed by regulations contained in 24 CFR 570.400 and 570.404, and in 24 CFR part 570, subparts A, C, J, K, and O.

The HSIAC, AN/NHIAC, and TCUP programs were approved by the Congress under the conference report accompanying the CDBG appropriation for section 107, as part of the FY2003 Consolidated Appropriations Resolution (Pub. L. 108–7). These programs are being implemented through this NOFA and the policies governing its operation are contained herein.

### **XII. Appendices**

The application checklist, nonstandard forms required for the programs, and the list of previously funded and unfunded HBCUs follow in Appendices A–C.

## **Appendix A--Application Checklist**

## **Application Checklist**

This checklist identifies application submission requirements. Applicants are requested to use this checklist when preparing an application to ensure submission of all required elements. Please present the information in the application in the order outlined below and include a completed checklist. Standard Forms and required certification are found in the General Section of the SuperNOFA, program specific forms are found at the end of this NOFA in Appendix A-C.

## I. PART A

HUD 424 "Application For Federal Assistance"

\_\_\_\_ Transmittal Letter

Application Checklist

\_\_\_\_\_ Abstract

\_\_\_\_ Narrative Statement Addressing the Factors for Award (Must not exceed 75 pages,

double-spaced on one side, printed in standard Times Roman 12 point font).

\_\_\_\_ Statement of Work

\_\_\_\_\_ HUD-96010-1 "Logic Model"

HUD-40076 "Response Sheet-Performance Narrative" -only (Previously Funded

## **HBCU** Applicants Only)

\_ Budget

HUD 424-C "Budget Summary for Competitive Grants Program"

HUD 424-CB" Grant Application Detailed Budget"

\_\_\_\_Budget Narrative (No form provided)

Indirect Cost Rate

## **Community Outreach Partnership Center Applicants Only**

HUD-30001 "Community Outreach Partnership Center Program Matching Requirements"

HUD 30002"Community Outreach Partnership Center Program Breakdown of Outreach and Research Activities"

HUD-30011 or HUD 30012 "Verification of Match

## II. PART B

- HUD-424-B "Applicant Assurance and Certifications"
- HUD 50071 "Certification of Payments to Influence Transactions"
- SF-LLL "Disclosure of Lobbying Activities"
- HUD-2880 "Applicant/Recipient Disclosure Update Report"
- HUD-2991 "Certification of Consistency with the Consolidated Plan", (if applicable)
- HUD-2990 "Certification of Consistency with the EZ/EC/RC Strategic Plan", (if

applicable)

- \_\_\_\_\_ HUD-2993 "Acknowledgement of Applicant Receipt"
- \_\_\_\_\_ HUD-2994 "Client Comments and Suggestions"

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## Community Outreach Partnership Centers Program Matching Requirements

U.S. Department of Housing and Urban Development Office of Policy Research and Development

OMB Approval No. 2528-0180 (exp. 04/30/2003)

	Federal Share \$	Match \$	Total Cost \$	Match as Percent of Total Cost
Research Activities: (list)				
Subtotal				%
Dutreach Activities: (list)				
Subtotal	1911 - M. 19713	y tegeni a setta de setta de la setta La setta de la s	Friday (1997) - Ali	61 Akore 1944 (
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form HUD-30001 (4/98)

The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine eligibility, and establish grant amounts for the Community Outreach Partnership Centers (COPC) program. Total public reporting burden for collection of this information is estimated to average 80 hours. This includes the time for reviewing instructions,

total public reporting burden for collection of this information is estimated to average 80 hours. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information submitted in response to the notice of funding availability for the COPC program and HSI-WSP program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Pub.L. 101-235, approved December 15, 1989, 42 U.S.C. 3545).

The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

## Community Outreach Partnership Centers Program Breakdown of Outreach and Research Activities

U.S. Department of Housing and Urban Development Office of Policy Research and Development OMB Approval No. 2528-0180 (exp. 04/30/2003)

The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine eligibility, and establish grant amounts for the Community Outreach Partnership Centers (COPC) program.

Total public reporting burden for collection of this information is estimated to average 80 hours. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The information submitted in response to the notice of funding availability for the COPC program and HSI-WSP program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Pub.L. 101-235, approved December 15, 1989, 42 U.S.C. 3545).

The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

	Total Cost \$	Percent of Total Project Cost
Total Research Activities		%
Total Outreach Activities		%
Total		

form HUD-30002 (4/98)

## Verification of Match for New Directions Grants

U.S. Department of Housing and Urban Development Office of Policy Development and Research OMB Approval No. 2528-0180 (exp. 04/30/2003)

**Public reporting burden** for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected on this form is utilized to calculate and verify the amount of matching resources as a percentage of total project costs. This collection of information is authorized by Public Law 100-242, section 501. 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. HUD has submitted a request for Office of Management and Budget (OMB) approval to collect this information. That approval is pending.

## **Record of Match Commitments**

List of matching sources

Check if commitment letter is included and activity is eligible for match

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## Verification of Match (cont'd.)

## CALCULATION OF THE MATCH

# 1. REQUIRED MATCH:

## A. Research Total Project Costs::

(Grant request for Research) Research match should be: X (Research Total Project Co B. Outreach Total Project C	60% = osts)	(Research Total Project Costs) (Required Research Match)
X (Research Total Project Co	60% = osts)	(Required Research Match)
Research Total Project Co	osts)	(Required Research Match)
3. Outreach Total Project C	Costs::	
+ Grant request for Outreach)	(Match for Outreach)	(Outreach Total Project Costs)
Outreach match should be:		
(Outreach Total Project Co	X 35% = osts)	(Required Outreach Match)
C. Required Total Match:		
(Required Research Match-from 1.A.)	+ (Required Outreach Match-from 1.B.)	= (Required Total Match)

# 2. ACTUAL MATCH FOR STATUTORY PURPOSES:

COUNT ONLY THOSE ITEMS W MENT LETTERS, USING THE F WORKSHEET SHOULD CONFO	ORM HUD-30001.	
Research match provided:		
Outreach match provided:		
Total match provided:		
Match provided is more than m	natch required:	
Yes No		
3. ACTUAL MATCH FOR FACTO	OR 4 PURPOSES:	
Actual total match provided (from	n # 2 above):	
Minus indirect match:		
Actual total match for following ca	alculations:	

# 4. MATCH OVERAGE

<u>Total Actual Match (w/o indirect costs)(from 3)</u>=\_\_\_\_\_ Total Required Match (from 1.C.)

(As long as the number produced is more than 1, use only amount to the right of the decimal point to determine overage. If the number is less than 1, there is no match overage and you are not eligible for any points under this subfactor.)

# 5. MATCH FROM OUTSIDE SOURCES

<u>Total Match from Outside Sources</u> = Total Actual Match (w/o indirect costs) (from 3)

# Verification of Match for New Grants

U.S. Department of Housing and Urban Development Office of Policy Development and Research OMB Approval No. 2528-0180 (exp. 04/30/2003) ,

**Public reporting burden** for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected on this form is utilized to calculate and verify the amount of matching resources as a percentage of total project costs. This collection of information is authorized by Public Law 100-242, section 501. 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. HUD has submitted a request for Office of Management and Budget (OMB) approval to collect this information. That approval is pending.

## **Record of Match Commitments**

List of matchir	ng sources	Check if commitment letter is included and activity is eligible for match	
1.			
2.			
3.			
4.			
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# Verification of Match (cont'd.)

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# CALCULATION OF THE MATCH

# **1. REQUIRED MATCH:**

A. Research Total Project Costs::

(Grant request for Research)	(Match for Research)	(Research Total Project Costs)
Research match should	be:	
(Research Total Project	50% = t Costs)	(Required Research Match)
B. Outreach Total Project	ct Costs::	
+ (Grant request for Outreach)	= (Match for Outreach)	(Outreach Total Project Costs)
Outreach match should I	be:	
(Outreach Total Project	X 25% = Costs)	(Required Outreach Match)
C. Required Total Match:		
(Required Research Match-from 1.A.)	+ (Required Outrea Match-from 1.B.)	· ·

## 2. ACTUAL MATCH FOR STATUTORY PURPOSES:

COUNT ONLY THOSE ITEMS WHICH ARE ELIG MENT LETTERS, USING THE FORM HUD-3000 WORKSHEET SHOULD CONFORM.	
Research match provided:	
Outreach match provided:	
Total match provided:	
Match provided is more than match required:	
3. ACTUAL MATCH FOR FACTOR 4 PURPOSE	S:
Actual total match provided (from # 2 above):	
Minus indirect match:	
Actual total match for following calculations:	

# 4. MATCH OVERAGE

Total Actual Match (w/o indirect costs)(from 3)=\_\_\_\_\_ Total Required Match (from 1.C.)

(As long as the number produced is more than 1, use only amount to the right of the decimal point to determine overage. If the number is less than 1, there is no match overage and you are not eligible for any points under this subfactor.)

## 5. MATCH FROM OUTSIDE SOURCES

<u>Total Match from Outside Sources</u> = Total Actual Match (w/o indirect costs) (from 3)

form HUD-30012 (3//2003)

### APPENDIX C

## Historically Black Colleges and Universities Previously Unfunded By HUD During Fiscal Years 1991-2002

## Alabama

Concordia College Selma University Trenholm State Technical College

## Arkansas

## Delaware

### Florida

Florida Memorial College

#### Georgia

Morehouse School of Medicine Paine College

### Louisiana

## Maryland

University of Maryland Eastern Shore

### Michigan

Lewis College of Business

#### Mississippi

Mary Holmes College

## North Carolina

## <u>Ohio</u>

Wilberforce University

### Pennsylvania

Cheyney University of Pennsylvania

## South Carolina

Clinton Junior College Denmark Technical College Morris College

### Tennessee

Knoxville College Lane College

## Texas

Southwestern Christian College

Virginia

West Virginia

U.S. Virgin Islands

## Historically Black Colleges and Universities Previously Funded By HUD During Fiscal Years 1991-2002

### Alabama

Alabama A&M University Alabama State University Bishop State Community College Gadsden State Community College J.F. Drake Technical College Lawson State Community College Miles College Oakwood College Stillman College Talladega College Tuskegee University C.A. Fredd Technical College

### Arkansas

Arkansas Baptist College Philander Smith College Shorter College University of Arkansas at Pine Bluff

## Delaware

Delaware State University

### **District of Columbia**

Howard University University of the District of Columbia

### Florida

Bethune-Cookman College Edward Waters College Florida A&M University

### Georgia

Albany State University Clark Atlanta University Fort Valley State University Interdenominational Theological Center Morehouse College Morris Brown College Savannah State University Spelman College

### Kentucky

Kentucky State University

### Louisiana

Dillard University Grambling State University Southern University A & M College System at Baton Rouge Southern University at Shreveport Southern University at New Orleans Xavier University of New Orleans

### Maryland

Bowie State University Coppin State College Morgan State University

### Mississippi

Alcorn State University Coahoma Community College Jackson State University Mississippi Valley State University Rust College Tougaloo College Hinds Community College

### Missouri

Harris-Stowe State College Lincoln University

### North Carolina

Barber-Scotia College Bennett College Elizabeth City State University Fayetteville State University Johnson C. Smith University North Carolina A&T State University North Carolina Central University St. Augustine's College Shaw University Winston Salem State University

### <u>Ohio</u>

Central State University

### Oklahoma

Langston University

### Pennsylvania

Lincoln University

### South Carolina

Allen University Benedict College Claflin College South Carolina State University Voorhees College

### Tennessee

Fisk University Lemoyne-Owen College Meharry Medical College Tennessee State University

### Texas

Huston-Tillotson College Jarvis Christian College Paul Quinn College Prairie View A&M University Saint Philip's College Texas Southern University Texas College Wiley College

### Virginia

Hampton University Norfolk State University Saint Paul's College Virginia State University Virginia Union University

### West Virginia

West Virginia State University Bluefield State College

### U.S. Virgin Islands

University of the Virgin Islands

OMB Approval No. 2506-0122 (exp. 2/29/2004)

### **RESPONSE SHEET**

The information requested below is to be p	rovided by Prev	iously-funded HBCUs only.
Applicant should duplicate this page as neces	sary.	
<b>Performance Narrative</b> . The following info information will be reviewed in conjunction w are also to be submitted in response to this su	with the two lates	
The following information is requested for ea	ch HUD/HBCU	grant that you have received since 1991.
Applicant Name	·	
Grant Number		
Grant start date (grant agreement, HUD-1044	, executed)	
Grant end date		
Amount of HUD Grant funds awarded	\$	
Amount of HUD Grant funds expended	\$	
Balance of Grant funds to be spent	\$	
Total cost of project	\$	
Amount contributed by partners	\$	
Partner percentage of total cost		%
Partner Name	4-409/00-00-00-00-00-00-00-00-00-00-00-00-00-	
Amount Contributed \$		
Partner Name		
Amount Contributed \$		
Partner Name		
Amount Contributed \$		
Partner Name		
Amount Contributed \$		Alfordation
Grant Goals and Objectives		

Previous versions obsolete

OMB Approval No. 2506-0122 (exp. 2/29/2004)

### **RESPONSE SHEET**

Applicant Name
Performance Narrative. (continued)
Were / are Grant Goals and Objectives being met? Yes No
Total number of Grant tasks
Total number of persons to be served by completion of this Grant
For the following questions, please enter a date that is no earlier than the publication date of this SuperNOFA.
Total number of Grant tasks completed as of (enter date)
Percentage of Grant tasks completed as of (enter date)
Total number of persons served as of (enter date)
List measurable results as of (enter date)

 Were / are Grant Target dates and Schedules being met?
 Yes \_\_\_\_\_ No \_\_\_\_\_

 Impediments or delays in implementation encountered
 No \_\_\_\_\_\_

Other comments:

Previous versions obsolete

### **RESPONSE SHEET**

Applicant Name	
Performance Narrative. (continued)	
Total number of HUD / HBCU Grants you have rec	eived
Grant Number	Amount of Grant
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

Briefly describe the impact that the total amount of HUD/HBCU funds listed above have had on your community.

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## **UNIVERSITIES AND COLLEGES**

Community Outreach Partnership Centers (COPC) Community Futures Demonstration

Billing Code 4210-32-C

### Funding Availability for Universities and Colleges: Community Outreach Partnership Centers (COPC) Community Futures Demonstration

#### **Program Overview**

Purpose of the Program. The purpose of the Community Outreach Partnership Centers (COPC) Community Futures Demonstration is to provide funds to schools of architecture, planning or design at two-year colleges, four-year colleges, and universities to establish and operate Community Outreach Partnership Centers (COPCs) to:

(1) Develop case study housing plans and designs that address community housing needs as described below; or

(2) Develop long-range plans for local communities that address future growth and development trends in the metropolitan area or region.

Available Funds. Up to \$1.955 million from the Fiscal Year (FY) 2003 Consolidated Appropriation Resolution for the Community Outreach Partnership Centers Program (COPC).

#### **Additional Information**

Applicants interested in applying for funds under this NOFA should carefully review the General Section of this SuperNOFA and the following additional information.

#### I. Application Due Date, Addresses, Submission Procedures, Further Information, and Technical Assistance

*Application Due Date.* A completed application package is due on or before June 24, 2003.

Address for Submitting Applications. A completed application package consists of one original signed application, three copies, and one computer disk (in Word 6.0 or higher) of the application. This package must be submitted to the following address: Processing and Control Branch, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street SW., Room 7251, Washington, DC 20410. When submitting an application package, also include the following information on the outside of the envelope: (a) Office of University Partnerships, (b) COPC Community Futures Demonstration Application, (c) Room number 7251, (d) applicant's name and mailing address (including zip code), and (e) applicant's telephone number (including area code).

Mailing and Receipt Procedures. Applicants must refer to the General Section of this SuperNOFA for detailed requirements governing application submission and receipt procedures. For Further Information and Technical Assistance. Applicants may contact HUD's Office of University Partnerships staff—Armand W. Carriere at (202) 708–3061, ext. 3852 or Susan Brunson at (202) 708–3061, ext. 3181. Speech-or hearing-impaired individuals may call the Federal Information Relay Service TTY at 1 (800) 877–8399. Except for the "800" number, these numbers are not toll-free. Applicants may also reach Mr. Carriere via e-mail at Armand\_W. Carriere@hud.gov and Ms. Brunson at Susan S. Brunson@hud.gov.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about this NOFA and preparation of an application. For more information about the date and time of this broadcast, consult the HUD website at www.hud.gov.

#### II. Amount Allocated, Grant Size and Term, and Performance Period

The amount allocated, grant size and term, and performance period for this NOFA are listed below:

Amount Allocated. HUD will use up to \$1.955 million to fund applications from accredited colleges and universities with programs in architecture, planning or design.

*Grant Size and Term.* HUD will make two kinds of grants under this NOFA (1) Housing Design Grants and (2) Planning Grants.

Applicants may apply for either (1) Housing Design Grants or (2) Planning Grants as described in Section III below, but not both.

The minimum grant amount an applicant can request is \$250,000 and the maximum amount is \$400,000 for a three-year (36-month) performance period.

Funds will be awarded on a competitive basis following the review of all applications that have passed the threshold review. A technical review will be conducted for all applications that pass the threshold review to rate and rank the applications according to the rating factors described in Section VII of this NOFA. Only applications that pass the threshold review will receive a technical review and be rated and ranked. A minimum score of 75 is required for award consideration. HUD will select the highest-ranking COPC **Community Futures Demonstration** application among the applications receiving the minimum score of 75 points. If funding remains after all the eligible applicants are awarded, these funds will be used to make awards to additional eligible applicants under the basic Universities and Colleges **Community Outreach Partnership** 

Centers (COPC) program, first to New Grants and then to New Directions applicants.

#### III. Purpose, Eligible Applicants, Program Description

(A) *Purpose.* The overall purpose of the COPC Community Futures Demonstration is to assist schools of architecture, planning and design to carry out applied research and outreach activities that address problems of urban areas and to enable them to form partnerships with local communities to address either of the urban issues described below.

COPC Community Futures awards are intended to focus on two specific urban problems that are cited in the COPC statute (housing and planning). They are also intended to further three of HUD's key Policy Priorities, as described in the General Section of the SuperNOFA: Policy Priority A—Providing increased homeownership and rental opportunities for low- and moderateincome persons, persons with disabilities, the elderly, minorities, and families with limited English proficiency; Policy Priority C-Encouraging accessible design features; Policy Priority G-Participation in Energy Star. Finally, the awards also intend to address three of HUD's key Strategic Goals that are described in the General Section of the SuperNOFA: (1) Increasing homeownership opportunities; (2) Promoting decent affordable housing; and (3) Strengthening communities.

HUD is also interested in how the research activities undertaken with COPC funds can assist HUD in improving its programs. In the case of the Community Futures awards, HUD is interested in how the research carried out with these funds can assist HUD in improving its Consolidated Plan requirements and procedures, which are currently in the process of being simplified and improved as an element in the President's Management Agenda. An area of special interest is the use of Geographic Information System (GIS), visual simulation tools and other computer technologies to enhance citizen participation and other elements of the planning process.

(B) *Eligible Applicants.* Public or private nonprofit institutions of higher education granting two- or four-year degrees in architecture, planning or design that are accredited by a national or regional accrediting agency recognized by the U.S. Department of Education may apply for COPC Community Futures awards. Institutions that were previous COPC grant recipients are eligible to apply for these funds. Consortia of eligible institutions may also apply, as long as one institution is designated the lead applicant. Institutions applying for COPC Community Futures awards may also submit applications for the basic Universities and Colleges COPC program provided the application is from a different academic unit with its own administrative structure.

(C) Program Description. In general, a Communities Futures COPC program must combine research and outreach with communities and local governments, and address the problems faced by urban areas. The statute creating COPC is very specific that COPC address problems of urban areas. Funded research must have a clear potential for solving significant urban problems. Applicants must have the capacity to apply the research results and work with communities and local institutions, including neighborhood groups, individual citizens, local governments, and other appropriate community stakeholders, in applying these results to specific, real-world community issues. More specifically, HUD will award COPC Community Futures Demonstration awards for research and outreach activities in one of the following two categories:

(1) Housing Design Awards. HUD will award funds to eligible schools of architecture, planning or design to establish and operate Community Outreach Partnership Centers to develop case study housing plans that incorporate innovative technologies, good design, energy efficiency, universal design, accessibility and affordability, so that the homes can be economically viable and marketable in the local area.

HUD is interested in stimulating the design and construction of housing that will reflect the future needs of communities in the United States. Applicants are expected to address the need for greater innovation and experimentation in the housing industry, training of architects and planners in affordable housing design, and merging quality affordable housing designs with market needs and constraints. These designs should be practicable but innovative, cost-effective but using cutting-edge technologies that incorporate good design.

Case study homes should include the following features: Innovative building technologies, including green building technologies; accessibility; energy efficiency; and good design that is both innovative and contextual. Clearly, there is no single definition of good design; however, it should at least address the following criteria: (1) Meet user needs; (2) understand and respond to local context; (3) enhance the neighborhood; and (4) be built to last (*See www.designadvisor.org* for further guidance on these criteria).

The extent to which the housing addresses market needs is as important as the physical design. The designs should be based on a careful cost analysis and priced to meet specific segments of the housing market—either specific income levels or specific populations (elderly, female-headed households, young couples, persons with disabilities, homeless persons, etc).

Case study houses are not restricted to a single building type; they may consist of single-family homes, both detached or attached, multifamily units, or a combination of housing types that are suitable for different users. They may be rental or homeownership units, or single-room occupancy (SRO) units. They should be affordable to low- to moderate-income families (up to 80 percent of area median income). However, the affordable units may make up a portion of a larger complex that is market-rate; in fact, this may be a desirable strategy for meeting affordable housing needs. Several states, counties, or cities have established programs that provide for a set-aside of affordable units within a larger market-rate complex. HUD has also encouraged production of mixed-income housing, which combines affordable, market rate and subsidized housing as an alternative to previous approaches that separated these housing types. To the extent that the state or city has one of these programs, applicants may wish to adopt this strategy for their case study design.

Case study housing designs developed in this grant category must be conceived in one or more target communities in cooperation with a private or non-profit developer or builder (or more than one developer or builder) that will agree to build one or more demonstrations of the product in the community by the end of the grant period. The process for designing and building case study homes should be a joint venture with a developer or builder that is committed to building the final product. HUD recognizes the difficulty in establishing such joint ventures, particularly when they involve innovative or experimental designs such as envisioned through this NOFA. However, HUD's intent is to ensure that the designs result in tangible benefits for local communities in the form of affordable housing. At the same time, applicants may develop a range of case study housing designs through this NOFA, provided that at least one of these designs results in actual construction.

Within these parameters, the purpose of the Community Futures awards in housing design is to foster and stimulate creativity and innovation on the part of architecture schools in addressing housing needs in their communities. This NOFA is therefore purposefully non-prescriptive in defining the specific characteristics that HUD is seeking in the design of case study homes. Rather, these should be determined by community needs, market economics, and financial feasibility. In addition to benefiting individual communities, HUD hopes that policy makers and the building industry can learn from these local case studies in shaping the next generation of affordable housing in the United States. HUD is interested in the completed designs and built projects as best practices for the building industry, and will share the results with key public and private sector leaders around the country.

For the purposes of this grant, applicants must identify the community or communities that will be served by the COPC. Applicants may identify a community as either (1) one or more specific communities or neighborhoods; or (2) the entire city, in which case applicants must identify one or more demographic groups (e.g., elderly, homeless persons, persons with disabilities) or income groups (e.g., lowincome, very low-income or moderate income) that will be served by the designs, and identify those neighborhoods in which the housing will be made available.

(2) *Planning Awards.* HUD will award funds to eligible schools of architecture, planning or design to establish and operate Community Outreach Partnership Centers to develop, in cooperation with communities and local governments in a city, region or metropolitan area, a plan for the future of the cities or metropolitan areas for the next 20 years.

HUD is interested in universities and colleges assisting communities to address the challenges associated with metropolitan growth. By 2050, the U.S. population is projected to grow from the current (2000) 281 million to 410 million. Much of this growth will take place in cities and metropolitan areas, but it will take place unevenly, depending on the geographic region of the country and other facts. Some metropolitan areas are growing, but their central cities continue to experience population losses. Planning awards in this category are intended to help communities assess the nature of these changes and develop policies, plans and strategies to effectively address them.

Applicant's plans must identify trends that are changing the shape of the metropolitan area—both cities and counties—such as: growing populations, demographic shifts, expanding and more complex transportation needs, environmental challenges, changing land use patterns that include declining density and loss of open space and farmland, the shortage of affordable housing in locations close to jobs and employment centers, changing location and composition of job markets, and as our population ages, the need for accessible housing, among other things. Many of these emerging issues cannot adequately be addressed independently in an individual neighborhood or community, but are more appropriately addressed at the city, regional or metropolitan level. Neighborhoods, cities and suburbs must plan for their futures in ways that recognize and address these changes.

Applicants should also be aware of HUD-required Consolidated Plans that cities (with populations of 50,000 or more) and urban counties (with populations of 200,000 or more) are required to prepare in order to receive Community Development Block Grant and other formula grant funds. These are 3–5 year plans that include a detailed housing needs assessment and specific actions that the community will take to address these needs, as well as other community and economic development activities. Community Futures Planning Grants provide applicants with an opportunity to build on these plans, by extending them to a regional level, using the housing needs data already gathered, and to expanding the time frame to 20 years. Regional councils of governments and metropolitan planning organizations also prepare long-range transportation and land use plans. Applicants should review these plans and identify appropriate steps to coordinate the planning efforts to be mutually supportive.

The plans should identify key elements that impact the growth, financial stability and quality of life of cities or communities within a region, including but not limited to the following:

• Population growth, diversity, and locational trends;

• Changing housing needs, affordability issues, and the range of housing types needed by diverse income and population groups, including, for example, female-headed households, single households, the elderly and persons with disabilities;

• Changing energy and transportation needs;

• Changing job and employment markets; and

• Infrastructure needs including water, sewer, and communications infrastructure that will allow for industry and business growth.

Plans must also provide three or more scenarios that describe alternative population, land use and growth patterns that result from the assessment of these trends. The scenarios must address the physical shape of the urban landscape as it develops over the next two or more decades. Alternative development patterns may be modeled to include such factors as varying transportation assumptions, alternative density patterns, alternative employment, job growth and commercial development trends, and alternative environmental (air and water quality, and other) impacts. These scenarios must be documented in the form of one or more plans utilizing Geographic Information System (GIS) or other computer modeling tools as described below.

Applicants must make use of GIS systems, visual simulation and other computer modeling tools to model and document alternative development trends. Applicants must also undertake an extensive outreach process in developing the plan. Outreach activities should include such activities as community meetings or design charettes, and other activities that include citizens and groups such as civic and non-profit organizations, elected and appointed officials, Chambers of Commerce, representatives of the business or development community, public housing resident management organizations and public housing officials. Web sites and other forms of electronic communications may be utilized.

Additionally, completed plans must include a priority listing of projects designed to address local needs to be presented to community officials and other stakeholders for possible adoption as a roadmap for future development of the metropolitan area/region. Applicants should determine the appropriate scale for the plans.

For the purpose of these Planning awards, the urban area covered may be city-wide, county-wide or metropolitan area-wide, since much of future growth will be across jurisdictional boundaries. Additionally, applicants must identify one or more local communities and model how the metro-wide changes being proposed for adoption will impact these communities, the implications of these changes for these communities, and local strategies for addressing them.

### **IV. Threshold Requirements**

In addition to the threshold requirements identified in the General Section of this SuperNOFA, applicants must meet the following additional threshold requirements for an application to be considered for funding. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified.

(1) Applicants must be an eligible applicant, as referenced in Section III (B) "Eligible Applicants."

(2) Applicants must create a Community Outreach Partnership Center (COPC) to carry out the proposed activities.

(3) Applicants must meet the following, statutorily set match requirements:

(a) Research Activities. 50 percent of the total project costs of establishing and operating research activities.

(b) Outreach Activities. 25 percent of the total project costs of establishing and operating outreach activities.

(4) Total project costs do not include the cost of any housing units built by a participating developer or builder. For each match, cash or in-kind contribution provided applicants must submit a letter of commitment. Applicants may not count as meeting the match requirements any costs that would be ineligible for funding under this NOFA. An applicant's match is evaluated as percentage of the total cost of establishing and operating research and outreach activities, not just the federal grant amount. Please remember to base the calculation on the Total Amount. Applicants must use Form HUD-30001 "Community Outreach Partnership Centers Matching Requirements" (included in Appendix A) to show how the match requirements have been met. Applicants are also required to include Form HUD-30012, "Verification of the Match" (included in Appendix A) to determine if a sufficient match has been provided. Please note on this form by each commitment listed if the match is an inside or outside commitment.

(5) For each match, cash or in-kind contribution, a letter of commitment, memorandum of understanding, or agreement must be provided that shows the extent and firmness of the commitment of leveraged funds (including any commitment of resources from the applicant's own institution) in order for the resources to count in determining points under this factor. Resources will not be counted for which there is no commitment letter, memorandum of understanding, or agreement, nor quantified level of commitment. Letters of commitment, memoranda of understanding or agreements must be submitted from the provider on the provider's letterhead and be included with the application package. The date of the letter of commitment, memorandum of understanding, or agreement from the CEO of the provider organization must be dated no earlier than the date of this published SuperNOFA. Applications that do not meet the required matching amounts will be disqualified from further review. A firm commitment letter, memorandum of understanding, or agreement must address the following:

(a) The cash amount contributed or dollar value of the in-kind goods and/ or services committed (If a dollar amount and use is not shown, the source cannot be counted towards the match requirement);

(b) How the match is to be used;

(c) The date the match will be made available and a statement that describes the duration of the contribution. If any of the matching sources are for more than one year, the commitment letter, memorandum of understanding, or agreement must state the number of years, the per year commitment, and the total commitment. Without this statement, HUD will assume that the commitment is for one year (*e.g.*, \$4,000 each year for three years totaling \$12,000); and

(d) Any terms and conditions affecting the commitment, other than receipt of a HUD grant.

The commitment letter must be signed by the appropriate executive officer authorized to commit the funds and/or goods and/or services. Please remember that only items eligible for funding under this program can be counted as match.

Please note that the value of the time of individuals serving on an applicant program advisory board cannot be counted as an in-kind contribution. Applicants may count overhead and other institutional costs (*e.g.*, salaries) that the institution has waived.

HUD is concerned that applicants should be providing hard dollars as part of their matching contributions to enhance the tangible resources going into targeted neighborhoods. Thus, while indirect costs can count toward meeting the required match, they will not be used to calculate the match percentage above the match requirement. Only direct costs can count in this factor.

(6) The COPC must operate in an urban area. The statute creating COPC is very specific that programs address the problems of urban areas. HUD uses the Census definition of an urban area: a single geographic place with a population of 2,500 or more.

(7) Applicants for a Housing Design award must provide evidence of a commitment from a private or nonprofit developer or builder (or more than one developer or builder) to build at least one of the case study designs prepared with this NOFA. This must be in the form of a letter on the developer's or builder's stationery.

#### V. Program Requirements

In addition to the program requirements listed in the General Section of this SuperNOFA, applicants must meet the following requirements that are specific to the COPC program Community Futures Demonstration awards:

(1) Conduct the statutorily required activities described below:

(2) Employ the research and outreach resources of the institution of higher education to solve specific urban problems identified by communities served by the Center;

(3) Establish outreach activities in areas identified in the application as the communities to be served;

(4) Establish a community advisory committee comprised of representatives of local institutions and residents of the communities to be served to assist in identifying local needs and advise on the development and implementation of strategies to address those issues;

(5) Coordinate outreach activities in communities to be served by the Center;

(6) Act as a clearinghouse for dissemination of information;

(7) Develop instructional programs, convene conferences, and provide training for local community leaders, when appropriate; and

(8) Exchange information with other Centers.

(B) No more than 25 percent of the grant funds should be passed through to other entities.

### VI. Eligible Activities

(A) *Housing Design Grant.* Eligible activities for this category of Community Futures Demonstration awards include, but are not limited to, the following:

(1) Researching and identifying housing market needs for one or more target communities.

(2) Identifying the range of housing markets within an urban area based on current and anticipated demographic trends, including market needs of different income groups as well as diverse populations such as the elderly, persons with disabilities, younger families with children, empty-nesters, and racial and ethnic minorities.

(3) Identifying relevant technologies that show promise for improving the durability, affordability and accessibility of housing, including but not limited to advanced technologies and building systems that have been identified through such sources as the PATH program (Partnership for Advancing Technology in Housing), Energy Star and other sources (See *www. pathnet.org* for further information on PATH's technology inventory, and *www.energystar.gov* for information on Energy Star).

(4) Developing housing designs for construction of case study homes that demonstrate innovative technologies, energy efficiency, accessibility, green building techniques and/or other features of innovative design.

(5) Preparing schematic designs of these houses for review by a panel of construction and design experts, such as builders, developers and local architects.

(6) Preparing cost analyses of these designs that illustrate that they are suitable for and affordable, to one or more market segments in the local community.

(7) Conducting focus groups, design charettes and/or other decision-making activities that engage residents and community leaders in providing input and responses to proposed designs and plans.

(8) Preparing final designs and construction specifications, including where appropriate the use of industrialized housing systems.

(9) Identifying a site or sites for construction of final "case study" design or designs.

(10) Working with local HUD offices, other government agencies and private institutions (such as private foundations and lending institutions), non-profit and private sector developers to identify sources of financing for the case study houses.

(11) Identifying regulatory barriers, including zoning restrictions, building codes, permitting or inspection standards that inhibit use of new technologies or construction methods, and assisting communities to eliminate or reduce excessive, unnecessary or duplicative regulations, processes or policies that restrict the development or rehabilitation or add to the cost of affordable housing (For further discussion of Regulatory Barriers, see the General Section of this SuperNOFA).

(12) Implementing an information dissemination program for builders, investors and civic leaders that could include exhibits of completed designs in suitable community locations, along with symposia, community workshops or other activities.

(13) Providing continuing architectural services during the construction of the completed design by a non-profit or for-profit developer.

(14) Conducting the required activities as described in Section V, "Program Requirements".

(B) *Planning Awards*. Eligible activities in the planning category include, but are not limited to, the following:

(1) Making use of visual simulation, Geographic Information Systems, and other computer modeling tools in the planning process.

(2) Preparing computer models that can simulate growth, market and investment demands as a tool for community planning and development decision-making.

(3) Identifying and utilizing HUD approved Consolidated Plans, and other community, city or regional plans that may provide useful growth-related data.

(4) Partnering with economists and market analysts to determine market demands for housing and other needs.

(5) Conducting symposia to educate local officials and residents.

(6) Working with legal and regulatory authorities to resolve legal and regulatory issues that might limit housing development or growth options for the area.

(7) Meeting and entering into agreements with local officials and community groups to establish priorities for plan implementation.

(8) Conducting focus groups, charettes or other decision-making activities that involve communities in providing input and responses to proposed designs and plans.

(9) Conducting the required activities as described in Section V, "Program Requirements".

(C) Both Grant Categories. In addition to eligible activities in each grant category described above, the following are eligible activities for both grant categories:

(1) Convening meetings and providing staff support for Community Advisory Boards.

(2) Incorporating relevant housing design and planning topics in the curriculum of architecture and planning schools, by offering design and planning courses and studios on relevant topics such as affordable housing, housing economics, real estate development, accessible design, energy efficient housing, and/or metropolitan growth.

(3) Stipends or salaries for students (but the program cannot cover tuition and fees) while they are working with the COPC.

(4) Faculty development, including paying for course time or summer support to enable faculty members to work with the COPC.

(5) Leases for office space in which to house the Community Outreach Partnership Center, under the following conditions:

(a) The lease must be for existing facilities not requiring rehabilitation or construction;

(b) No repairs or renovations of the property may be undertaken with COPC funds; and

(c) Properties in the Coastal Barrier Resource System designated under the Coastal Barrier Resources Act (16 U.S.C. 3501) cannot be leased with federal funds.

(6) Up to 20 percent of the grant for reasonable grant administrative activities related to planning and execution of the project (*e.g.*, preparation/submission of HUD reports). A detailed explanation of these costs is provided in the OMB circulars that can be accessed at the White House Web site at: *whitehouse.gov/omb/ circulars/index.html*.

#### VII. Ineligible Activities

(A) Activities ineligible for funding under this program are as follows:

(a) Any type of construction, rehabilitation, or other physical development. (Leveraged funds beyond the match requirements may be used for this purpose).

(b) Routine operations and day-to-day administration of institutions of higher education, local governments or neighborhood groups.

(c) Payment of court fines, judgments or fees imposed as a result of a court case or a settlement of a court case.

#### VIII. Application Selection Process

(A) *Two Types of Reviews.* Two types of reviews will be conducted:

(1) A threshold review to determine an application's eligibility; and

(2) A technical review based on the rating factors listed below.

Only those applications that pass the threshold review will receive a technical review and be rated and ranked.

(B) Factors for Award Used to Evaluate and Rate Applications. The factors for evaluating, rating, and ranking an application and the maximum points for each factor are listed in this NOFA below. Applications must receive a minimum of 75 out of the total possible points to be considered for funding. The maximum number of points available under the program is 102. This includes the two RC/EZ/EC bonus points as described in the General Section of the SuperNOFA.

### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (15 Points)

This factor addresses the extent to which an applicant has the organizational resources necessary to successfully implement the proposed activities in a timely manner. The rating includes any faith-based and other community-based organizations, subcontractors, consultants, sub-recipients and members of consortia that are firmly committed to the project. In rating this factor, HUD will consider the extent to which the proposal demonstrates the knowledge and experience of the overall proposed project director and staff, including the day-to-day program manager, consultants, and contractors in planning and managing the kind of programs for which funding is being requested. Experience will be judged in terms of recent, relevant, and successful knowledge and skills of the staff to undertake eligible program activities. HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to be successful. The more recent and substantial the experience of the staff, particularly the institution's own staff who will work on the project, in successfully conducting and completing similar activities, the higher the number of points an applicant can receive for this rating factor. The following categories will be evaluated:

(1) Undertaking research, planning, design or outreach activities in specific communities to solve or ameliorate significant urban issues;

(2) Undertaking projects with community-based organizations or local governments; and

(3) Experience in conducting planning or design work, including outreach to community groups, local officials and business leaders.

In addition, applicants should include information on project staff commitment to the project and position titles. Resumes of up to three pages each and position descriptions for up to three personnel (in addition to the project director and project manager) and a clearly delineated organizational chart for the project must be included.

(b) Applicants should provide their qualifications to carry out the proposed activities as evidenced by academic background, training, and/or relevant publications of project staff. (c) Provide information that reflects whether an applicant has sufficient personnel, or will be able to retain qualified experts or professionals to begin the proposed project immediately, and to perform proposed activities in a timely and effective fashion. Applicants should describe how principal components of the organization will participate in or support the project.

(d) Applicants may submit attachments totaling no more than 25 pages over and above the narrative statement that consist of copies of plans, drawings, photographs, award announcements or journal articles that illustrate previous projects, both for project staff and/or representative studio design projects completed by students that illustrate the type of design and plans anticipated to be carried as part of the proposed activities.

## Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for funding the proposed grant activities and an indication of urgency of meeting the need to participate in the target area. In responding to this factor, the proposal will be evaluated on the extent to which the level of need for the proposed activities and the importance of meeting the need are documented.

Applicants should use statistics and analyses contained in at least one or more current data sources that are sound and reliable. The data provided must be current. In rating this factor, HUD will consider data collected within the last five years to be current. To the extent that the targeted community or community's Five (5) Year Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI) identify the level of the problem and the urgency in meeting the need, applicants should include references to these documents in the response to this factor.

If the proposed activities are not covered under the scope of the Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI), indicate such in the proposal, and use other sound data sources to identify the level of need and the urgency in meeting the need. Other reliable sources include, but are not limited to, Census report data, HUD Continuum of Care gaps analysis and its E-Map (http// :www.hud.gov/emaps), law enforcement agency crime reports, Public Housing Authorities' Comprehensive Plans, community needs analyses such as provided by the United Way, the applicant's institution, etc., and other sound and reliable appropriate sources. Needs in terms of fulfilling court orders

or consent decrees, settlements, conciliation agreements, and voluntary compliance agreements may also be addressed. The data used should be specific to the area where the proposed activities will be carried out. Needs should be documented as they apply to the area where the activities will be targeted. Remember, the statute creating COPC is very specific that the program address problems of an urban area: a single geographic place (e.g., a city, town, or village, but not a county) with a population of 2,500 or more.

#### Rating Factor 3: Soundness of Approach (60 Points)

This factor addresses the quality and cost-effectiveness of the proposed work plan. There must be a clear relationship among the proposed activities, community needs and the purpose of the funding to receive points for this factor.

The factor will be evaluated based on the extent to which the proposed work plan will:

(1) Perform Specific Services and/or Activities. (10 Points). Identify the specific services or activities to be performed in a Statement of Work, as well as the dollars allocated for each activity and task identified, milestones and timeline, and the budget for the activities proposed. HUD will make a judgment based upon the reasonableness and appropriateness of the budget to the dollars allocated for your work plan. In reviewing this subfactor, HUD will consider the extent to which:

(a) There is a clear research agenda with identifiable research activities and outcomes (e.g., reports, surveys, etc.) that identifies each task and who will be responsible for it, and is tied to the outreach agenda which does not duplicate research by the institution or others for the target area previously completed or currently underway. If other complementary research is underway, describe how the proposed research agenda would complement it.

(b) There is a clear outreach agenda with identifiable outreach activities that involves the architecture, planning or design school (where appropriate in partnership with other disciplines, departments and administrative offices) and does not duplicate outreach activities by the institution or others for the target area previously completed or currently underway, that identifies each task and who will be responsible for it;

(c) For research and outreach activities, applicants should briefly summarize the potential for the work to improve the performance of HUD programs, such as the citizen participation requirements and other features of the Consolidated Plan that communities must prepare in order to receive Community Development Block Grant or other formula grant funds.

(2) Involve the communities to be served in a partnership for the planning and implementation of the proposed activities. (7 Points). In reviewing this subfactor, HUD will look at the extent to which:

(a) One or more Community Advisory Committees have been formed or will be formed that represent the community's or communities' diversity (including businesses, community groups, residents, and others) to be served to develop and implement strategies to address the needs identified in Rating Factor 2. In addressing this subfactor, applicants must demonstrate by providing a list that such a committee(s) has already been formed and what groups described above it represents, or that they have secured the commitment of the appropriate persons to serve on the committee(s), rather than just describing generally the types of people whose involvement will be sought.

(b) A range of neighborhood organizations and/or local government entities and or citizens have been involved in the proposed research and outreach activities.

(c) Innovative techniques and technologies have been identified to involve local citizens directly in the decision-making and design processes (e.g., computer mapping technologies or visual simulation tools, Internet, or other multi-media techniques).

(3) Help solve or address an urgent problem as identified in Rating Factor 2 and will achieve the purposes of the proposed application within the award period. (6 Points). In reviewing this subfactor, HUD will look at the extent to which:

(a) Specific time phased and measurable objectives are identified to be accomplished, including the proposed short and long term objectives to be achieved as a result of the proposed activities; the tangible and measurable impact the activities will have on the community in general and the target area or population in particular, including affirmatively furthering fair housing for classes protected under the Fair Housing Act; and the relationship of the proposed activities to other ongoing or proposed efforts to improve the economic, social or living environment in the impact area; and

(b) The activities proposed are responsive to pressing and urgent needs, as identified in the documents described in Rating Factor 2. (c) Grant funds will pay for activities you conduct directly, rather than passing funds through to other entities. (No more than 25 percent of your grant funds should be passed through to other entities.)

(4) Work will yield innovative strategies or "best practices" that can be replicated and disseminated to other organizations, including nonprofit organizations, state and local governments. (4 Points) In reviewing this subfactor, HUD will assess the applicant's demonstrated ability to disseminate results of research and outreach activities to other COPCs and communities. HUD will evaluate an applicant's past experience and the scope and quality of the plan provided to disseminate information on COPC results, strategies, and lessons learned through such means as conferences, cross-site technical assistance, publications, etc. The more proactive the plan for providing information to a wide range of audiences, the higher the number of points an applicant will receive.

(5) Affirmatively further Fair Housing. (5 Points). This factor will be evaluated on the extent to which the application incorporates principles and techniques to affirmatively further fair housing, for example:

(a) Working with other entities in the community to overcome impediments to fair housing, such as discrimination in the sale or rental of housing or in advertising, provision of brokerage services or lending;

(b) Promoting fair housing choice through the expansion of homeownership opportunities and improved quality of services for minorities, families with children, and persons with disabilities;

(c) Providing housing mobility counseling services; or

(d) Ensuring that any housing units that result from this award are affirmatively marketed, either directly or through existing organizations.

(6) HUD Policy Priorities. (6 Points). HUD encourages applicants to undertake specific activities that will assist the Department in implementing its policy priorities and that help the Department achieve its goals and objectives in FY 2004, when the majority of grant recipients will be reporting programmatic results and achievement. In addressing this factor, HUD will evaluate the extent to which the research and outreach will further and support HUD's priorities. The quality of the responses provided to one or more of HUD's priorities will determine the score an applicant can receive. For each policy priority

addressed, applicants will receive one point. Applicants cannot receive more than six points. For the full list and explanation of each policy priority, please refer to the General Section of this SuperNOFA.

(7) Result in the COPC planning and design functions and activities becoming part of the urban mission of the institution and funded in the future by sources other than HUD. (12 Points).

In rating this subfactor, HUD will evaluate the extent to which the applicant addresses each of the following categories:

(a) COPC activities relate to the institution's urban mission; demonstrate support and involvement of the institution's executive leadership (e.g., department chairs, deans, etc.); are linked by a formal organizational structure to other units related to outreach and community partnerships; are reflected in budget and planning documents of the university; are part of a climate that rewards faculty work on these activities through promotion and tenure policies; benefit students because they are part of the professional training programs at the institution (rather than just volunteer activities); and are reflected in the institution's curriculum. HUD will look at the institution's commitment to faculty and staff continuing work in COPC neighborhoods or replicating successes in other neighborhoods and to the long term commitment (e.g., three years after the start of the COPC) of hard dollars to COPC work. HUD will consider the extent to which the proposed activities are appropriate for an institution of higher education and are tied to the institution's teaching or research mission. In addition, HUD will consider the extent to which the faculty, staff and students from across disciplines are involved in COPC activities as a way of demonstrating the institution's commitment to these kinds of activities.

(b) The institution has received commitments for funding from sources outside the university for related COPClike activities in the targeted neighborhood or other distressed neighborhoods. Funding sources to be considered include, but are not limited to, local governments, neighborhood organizations, private businesses, and foundations.

(8) Involvement of students in course work. (5 points). The extent to which COPC activities are incorporated or addressed in student course work, including design and planning studios. This should include students' developing an understanding of design and planning issues associated with the project, as well as the market economics associated with housing development. Please describe the proposed relationship between student work and the final plans or housing designs.

(9) *Budget.* (5 points) The extent to which the budget presentation is consistent with the Work Plan and the dollars indicated on the HUD 424 form. The budget submission should follow the narrative statement in this factor and include the following documents:

(a) HUD 424–C "Budget Summary for Competitive Grant Programs". This budget form shows the costs for each budget category for the program's entire period of performance. For budgeting purposes, applicants should assume a start date of September 1, 2003.

(b) HUD 424–CB "Grant Application Detailed Budget". This budget form shows the total budget by year and by line item for the program activities to be carried out. This will be a functional budget. Each year of the program should be presented separately.

These forms must be completed in full. If an application is selected for award, the applicant may be required to provide greater specificity to the budget during grant agreement negotiations.

(c) Budget Narrative. A narrative explanation of how the applicant arrived at the cost estimates, for any line item, including match items, over \$5,000. For example, a van rental, \$150 per month  $\times$  36 months equals \$5,400. The proposed cost estimates should be reasonable for the work to be performed and consistent with rates established for the level of expertise required to perform the work proposed in the geographical area. When necessary, quotes from various vendors or historical data should be used and included. All direct labor or salaries must be supported with mandated city/ state pay scales, the Davis-Bacon rate (if applicable) or other documentation. When an applicant proposes to use a consultant, the applicant must indicate whether there is a formal agreement or written procurement policy. For each consultant, please provide the name, if known, hour or daily fee, and the estimated time on the project. For equipment, applicants must provide a list by type and cost for each item and explain how it will be used. Applicants using contracts must provide an individual description and cost estimate for each contract.

Indirect costs attributed to a particular project functional category should be listed under the "Indirect Cost" category. Indirect costs are allowable only if an applicant has a federally approved indirect cost rate. A copy of the institution's negotiated indirect rate as issued by the cognizant federal agency must be attached to the budget sheets when submitting an application.

Make sure that the amount shown on the HUD 424, the budget forms, and all other required program forms are consistent and the budget totals correct. Remember to check addition in totaling the categories on the HUD 424-C and HUD 424–CB forms so that all items are included in the total. If there is an inconsistency between any of the forms required, the HUD 424–C form will be used. If upon checking the addition, HUD finds that an applicant has added incorrectly, the HUD 424-CB will be revised accordingly. Please note that, because this would be considered a substantive rather than a technical error, if this correction puts an application over the grant maximum, the application will be disqualified.

## **Rating Factor 4: Leveraging Resources** (5 Points)

This factor addresses the applicant's ability to secure additional community resources that will aid in project implementation.

(A) *Planning Grants.* HUD is looking for proposed plans to be adopted and resources allocated from the community to support the development. Example of resources are items such as detailed design drawings, construction specs, legal services, etc. that will be necessary to implement the priority projects once they are developed. The greater the number of resources provided by the community to support the policy priority projects, the higher the number of points that will be allocated.

(B) Design Grants. HUD is interested in a private or non-profit developer (or a number of developers) building one or more of the proposed units; leveraging points will be awarded based on the total developer project costs as a percentage of the total COPC funding award. The higher the developer contribution, the higher the number of points. Resources may also include funding or in-kind contributions, such as services or equipment, allocated to the purpose(s) of the grant being sought.

Resources may be provided by governmental entities, public or private nonprofit organizations, for-profit private organizations, or other entities willing to establish partnerships with the institution. Applicants may also establish partnerships with funding recipients in other grant programs to coordinate the use of resources in the target area. In order to receive points under this factor, applicants must submit letters of commitment. Applicants should follow the requirements for letters of commitment as defined in Section IV (5) ''Threshold Requirements''.

### **Rating Factor 5: Achieving Results and Program Evaluation (10 Points)**

This factor reflects HUD's goal of embracing high standards of ethics, management, and accountability. The factor measures the applicant's commitment to assess your performance to achieve the program's proposed objectives and goals. Applicants are required to develop an effective, quantifiable, outcome oriented evaluation plan to measure performance and determine that objectives and goals have been achieved. HUD will evaluate the extent to which applicants identify program activities, outcomes, interim benchmarks and performance indicators that will describe how performance will be measured, and a description of the steps that will be taken to make adjustments to the work plan if performance targets are not met within the established time frame associated with each activity.

The evaluation plan must include a statement of outcomes and interim benchmarks or outputs. "Outcomes" are benefits accruing to institutions of higher education and/or communities during or after participation in the **COPC** Community Futures Demonstration. Outcomes are not the actual development of housing units or community plans. Examples of outcomes are: increasing the homeownership rate in a community by a certain percentage, increasing housing stability (e.g., increasing assets through additional savings, home equity), or increasing the availability of rental housing

In addition, applicants must establish interim benchmarks and outputs that lead to the ultimate achievement of outcomes. "Outputs" are the direct products of the program's activities. Examples of outputs are the number of houses designed and/or built and the number of homes rehabilitated. Outputs should produce outcomes for the COPC. At a minimum, an applicant must address the following activities in the evaluation plan:

(a) Short and long term objectives to be achieved;

(b) Actual accomplishments against anticipated achievements;

(c) Measurable impacts the grant will have on the community in general and the target area or population;

(d) The impact the grant will have on the long term commitment of the University to the community to continue this type of work; and

(e) The impact this award will have on assisting the university to obtain additional resources to continue this type of work at the end of the funding period.

This information should be provided in a Logic Model format. This form and information on how to use it can be found in the General Section of this SuperNOFA.

#### VI. Application Submission Requirements

A complete application package must include an original signed application and three copies, and one computer disk of the application (in Word 6.0 or higher) of the items listed below. In order to be able to recycle paper, applicants should not submit applications in bound form. Binder clips or loose-leaf binders are acceptable. Applications must be submitted on  $8\frac{1}{2}$  by 11 inch paper, double-spaced, and printed in a standard Times Roman 12-point font. The doubled-spaced requirement applies to all parts of the narrative, but excludes materials submitted in the appendix (e.g., visual materials, such as copies of plans, drawings, photographs, award announcements or journals). Each page should include the applicant's name, be numbered, and each section tabbed sequentially.

Please make sure that all items are submitted in the application in the order listed below. Except where a particular form may direct otherwise, all forms included in the application, as well as the transmittal letter, must be signed by the Chief Executive Officer (generally the President or Provost) or an official authorized to make a binding legal commitment for the institution. If a designee signs, the application must contain a copy of the official delegation of signatory authority.

(A) Application Contents. All information needed to apply for funding is contained in this SuperNOFA. There is no separate application kit. Please include each item in the order listed below:

(1) *Transmittal Letter*. The letter should contain the following:

(a) A statement certifying that the institution is an eligible institution because it meets the requirement of the specific program from which funding is sought; (b) the institution is a two- or four-year institution; and (c) the institution of higher education is fully accredited. This assurance *must* state not only the name of the accrediting agency but also that the particular accrediting agency is recognized by the U.S. Department of Education (or, for applicants to the Tribal Colleges and Universities Programs, that the institution has applied for accreditation by a regional instructional accrediting association recognized by the U.S. Department of Education). Applicants can also use the transmittal letter as one way to demonstrate the President's commitment to the institutionalization of the program. This letter must be signed by the *Chief Executive Officer* (usually the President or Provost) of the institution. If the Chief Executive Officer has delegated this responsibility to another official, that person may sign, but a copy of the delegation must be included or stated in the letter.

(2) HUD 424 "Application for Federal Assistance". Applicants should complete this form signed by the Chief Executive Officer of the institution. Community Outreach Partnership Centers Program is 14.511.

(3) Application Checklist. This checklist, provided in Appendix A to this program NOFA, provides a listing of all of the items that need to be included in your application. Applicants must include the application items in the order that they are listed on the checklist. Applicants must include the completed checklist in their application. On the checklist, indicate the page number where each of the items can be found in the application.

(4) Abstract. Applicants must include a two-page summary of their proposed project. Please include the following: Page (1), (a) project title, (b) name of College/University, (c) requested grant amount, (d) project address, (e) the designated contact person, including phone number, facsimile number, and email address; page (2), (a) University's name, department, mailing address, telephone number, facsimile number, and e-mail address, and (b) the principal investigator for the project, designated contact person, including telephone number, facsimile number, and e-mail address, (c) brief description of the target area to be assisted through this grant, (d) needs of the target area to be addressed through the proposed activities, (e) the activities proposed to be funded, and (f) the grant's goals and objectives.

(5) Documentation required to verify match.

(a) Applicants are required to use form HUD–30001, "Community Outreach Partnership Center Match Requirements" (included in Appendix A) to show how the match requirements have been met.

(b) Applicants must also include the multiple-page worksheet HUD 30012, "Verification of the Match" (included in Appendix A) which must be used to determine if a sufficient match has been provided. (6) *Narrative statement* (including any required forms and submissions) addressing the following factors for award.

Factor 1: Capacity. Include any resumes or documentation showing experience.

Factor 2: Need. Include any documentation of need including any excerpts from the HUD approved Consolidated Plan.

Factor 3: Approach. Include statement of work, required budget documentation and any explanatory budget narrative for line items over \$5,000.

Factor 4: Leveraging Resources. Include letters of commitment for the leveraged funds.

Factor 5: Achieving Results and Program Evaluation.

Application should not exceed 60 pages, including letters of commitment for the required match, tables and maps, but not including letters of matching commitments, the match calculation and budget forms. Please note that although submitting pages in excess of the page limit will not disqualify your application, HUD will not consider the information submitted on any pages that exceed the 60-page limit. Failure to include all the requested information within the page limit may result in a lower score for failure to meet a threshold.

(7) Budget. The budget documents should follow the narrative addressing Factor 3. The budget presentation should be consistent with the Statement of Work and include the following:

(a) HUD 424–C "Budget Summary for Competitive Grants Programs"

(b) HUD 424–CW ''Grant Application Detailed Budget''

(c) Budget-Narrative. A narrative of how the applicant arrived at costs, for line items over \$5,000. All budget forms must be completed in full.

(8) Appendices. Applicants may submit appendices that include visual material illustrating past projects and awards, provided that they follow the requirements stated under Factor 1(d), above.

(9) *Certifications.* The following certifications and assurances must be included in the application package. These forms must be signed by the Chief Executive Officer (or official designee) of the institution and can be downloaded from the HUD Website at *www.hud.gov.* 

(a) Applicant Assurances and Certification (HUD–424–B)

(b) Disclosure of Lobbying Activities (SF–LLL)

(c) Applicant/Recipient Disclosure/ Update Report (HUD–2880)

(d) Certification of Consistency with the Consolidated Plan (HUD–2991)

(e) Certification of Consistency with the EZ/EC/RC Strategic Plan (HUD– 2990) (Must be signed by the certifying official of the EZ/EC/RC. The General Section of the SuperNOFA provides procedures and guidelines required to certify that proposed grant activities are being conducted in the EZ/EC/EEC/RC that serve the residents of these areas, and are certified to be consistent with the area's strategic plan.)

(10) Acknowledgment of Receipt of Application (Form HUD–2993). To confirm that HUD has received the application package, please complete this form. Applicants are not required to include this form, but HUD recommends that an applicant do so.

(11) Client Comments and Suggestions (Form HUD–2994). This form is included so that HUD can solicit information from the most valuable source, the applicant—our customers. Applicants are not required to complete this form.

(B) Final selection. If an application is in compliance with the applicable threshold requirements as defined in the General Section of this SuperNOFA and NOFA, as well as the applicable program requirements, it will be evaluated, rated, and ranked based on its total score on the program's rating factors. In order to be funded, an application must receive a minimum score of 75 points. HUD will fund applications under this NOFA in rank order, until it has awarded all available program funds.

If two or more applications have the same number of points, the application with the most points for Factor 3, Soundness of Approach, shall be selected. If there is still a tie, the application with the most points for Factor 1, Capacity, shall be selected. HUD also reserves the right to make selections out of rank order to provide for geographic distribution of grantees and a combination of planning and design awards. If this occurs, HUD will fund the highest-ranking application within the two categories in different locations as long as the minimum score of 75 points is achieved.

HUD reserves the right to reduce the amount of funding requested in order to fund as many highly ranked applications in this NOFA as possible. Additionally, if funds remain after funding the highest-ranked applications, HUD may fund part of the next highestranking application in a given program area. If an applicant turns down the award offer, HUD will make the same determination for the next highestranking application. If funds remain after all selections have been made, the remaining funds will be made available to applicants to the basic Colleges and Universities COPC program in the following order: New Grants; New Directions.

(C) Negotiations. After all selections have been made, HUD may require winning applicants to participate in negotiations to determine the specific terms of a program's Statement of Work and/or Grant Budget. In cases where HUD cannot successfully conclude negotiations, or an applicant fails to provide HUD with requested information, an award will not be made. In such instances, HUD may elect to offer an award to the next highestranking applicant, and proceed with negotiations with that applicant.

#### VII. Other Matters

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of the SuperNOFA.

(A) *Debriefing.* The General Section of the SuperNOFA provides the procedures for requesting a debriefing. All requests for debriefings must be made in writing and submitted to Armand Carriere of HUD's Office of University Partnerships, Robert C. Weaver Building, 451 7th Street SW., Room 8106, Washington, DC 20410. Applicants may also write to Mr. Carriere via e-mail at

Armand \_W.\_Carriere@hud.gov. (B) Administrative. Grants awarded under this NOFA will be governed by the provisions of 24 CFR part 84 (Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations), A-21 (Cost Principles for Education Institutions) and A-133 (Audits of States, Local Governments, and Non-Profit Organizations). Applicants can access the OMB circulars at the White House website at whitehouse.gove/omb/ circulars/index.html. (C) Davis-Bacon Requirements. Provided that no grant funds are used for construction or construction management of housing built as a result of this award, Davis-Bacon requirements do not apply, unless the funds used for construction are federal funds that carry their own Davis-Bacon requirements. Provision of architectural services, whether before or during construction, does not trigger Davis-Bacon requirements.

### VIII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

### **IX. Environmental Requirements**

In accordance with 24 CFR 50.19(b) of the HUD regulations, activities assisted with Community Planning awards are categorically excluded from the requirements of the National Environmental Policy Act and are not subject to environmental review under the related laws and authorities.

With regard to Housing Design awards. selection for award does not constitute approval of any proposed sites for construction of the housing designs. Following selection for award, HUD will perform an environmental review of sites proposed for construction of housing designs, in accordance with 24 CFR part 50. The results of the environmental review may require that the proposed activities be modified or that the proposed sites be rejected. Applicants are particularly cautioned not to undertake or commit funds for acquisition or development of proposed properties prior to HUD approval of specific properties or areas.

An application constitutes an assurance that the institution will assist HUD to comply with 24 CFR part 50; will supply HUD with all available and

relevant information to perform an environmental review for each proposed property; will carry out mitigating measures required by HUD or select an alternate property; and will not acquire, rehabilitate, convert, demolish, lease, repair or construct property and will not commit or expend HUD or local funds for these program activities with respect to any eligible property, until HUD approval of the property is received. In supplying HUD with environmental information, applicants should use the same guidance as provided in the HUD Notice CPD-99-01 entitled "Field Environmental Review Processing for HUD Colonias Initiative (HCI) Grants,' issued January 27, 1999.

#### X. Authority

The COPC program is authorized under the Community Outreach Partnership Act of 1992 (42 U.S.C. 5307 note; the "COPC Act"). The COPC Act is contained in section 851 of the Housing and Community Development Act of 1992 (Pub. L. 102-550, approved October 28, 1992 (HCD Act of 1992). Section 801(c) of the HCD Act of 1992 authorized \$7.5 million for each year of the 5-year demonstration to create **Community Outreach Partnership** Centers as authorized in the COPC Act. Division K of the FY 2003 Consolidated Appropriations Resolution (Pub. L. 108-7, approved February 20, 2003) continued the program beyond the initial five-year demonstration by providing funding for Community **Outreach Partnership Centers for FY** 2003. Applicants are encouraged to familiarize themselves with the provisions of the statute on HUD's SuperNOFA website at www.hud.gov.

### XI. Appendix A

Appendix A, which follows, includes the non-standard forms required for this NOFA.

### **Attachment A--Application Checklist**

### **Application Checklist**

This checklist identifies application submission requirements. Applicants are requested to use this checklist when preparing an application to ensure submission of all required elements. Please present the information in the application in the order outlined below and include the completed checklist. Standard Forms and required certification are found in the General Section of the SuperNOFA, program specific forms are found at the end of this NOFA in Appendix A.

### I. PART A

_Transmittal Letter
_HUD 424 "Application For Federal Assistance"
 _ Application Checklist
 Abstract
_Verification of Match Documents
HUD-30001 "Community Outreach Partnership Center Program Matching
Requirements"
HUD 30012 "Verification of Match
 _Narrative Statement Addressing the Factors for Award (Must not exceed 60 pages,
double-spaced on one side, printed in standard Times Roman 12-point font).
HUD 96010 –1 "Logic Model "
 Budget
HUD 424-C "Budget Summary for Competitive Grants Program"
HUD 424-CB" Grant Application Detailed Budget"
Budget Narrative (No form provided)
Indirect Cost Rate
Appendix

### II. PART B

- HUD-424-B "Applicant Assurance and Certifications"
- SF-LLL "Disclosure of Lobbying Activities"
- HUD-2880 "Applicant/Recipient Disclosure Update Report"
- HUD-2991 "Certification of Consistency with the Consolidated Plan", (if applicable)
- HUD-2990 "Certification of Consistency with the EZ/EC/RC Strategic Plan", (if

### applicable)

- HUD-2993 "Acknowledgement of Applicant Receipt"
- HUD-2994 "Client Comments and Suggestions"

### Community Outreach Partnership Centers Program Matching Requirements

U.S. Department of Housing and Urban Development Office of Policy Research and Development OMB Approval No. 2528-0180 (exp. 04/30/2003)

	Federal St \$	are Match \$	Total Cost \$	Match as Percent of Total Cost
Research Activities: (list)				
			and the second	
				-
	Subtotal			%
Dutreach Activities: (list)	*			and the second se
			A CONTRACTOR OF A CONTRACTOR OFTA CONT	
				Non.
			and the sale	
	Subtotal			9
Total				

form HUD-30001 (4/98)

The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine eligibility, and establish grant amounts for the Community Outreach Partnership Centers (COPC) program. Total public reporting burden for collection of this information is estimated to average 80 hours. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information submitted in response to the notice of funding availability for the COPC program and HSI-WSP program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Pub.L. 101-235, approved December 15, 1989, 42 U.S.C. 3545).

The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

### Verification of Match for New Grants

U.S. Department of Housing and Urban Development Office of Policy Development and Research OMB Approval No. 2528-0180 (exp. 04/30/2003)

**Public reporting burden** for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected on this form is utilized to calculate and verify the amount of matching resources as a percentage of total project costs. This collection of information is authorized by Public Law 100-242, section 501. 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. HUD has submitted a request for Office of Management and Budget (OMB) approval to collect this information. That approval is pending.

### **Record of Match Commitments**

List of matching sources

Check if commitment letter is included and activity is eligible for match

1.	······································	
2.		
3.		
4.		 
5.		
6.		
7.		
8.		
••		

### Verification of Match (cont'd.)

### CALCULATION OF THE MATCH

### **1. REQUIRED MATCH:**

A. Research Total Project Costs::

+	=	
(Grant request for Research)	(Match for Research)	(Research Total Project Costs)
Research match should	d be:	
X	50% =	
(Research Total Proje	ct Costs)	(Required Research Match)
B. Outreach Total Proje	ect Costs::	
(Grant request for Outreach)	(Match for Outreach)	(Outreach Total Project Costs)
Outreach match should	l be:	
(Outreach Total Projec	X 25% = et Costs)	(Required Outreach Match)
C. Required Total Match	ר:	
(Required Research Match-from 1.A.)	+ (Required Outreac Match-from 1.B.)	= h (Required Total Match)

### 2. ACTUAL MATCH FOR STATUTORY PURPOSES:

### COUNT ONLY THOSE ITEMS WHICH ARE ELIGIBLE AND FOR WHICH THERE ARE COMMIT-MENT LETTERS, USING THE FORM HUD-30001. THAT FORM AND THE FIRST PART OF THIS WORKSHEET SHOULD CONFORM.

Research match provided:

Outreach match provided:

Total match provided:

### Match provided is more than match required:

\_\_\_\_ Yes \_\_\_\_ No

### 3. ACTUAL MATCH FOR FACTOR 4 PURPOSES:

Actual total match provided (from # 2 above):

Minus indirect match:

Actual total match for following calculations:

### 4. MATCH OVERAGE

Total Actual Match (w/o indirect costs)(from 3)=\_\_\_\_\_ Total Required Match (from 1.C.)

(As long as the number produced is more than 1, use only amount to the right of the decimal point to determine overage. If the number is less than 1, there is no match overage and you are not eligible for any points under this subfactor.)

### 5. MATCH FROM OUTSIDE SOURCES

<u>Total Match from Outside Sources</u> = Total Actual Match (w/o indirect costs) (from 3)

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## EARLY DOCTORAL STUDENT RESEARCH GRANT PROGRAM AND DOCTORAL DISSERTATION RESEARCH GRANT PROGRAM

Billing Code 4210-32-C

### Funding Availability for the Early Doctoral Student Research Grant Program and Doctoral Dissertation Research Grant Program

#### **Program Overview**

*Purpose of the Programs.* The purposes of the university partnership dissertation programs are:

Early Doctoral Student Research Grant Program (EDSRG). To help eligible doctoral students cultivate their research skills through the preparation of research manuscripts that focus on housing and urban development issues; and

Doctoral Dissertation Research Grant Program (DDRG). To assist Ph.D. candidates to complete their research and dissertations on housing and urban development issues.

Available Funds. Approximately \$550,000 in Fiscal Year (FY) 2003 appropriations is available for the Office of University Partnerships dissertation programs as follows.

• Early Doctoral Student Research Program: \$150,000

• Doctoral Dissertation Research Grant Program: \$400,000

*Application Deadline.* May 27, 2003. *Match.* None.

#### Additional Information

Doctoral students interested in applying for funding under these grant programs should carefully review the General Section of this SuperNOFA and the following additional information. There is no separate Application Kit for this NOFA.

#### **Additional Information**

### I. Application Due Date, Further Information, and Technical Assistance

*Application Due Date.* A completed application package is due on or before May 27, 2003.

Address for Submitting Applications. A completed application package consists of an original signed application, three copies, and one computer disk (in Word 6.0 or higher) of the application. All applications must be submitted via the United States Postal Service to the following address: University Partnerships Clearinghouse, c/o Danya International, 8737 Colesville Road, Suite 1200, Silver Spring, MD 20910. When submitting an application package, indicate the following information on the outside of the envelope: Name of the program under which funding is being requested and the doctoral student's name and mailing address, including zip code. HUD will accept only one application package per doctoral student.

For Further Information and Technical Assistance. Doctoral students may contact Armand Carriere of HUD's Office of University Partnerships at (202) 708–3061, ext. 3181 or Susan Brunson at (202) 708–3061, ext. 3852. Speech- or hearing-impaired individuals may call the Federal Information Relay Service TTY at 1–800–877–8339. Except for the "800" number, these telephone numbers are not toll-free. Students may also reach Mr. Carriere via the Internet at Armand\_W.\_Carriere@hud.gov and Ms. Brunson at

Susan S. Brunson@hud.gov. Satellite Broadcast. HUD will hold an information broadcast via satellite for potential doctoral student applicants to learn more about the programs and preparation of applications. For more information about the date and time of this broadcast, consult the HUD Website at www.hud.gov.

#### II. Amount Allocated, Grant Size and Term, and Performance Period

The amount allocated, grant size and term, and performance period are listed below for each program in this NOFA. HUD's authority for making funding available under this NOFA is Division K of the Consolidated Appropriations Resolution of 2003 (Pub. L. 108–7, approved February 20, 2003).

Early Doctoral Student Research Grant Program—Approximately \$150,000 will be made available for funding under this program.

The maximum grant period is 12 months. The performance period will commence on the effective date of the grant agreement.

The maximum amount that can be requested by a doctoral student for award is \$15,000.

Doctoral Dissertation Research Grant Program—Approximately \$400,000 will be made available for funding under this program.

The maximum grant period is 24 months. The performance period will commence on the effective date of the grant agreements.

The maximum amount that can be requested by a doctoral student for award is \$25,000.

### III. Program Description; Eligible Applicants; Eligible Activities

#### (A) Program Description

Early Doctoral Student Research Grant Program (EDSRG). The purpose of the EDSRG program is to enable doctoral students enrolled at an accredited institution of higher learning recognized by the U.S. Department of Education to cultivate their research skills through the preparation of

research manuscripts that focus on policy-relevant housing and urban development issues. The program also encourages new scholars to share their research findings through presentation at scholarly conferences and/or publication in refereed journals. The FY 2003 EDSRG program seeks to fund research studies that may impact federal problem solving and policymaking and that are relevant to HUD's policy priorities and annual goals and objectives. (See the General Section of the SuperNOFA for discussion of these priorities and annual goals and objectives).

Doctoral Dissertation Research Grant Program (DDRG). The purpose of the DDRG program is to enable Ph.D. candidates enrolled at accredited institutions of higher education recognized by the U.S. Department of Education to complete their research and dissertations on policy-relevant housing and urban development issues. The FY 2003 DDRG program seeks to fund dissertations that may impact federal problem solving and policymaking and that are relevant to HUD's policy priorities and annual goals and objectives. (See the General Section of the SuperNOFA for discussion of these priorities and annual goals and objectives). Examples of topics addressing these issues (applicable to both the EDSRG and DDRG programs) include but are not limited to:

(1) Increase Homeownership Opportunities

(a) Increasing Minority

Homeownership;

(b) Simplifying the Homebuying Process (RESPA reform) and Reducing Settlement Costs;

(c) Setting Appropriate Housing Goals for the GSEs;

(d) Countering Predatory Lending;

(e) Helping Low-Income Homeowners Avoid Default and Foreclosure;

(f) Evaluating Housing Counseling.(2) Promote Decent Affordable

Housing

(a) Reducing Regulatory Barriers to the Development of Affordable Housing, as well as All Forms of Multifamily Housing

(b) Developing Creative Strategies for Expanding the Availability of Affordable Housing. Strengthening the Delivery of HUD-Funded Rental Assistance and Assistance Provided Through the Low-Income Housing Tax Credit

(c) Promoting Self-Sufficiency Among Residents of Public and Assisted Housing

(d) Meeting the Housing-Related Needs of the Elderly (e) Meeting the Housing-Related Needs of Persons with Disabilities

(f) Improving Housing Quality and Affordability through Technology and Design

#### (3) Strengthen Communities

(a) Ending Chronic Homelessness

(b) Preventing Homelessness

(c) Strengthening Cities

(d) Meeting the Housing and Community and Economic Development Needs of Residents of High-Needs Areas, including the Colonias, Appalachia, the Mississippi Delta, and Tribal Areas.

(4) Ensure Equal Opportunity In Housing

(a) Reducing Housing Discrimination (b) Improving Housing Accessibility for Persons with Disabilities

(5) Embrace High Standards Of Ethics, Management And Accountability

(a) Reducing Fraud, Waste and Abuse in HUD-Funded Programs

(b) Improving the Effectiveness of

HUD Programs Through Program Evaluations

(6) Promote Participation Of Faith-Based And Community Organizations

(a) Strengthening the Capacity of Faith-Based and Community

Organizations

#### (B) Eligible Applicants

Doctoral students must demonstrate they meet the requirements listed under the grant program in this NOFA which they are requesting funding.

Early Doctoral Student Research Grant Program (EDSRG). Doctoral students applying for funding under this program must meet the following requirements:

(a) Be a U.S. citizen or resident alien currently enrolled, as a full-time student at an accredited doctoral program at an accredited institution of higher education (recognized by the U.S. Department of Education);

(b) Have a major or concentration within a field related to housing and urban development;

(c) Have not taken the preliminary/ comprehensive examinations;

(d) Completed at least two semesters or three terms of a doctoral studies program (depending on the course structure of the institution);

(e) Have an assigned faculty advisor to supervise the research manuscript (provide the advisor's name, address, phone number, facsimile number, and email address);

(f) Submit support letters/ documentation from the chairperson of the doctoral student's department that confirms the student meets *all* of the conditions above and that the proposed research manuscript can be completed within the one-year grant period; and (g) Provide a support letter from the institution that includes in detail the type of support the university is providing. Such support might include tuition waivers, office space, equipment, computer time, assumption of indirect costs, or similar items the doctoral student might need in order to complete the required product. This support may not replace support or assistance the institution would otherwise provide to the student.

Doctoral Dissertation Research Grant Program (DDRG). Doctoral students applying for funding under this program must meet the following requirements:

(a) Be a U.S. citizen or resident alien (student) currently enrolled and matriculated who has been accepted into candidacy in an accredited doctoral program at an accredited institution of higher education recognized by the U.S. Department of Education;

(b) Developed an approved dissertation proposal;

(c) Provide documentation from the dissertation committee chairperson that confirms the following information;

(1) By the application due date, the student's dissertation proposal has been accepted by the full dissertation committee and the student has been assigned a dissertation advisor (provide the advisor's name, address, phone number, facsimile number, and email address);

(2) By September 1, 2003, the student will have satisfactorily completed all other written and oral Ph.D. requirements, including all examinations and defense of the proposal, except the dissertation; and

(3) The proposed dissertation can be completed within the two-year grant period.

(d) Provide a support letter from the institution that includes in detail the type of support the university is providing. Such support might include tuition waivers, office space, equipment, computer time, assumption of indirect costs, or similar items the student might need in order to complete the required product. This support may not replace support or assistance the institution would otherwise provide to the student.

#### (C) Eligible Activities

Grant funds awarded for programs in this NOFA must be used to support direct costs incurred in the timely completion of the research product. Eligible costs include stipends, computer software, purchase of data, travel expenses to collect data, transcription services, and compensation for interviews.

### (D) Ineligible Activities

Grant funds awarded for programs under this NOFA *may not* be used to pay for tuition, computer hardware, or meals.

### **IV. Program Requirements**

### (A) Threshold Requirements

All applicants requesting funding from programs under this NOFA must be in compliance with the applicable threshold requirements found in Section V of the General Section of the SuperNOFA and the requirements listed below to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified.

(1) The doctoral student is eligible to apply (as defined in Section III (B) above) for the program for which they are requesting funding;

(2) University sponsorship. The university shall enter into a Grant Agreement with HUD that provides for payment of the grant by HUD to the university and from the university to the approved doctoral student, and that further provides all required certifications and assurances. The university shall agree to provide as the Principal Investigator under the Grant Agreement a dissertation advisor or chairperson of the doctoral student's dissertation committee who shall supervise the student's work under the Grant Agreement.

(3) The student has provided a letter from the department chairperson confirming the applicant is eligible as outlined in Section III (B).

(4) The student's institution has provided a letter agreeing to provide support and outlines the specific type of support they will provide as part of this grant as defined in Section III (B).

(5) The student has requested no more funding than the grant maximum allocated as defined in Section II Amount Allocated, Grant Size and Term, and Performance Period.

### (B) Program Specific Requirements

Early Doctoral Student Research Grant Program (EDSRG). Three thousand dollars of the grant funds will be held until the doctoral student's research manuscript has been completed and accepted for presentation at a conference or publication in a refereed journal by the end of the grant period, or a committee of three faculty members (including the faculty sponsor, as the principal investigator of the grant) has determined and certified to HUD that the manuscript is of high quality and worthy of submission to conferences or journals and two copies of the research product are submitted to HUD in its final version.

Doctoral Dissertation Research Grant Program (DDRG). Six thousand dollars of the grant funds will be held until the doctoral student's dissertation has been completed, approved by the committee, and two final copies are submitted to HUD in its final version.

**Note:** Institutions that have had previously awarded grants under these programs terminated for non-performance and have outstanding funds owed to HUD resulting from the termination will be excluded from competition until the outstanding funds are repaid (Applicants must comply with the Delinquent Federal Debt Requirement as defined in Section V (B)(4) of the General Section of the SuperNOFA).

## (C) Other Requirements (applicable to both grant programs)

(1) Progress reporting. All recipients of grant funds for programs in this NOFA are required to submit a report, halfway through the grant period, on the progress to date that has been made towards completion of the research product and the likelihood that it will be completed on time.

### V. Application Selection Process

### (A) Two Types of Reviews Will Be Conducted

(1) A threshold review to determine a student's eligibility to apply; and

(2) A technical review to rate the student's application based on the rating factors in this section.

### (B) Threshold Criteria for Funding Consideration

Doctoral students must meet all of the threshold requirements listed above and the General Section of the SuperNOFA to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified.

### (C) Final Selection

In order to be funded, an application must receive a minimum score of 75 points. HUD will fund applications under each program in rank order, until all available program funds are awarded. If two or more applications have the same number of points, the application with the higher points for Factor 1, Capacity to do the Research, shall be selected. If there is still a tie, the application with the higher points for Factor 2, Need for the Research, shall be selected.

### (D) Factors for Award Used to Evaluate and Rate Applications

The factors for rating and ranking an application and the maximum points available for award for each factor are provided below. Doctoral students applying for either program must address these factors. Applications must receive a minimum of 75 points out of the total 100 maximum points available for each program. The RC/EZ/EC bonus points described in the General Section of the SuperNOFA do not apply to these research programs.

## Rating Factor 1: Capacity to do the Research (20 points)

In reviewing this factor, HUD will determine the extent to which:

(1) The student's skills and experience are relevant to the proposed research manuscript/dissertation (*e.g.*, course work, teaching, research projects, and presentations);

(2) The student provides a research outline that identifies the preliminary steps that have been undertaken (*e.g.*, literature review, research hypotheses, questions to be answered) to produce the proposed manuscript/dissertation; and

For Early Doctoral Program Applicants only. (3) The proposed research will help to further the student's research skills (*i.e.*, it is relevant to the kinds of projects the student will continue to work on as she/ he earns his/her Ph.D.).

For Doctoral Dissertation Research Applicants only. (3) The doctoral student's previous research experience (e.g., graduate-level research projects, presentations at conferences, publications, etc.) is relevant to and supportive of the proposed dissertation.

## Rating Factor 2: Need for the Research (35 points)

In reviewing this factor, HUD will determine the extent to which the research manuscript/dissertation will produce policy-relevant information that is directly related to HUD's research priorities and/or annual goals and objectives as defined in the General Section of the SuperNOFA (i.e., the research that will be produced could have an effect on HUD's strategic goals and programs and policies to achieve these goals). The more direct the relationship is between the doctoral student's manuscript/dissertation and one of these topics, the higher number of points awarded. For example a study of minorities' housing choice decisions would have high relevance to HUD's strategic goals; a study of transportation inequities would have medium

relevance; and a study of the effects of global warming on urban development would have low relevance.

## Rating Factor 3: Soundness of Approach (35 points)

In reviewing this factor, HUD will determine the extent to which:

(1) The research design and methodology proposed is likely to produce data and information that will successfully answer the research hypothesis;

(2) The methodology proposed is sound and generally accepted by the relevant research community and is in line with research already completed or existing publications in the field as they relate to the scholarly standard for the research questions; and

(3) The research and production of the research manuscript/dissertation can feasibly be completed within the grant performance period. Efforts on the part of the doctoral student who proposes extremely complex and time-consuming data collection efforts (e.g., major longitudinal studies or a very large number of site visits within the grant period) will be determined less feasible for completion within the allotted grant period. For example, if the proposed methodology is based on information that may not be publicly available until after the end of the grant period (e.g., Census information), or a data collection plan that will take longer than the allotted grant period, zero points will be awarded for this factor.

#### Rating Factor 4: Issuance of the Research Product (10 points)

An important purpose of these programs is to fund research that may impact federal problem solving and policymaking and is relevant to HUD's policy priorities and annual goals and objectives (See the General Section of the SuperNOFA for discussion). In reviewing this factor, HUD will evaluate the likelihood that the research will be completed and suitable for presentation at a conference or publication in a refereed journal by the end of the grant period. HUD will also evaluate the student's plan to disseminate the research through other means, e.g., seminars, university publications, or relevant Internet listserves.

### VI. Application Submission Requirements

(A) Content of Application. The application package must include an original signed application, three copies, and one computer disk (in Word 6.0 or higher) of the items listed below. In order to be able to recycle paper, doctoral students should not submit applications in bound form; binder clips or loose-leaf binders are acceptable. Please do not use colored paper. The application narrative must not exceed 15 pages in length (excluding forms and assurances) and must be submitted on 8<sup>1</sup>/<sub>2</sub> by 11-inch paper, double-spaced on one side of the paper, and printed in a standard Times Roman 12-point font. Each page should be numbered, section tabbed, and the name of the student and university on each page. The doublespacing requirement applies to all parts of an application including agreements. Please note that although submitting pages in excess of the page limit will not disqualify the application, HUD will not consider the information on any excess page. This may result in a lower score or failure to meet a threshold

Applications must contain the items listed in this section in the order shown below. There is no separate Application Kit for these programs.

(1) Transmittal Letter. This letter is from the student and must contain the following information: (a) Student's home address, telephone number, and email address; (b) Student's address, telephone number, facsimile number and email address at the university; (c) University's name, department, mailing address, telephone and facsimile number; and (d) The faculty advisor's name, title, department, address, telephone number, facsimile numbers, and email address—This must be the person who will serve as the Principal Investigator for the grant.

(2) HUD-424 ("Application for Federal Assistance") Instructions for completing this form are found on the back of the first page of the form. Please remember the following: (a) The full grant amount should be entered in block 15, not the amount for one year, (b) Include the name, title, address, telephone number, facsimile number, and email address of the person authorized to execute the grant agreement in Block 5, (c) Include the institution's tax ID number in Block 6. The form should be signed by the appropriate university official, and (d) Block 10, the Catalog of Federal Domestic Assistance Number for the program funding is being requested. The Catalog of Federal Domestic Assistance (CDFA) number (block 10) for each program is as follows:

Early Doctoral Student Research Grant Program is 14.517

Doctoral Dissertation Research Grant Program is 14.516

(3) Table of Contents.(4) Application Checklist (See Appendix A)

(5) Executive Summary (500 words or less). The Executive Summary should, at a minimum, include a summary of the proposed research project that addresses the following topics: (a) Specific purpose of the manuscript/ dissertation; (b) Methodology being used; and (c) How the student meets the eligibility criteria for the program from which she/he is requesting funding.

(6) Narrative statement responding to the Factors for Award in Section V. The narrative of application must not exceed 15 pages, double-spaced, typed in standard Times Roman 12-point font, and be submitted on one side of 81/2-by 11-inch paper. HUD will use the narrative response to the Factors for Award to rate and rank an application. This statement is the main source of information; therefore, it is very important that the student becomes fully familiar with the rating factors above for the program from which he/ she is requesting funding. The narrative should be numbered in accordance with each factor and subfactor.

(7) Department Chairperson Support Letter. This letter must provide a statement from the doctoral student's department chairperson verifying the doctoral student has met all the eligibility criteria described in Section III (B).

(8) University Support Letter. This letter must provide a statement from the appropriate official at the university that describes in detail the type of support the university will be providing, as described in Section III (B). Please remember that this support may not replace support nor assistance that the institution would otherwise provide the student.

(9) Budget. The budget presentation should be consistent with the Statement of Work. (See Appendix B for a sample.)

(10) Additional Required Assurances and Certifications. These forms can be downloaded from the HUD website at www.hud.gov.

(a) Applicant Assurances and Certification (HUD–424B) (if applicable)

(b) Disclosure of Lobbying Activities (SF LLL) (if applicable)

(c) Acknowledgment of Receipt of Applications (HUD–2993). To confirm that HUD received the student's application, please complete this form. This form is optional.

(d) Client Comments and Suggestions (HUD 2994). This form is included so that we can solicit information from the most valuable source—the student, or customers. If the student completes and submits this form, it will help HUD to assess whether the changes made to this document have had the intended results. It will also guide us in our continuing efforts to improve the competitive grant process. This form is optional and can be completed by the student.

## VII. Correction to Deficient Applications

After all application selections have been made, HUD may require the student to participate in negotiations to determine the specific terms of the Statement of Work and the grant budget. In cases where HUD cannot successfully complete negotiations, or the student fails to provide HUD with requested information, an award will not be made. Students must submit clarifications or corrections of technical deficiencies in accordance with the information provided by HUD within 14 calendar days of the date of receipt of the HUD notification. (If the due date falls on a Saturday, Sunday or federal holiday, the correction must be received by HUD on the next day that is not a Saturday, Sunday or federal holiday.) If the deficiency is not corrected within this time period, HUD will reject the application as incomplete, and it will not be considered for funding. In such instances, HUD may elect to offer an award to the next highest-ranking application, and proceed with negotiations with that student.

### **VIII. Environmental Requirements**

The provision of assistance under these programs is categorically excluded from environmental review under the National Environmental Policy Act of 1969 (42 U.S.C. 4321) and not subject to compliance actions for related environmental authorities under 24 CFR 50.19(b)(1) and (b)(9).

#### IX. Other Matters

(1) Applicants must comply with the requirements for funding competitions established by the HUD Reform Act of 1989 (42 U.S.C. 3531 *et seq.*) as defined in the General Section of the SuperNOFA.

(2) Debriefing. The General Section of the SuperNOFA provides the procedures for requesting a debriefing. All requests for debriefings must be made in writing and submitted to Armand Carriere of HUD's Office of University Partnerships, Robert C. Weaver Building, 451 7th ST. SW., Room 8106, Washington DC 20410. Doctoral students may also write to Mr. Carriere via the Internet at Armand\_W.\_Carriere@hud.gov.

### X. Authority

These programs are being undertaken under HUD's research authority under Title V of the Housing and Urban Development Act of 1970.

Appendices A and B

The application checklist and sample budget are included in Appendices A and B.

### APPENDIX A

# EARLY DOCTORAL STUDENT RESEARCH GRANT PROGRAM AND DOCTORAL DISSERTATION RESEARCH GRANT PROGRAM

### **APPLICATION CHECKLIST**

This checklist identifies application submission requirements. You are requested to use this checklist when preparing your application to ensure submission of all required elements. Please present the information in your application in the order outline below and include the completed checklist.

### I. PART A

\_\_\_\_\_Transmittal Letter

HUD Form 424, Application for Federal Assistance

\_\_\_\_\_ Table of Contents

\_\_\_\_\_ Executive Summary (500 words or less)

\_\_\_\_\_ Narrative statement addressing selection factors for award (Must not exceed 15 pages in length

excluding required forms and assurances)

\_\_\_\_\_ Support Letter (From the applicant's department chairperson)

\_\_\_\_\_ Support Letter (From the university)

### II. PART B

\_\_\_\_\_ Budget Form (Sample Appendix B)

\_\_\_\_\_ HUD Form 424B, Applicant Assurances and Certifications (if applicable)

HUD Form 2993, Acknowledgement of Application Receipt

HUD Form 2994, Client Comments and Suggestions

### **APPENDIX B**

### **BUDGET INSTRUCTIONS:**

A sample budget for an application is shown below. The categories of expenses shown do not necessarily apply to all applications, and some applications may have expense categories not shown. The sample is representative, not binding.

Name and Address of Student:	Bernice Barnes 471 Robins Road Stansbury, MD 1234		345
Name of the Research Product:			Opportunity and Self-Sufficiency by Single Parent Females"
Services: Applicant (Bernice Barnes) days @	/day	=	\$ xxx
Other Professionals R. Nelson days @ K. Crawley days @	/day /day	=	\$ xxx \$ xxx
Clerical			
J. Brown days @ Subtotal, Services	/day	=	\$ xxx
Other:			
Travel: trips @	/trip	=	\$ xxx
Computer Usage		=	\$ xxx
Reproduction Costs		-	
Phone, Mailing, Misc. Materia	als	=	\$ xxx
Subtotal Other			
Total Estimated Cost			\$XXXXXX

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## COMMUNITY DEVELOPMENT WORK STUDY PROGRAM

Billing Code 4210-32-C

#### Funding Availability for the Community Development Work Study Program

### **Program Overview**

Purpose of the Program: To provide assistance to economically disadvantaged and minority graduate students who participate in community development work study programs, are U.S. citizens or resident aliens, and are enrolled full-time in a graduate community building academic degree program.

Available Funds: Approximately \$2.981 million from Fiscal Year (FY) 2003 Consolidated Appropriation Resolution, (plus any additional funds recaptured from prior appropriations).

Eligible Applicants: Institutions of higher learning accredited by national or regional accrediting agency recognized by the U.S. Department of Education, Area-Wide Planning Organizations (APOs), and states.

Application Deadline: May 27, 2003 Match: None.

#### Additional Information

Applicants interested in applying for funding under this NOFA should carefully review the General Section of this SuperNOFA and the following additional information. There is no separate Application Kit for this NOFA.

#### I. Application Due Date and Technical Assistance

Application Due Date. A completed application package is due on or before May 27, 2003, based on the following submission requirements.

Address for submitting applications. A completed application package (one original signed application, three copies, and one computer disk (in Word 6.0 or higher) of the application. This package must be submitted to the following address: Processing and Control Branch, Office of Community Planning and Development, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW., Room 7251, Washington, DC 20410. When submitting an application package, also please include the following information on the outside of the envelope: (a) the Office of University Partnerships, (b) refer to the Community Development Work Study Program, (c) Room number 7251, (d) the applicant's name and mailing address (including zip code), and (e) the applicant's telephone number (including area code).

Mailing and Receipt Procedures. Applicants must refer to the General Section of this SuperNOFA for detailed requirements governing application submission and receipt. For Further Information and Technical Assistance. Applicants may contact Armand Carriere of HUD's Office of University Partnerships at (202) 708–3061, ext. 3181 or Susan Brunson, at (202) 708–3061, ext. 3852. Hearing-or speech-impaired individuals may call the Federal Information Relay Service at 1–800–877–8339 (this is the only toll-free number). Applicants may also reach Mr. Carriere via e-mail at Armand\_W. Carriere@hud.gov and Ms. Brunson at Susan\_S\_Brunson@hud.gov.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about this program and preparation of the application. For more information about the date and time of this broadcast, consult HUD's website at www.hud.gov.

#### II. Amount Allocated, Grant Size and Term, and Performance Period

Up to \$2.981 million, plus approximately \$120,000 in previously unexpended funds and any additional funds recaptured from prior appropriations will be available for funding under this program.

The maximum grant performance period is two years (24 months). The performance period will commence on the effective date of the grant agreement.

Institutions may request no more than \$15,000 per year per student for a total of \$30,000 for a two-year (24 months) grant performance period. The minimum amount an institution can request is \$90,000 (funding for three students) and the maximum amount is \$150,000 (funding for five students).

#### III. Program Description; Eligible Applicants; Eligible Activities and Costs

#### (A) Program Description

Community Development Work Study Program (CDWSP) funds two-year grants to accredited institutions of higher education, APOs, and states applying on behalf of institutions of higher education to provide assistance to economically disadvantaged and minority graduate students who participate in a community development work study program. Students must be U.S. citizens or resident aliens and enrolled full-time in a graduate community building academic degree program. Grants will cover the academic period August 2003 through August 2005.

#### (B) Eligible Applicants

Organizations are eligible if they are: (1) An accredited institution of higher education recognized by the U.S. Department of Education that offers a graduate degree in a community development academic program; (2) An APO applying on behalf of two or more eligible accredited institutions of higher education recognized by the U.S. Department of Education that are located in the same Standard Metropolitan Statistical Area (SMSA) or non-SMSA as the APO (in accordance with the regulations at 24 CFR 570.415, institutions of higher education are permitted to choose whether to apply independently or through an APO); or

(3) A state applying on behalf of two or more eligible accredited institutions of higher education recognized by the U.S. Department of Education that are located in the state. If a state is approved for funding, accredited institutions of higher education located in that state may not apply independently.

#### (C) Eligible Activities and Costs

Applicants may request no more than \$15,000 per year per student, for a total of \$30,000 for two years. The total is broken down per year as follows: an administrative allowance of \$1,000 per student per year; a work stipend of no more than \$9,000 per student per year; and tuition, fees, and additional support of no more than \$5,000 per student per year.

#### **IV. Program Requirements**

In addition to the program requirements listed in the General Section of this SuperNOFA, applicants must meet the following program requirements.

(A) Statutory Requirements. Applicants must comply with all statutory and regulatory requirements applicable to this program. CDWSP regulations can be found at 24 CFR 570.415. Copies of the regulations are available on request from HUD User (www.HUDUSER.org).

(B) Recipient/Student Bonding Agreement. This agreement should cover the purpose of the work placement, responsibilities of both parties, including financial support and work component. This agreement should also address the student's responsibilities as described in the program regulations.

(C) Recipient Workplace Agreement. This agreement should cover the purpose of the work placement and the respective roles of the parties. Among other matters determined to be appropriate, this agreement should address the work placement agency's responsibilities described in the program regulations.

(**Note:** HUD does not provide a model or sample format for either of these agreements).

#### V. Application Selection Process

#### (A) Two Types of Reviews

Two types of reviews will be conducted:

(1) A threshold review to determine an applicant's eligibility; and

(2) A technical review based on the "Factors for Award" rating factors listed in Section V below.

Only those applications that pass the threshold review will receive a technical review and be rated and ranked.

#### (B) Threshold Criteria for Funding Consideration

All applicants must be in compliance with the threshold requirements as defined in the General Section of this SuperNOFA and the requirements listed below to be evaluated, rated, and ranked. Applications that do not meet these requirements will be considered ineligible for funding and will be disqualified:

(1) *Eligibility*. Applicants must be eligible to apply for the program (Sec. III B). In an effort to expand the program to include a greater variety of institutions, institutions that received grants in FY 2002 (independently or through an APO or state) are not eligible to submit an application.

(2) Eligibility of the Degree Program. An eligible community building academic program includes but is not limited to accredited graduate degree programs in community and economic development, community planning, community management, public administration, public policy, urban economics, urban management, and urban planning. An eligible community building academic program excludes social and humanistic fields such as law, economics (except for urban economics), education, sociology, social work, business administration, history, and joint degree programs except where both joint degree fields have the purpose and focus of educating students in community building. Applicants are encouraged to contact Armand Carriere or Susan Brunson at the above listed telephone numbers if they have any questions about eligibility of a proposed degree program.

(3) Number of students to be assisted. The minimum number of students that may be assisted per participating institution is three. If an APO or state receives assistance for a program that is conducted by two or more institutions, each participating institution must have a minimum of three students per program. The maximum number of students that can be assisted under this program is five per participating institution.

(4) Graduation rates. If an applicant received funding during the FY 2000 round, at least 50 percent of the students assisted must have graduated. This round of funding covered the school years August 2000 to August 2002. To address this requirement an applicant must submit a copy of the final Community Development Work Study Program Student Data Sheet, HUD-30007, for each student that received assistance from the program. This rate must be achieved two weeks prior to the application submission date of this NOFA. Institutions funded under the FY 2000 CDWSP funding round that cannot verify such a rate will be excluded from participating in the FY 2003 funding competition.

(5) *Budget.* Submit a completed budget Form HUD–30015 (Community Development Work Study Program Student Budget Sheet) for the August 2003 through August 2005 funding period. Applicants may request no more than a total of \$15,000 per year per student and funding for no more than five or fewer than three students per institution of higher education. An APO and/or state must also complete the HUD 30014 (Community Development Work Study Program State/Areawide Planning Organization Budget Summary).

(6) Compliance with nondiscrimination requirements. All applicants and their subrecipients must comply with all Fair Housing and civil rights laws, statutes, regulations and executive orders as enumerated in 24 CFR 5.105(a). In addition, applicants must comply with Title X of the Education Amendments Act of 1972 (2 U.S.C. 1681 et seq.). HUD will not approve an application for funding under this NOFA if, as of the due date, the applicant:

(a) Has been charged with a systemic violation of the Fair Housing Act alleging ongoing discrimination;

(b) Is the defendant in a Fair Housing Act lawsuit filed by the Department of Justice alleging an ongoing pattern or practice of discrimination; or

(c) Has received a letter of noncompliance findings identifying ongoing or systemic noncompliance, under Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, or Section 109 of the Housing and Community Development Act; and if the charge, lawsuit, or a letter of findings has not been resolved to HUD's satisfaction before the application deadline stated in this NOFA, the applicant may not apply for assistance under this program. HUD will not rate and rank the application. HUD's decision regarding whether a charge, lawsuit, or letter of findings has been satisfactorily resolved will be based upon whether appropriate actions have been taken to address allegations of ongoing discrimination in the policies or practices involved in the charge, lawsuit, or letter of findings. Examples of actions that may be taken prior to the application due date to resolve the charge, lawsuit, or letter of finding include, but are not limited to:

(i) A voluntary compliance agreement signed by all parties in response to the letter of findings;

(ii) A HUD-approved conciliation agreement signed by all parties;

(iii) A consent order or consent decree; or

(iv) A judicial ruling or a HUD Administrative Law Judge's decision that exonerates the respondent of any allegations or discrimination.

(C) Factors for Award Used to Evaluate and Rank Applications.

The factors for evaluating, rating, and ranking an application, and the maximum points for each factor, are listed below. The maximum number of points available for this program is 100. To be eligible for funding, an application must have a minimum score of 75 points out of the total possible points. The RC/EZ/EC bonus points described in the General Section of this SuperNOFA do not apply to this program.

#### Rating Factor 1: Capacity of the Academic Program and Relevant Past Experience (25 points)

This factor addresses the extent to which an applicant's academic program has the capacity to prepare students for careers in community building. In evaluating this factor, HUD will consider:

(1) Capacity of the Academic Program (20 points)for previously unfunded applicants and 15 points for previously funded applicants)

Applicants must describe the quality of the academic program the institution offers (or in the case of an application from an APO or state, those offered by the institutions included in the application) including, without limitation, the:

(a) Quality of the course offerings in terms of their depth and emphasis on applied coursework;

(b) Appropriateness of the courses offered for preparing students for careers in community building; and

(c) Qualifications of the faculty, such as the number of PhD's, and the percentage of their time devoted to teaching and research in community building.

As a supplement to the narrative response, applicants can include photocopies of excerpts from official publications of the educational institution or department. Please make sure to place these documents after the narrative and include them in the page count requirement.

(2) *Rates of Graduation* (5 points for previously unfunded applicants and 10 points for previously funded applicants)

HUD will evaluate the graduation rates of students previously enrolled in a community building academic degree program, specifically (where applicable) graduation rates from any previously funded CDWSP academic programs or similar programs. This factor measures the rate of graduation for all applicable years and awards points based on the extent to which the applicant exceeds a 50 percent graduation rate each applicable year. Previously funded CDWSP programs should include copies of the final Community Development Work Study Program Student Data Sheet, HUD-30007 for each previously enrolled student that received assistance from the program.

## Rating Factor 2: Need for the Program (10 Points)

This factor addresses the extent to which there is a need for funding the proposed program activities and an indication of the importance of meeting the need. In responding to this factor, HUD will evaluate the applicant's commitment to meeting the needs of economically disadvantaged and minority students as demonstrated by the institution's policies and plans, past efforts and successes recruiting, enrolling, and financially assisting economically disadvantaged and minority students, including the provision of reasonable accommodations for students with disabilities. If the applicant is an APO or state, HUD will consider the demonstrated commitment of each accredited institution of higher education on whose behalf the APO or state is applying.

# Rating Factor 3: Soundness of Approach (45 Points)

This factor addresses the quality and effectiveness of the proposed student work placement assignments.

(1) Quality of the Work Placement Assignments (13 Points) HUD will evaluate the extent to which participating students will receive a variety of work placement assignments. (Note: Students cannot be placed with a Federal Government agency). The

assignments should provide practical and useful experience to students participating in the program and further the participating students' preparation for professional careers in community building. In rating this factor, HUD will consider the quality in terms of the variety of work placement agencies, and the variety of projects/experiences at each agency and overall. Applicants must also include a description of the plan for rotating students among work placement agencies. Note: Students engaging in community building projects through an institution of higher education (rather than being directly supervised by local work placement sites) may do so only through a HUD funded Community Outreach Partnership Center (COPC), which will in that instance be considered a work placement agency even if the community building projects are undertaken with or through a separate organization or entity. Accordingly, students engaging in community building through an institution of higher education's outreach center should do so during only part of their academic program and should rotate to other work placement agency responsibilities as well. In order to receive higher points on this subfactor, applicants must propose at least three different work placement experiences for each student (typically, one each school year and one during the summer between the two school years) and include executed agreements with their proposed work study sites, rather than just listing these sites

(2) Effectiveness of Program Administration (15 Points) HUD will evaluate the degree to which the applicant will be able to coordinate and administer the program. HUD will allocate the maximum points available under this criterion equally among the following three considerations, except that the maximum points available under this criterion will be allocated equally only between (a) and (b), if the applicant has not previously administered a CDWSP-funded program. If an applicant received a CDWSP grant in FY 1999 or before and has not received one since, the applicant is considered a new applicant, for the purposes of this factor. Applicants must include a Management Work Plan that addresses the following details at a minimum:

(a) The strength and clarity of the plan for placing CDWSP students on rotating work placement assignments and for monitoring CDWSP students' progress both academically and in their work placement assignments. In addition, include plans, procedures, schedules, and preferably a milestone chart that indicates the sequence in which these tasks will be performed, noting areas of work that will be performed simultaneously and continually during the life of the grant, along with the name of the responsible individual. Also, include plans for recruiting and selecting students, monitoring and guidance of students academic progress, coordinating and monitoring student work placement agencies, and other matters deemed significant;

(b) The key personnel responsible for administering, managing, and evaluating the project, the experience, responsibilities, available time, and authority of the individual who will coordinate and administer the program; and

(c) The effectiveness of prior coordination and administration of a CDWSP-funded program, where applicable. In addressing this factor, applicants should describe the timeliness of report submissions. Applicants should review their prior CDWSP grant agreements and reports and compare when reports were due with when the reports actually were submitted. Applicants should also describe their timeliness in drawing down grant funds. Applicants are encouraged to provide a chart that outlines report submissions for each grant by the submission date and the pattern of drawing down of funds.

(3) Likelihood of Fostering Students' Permanent Employment in Community Building (15 Points)

HUD will evaluate the extent to which the proposed program will lead participating students directly and immediately to permanent employment in community building. Include a statement that describes, at a minimum, the following:

(a) Past success in placing graduates (particularly CDWSP-funded and similar program graduates, where applicable) in permanent employment in community building; and

(b) How the institution will assist students (particularly students in CDWSP-funded and similar programs, where applicable) in finding permanent employment in community building. Include the amount/type of faculty/staff time and resources that will be devoted to assisting students.

(4) HUD 2003 Policy Priorities (2 Points). The extent to which an applicant provides students with work place assignments that undertake specific activities that will further and support HUD's policy priorities and FY 2004 goals. In rating this factor, HUD will evaluate the quality of the responses provided to one or more of HUD's priorities to determine the score an applicant will receive. For each policy priority addressed an applicant can receive one point. Applicants cannot receive more than two points.[S1] For a full list and explanation of each priority, please refer to the General Section of this SuperNOFA.

## Rating Factor 4: Leveraging Resources (10 points)

HUD will evaluate the applicant's commitment and ability to assure that CDWSP students will receive sufficient financial assistance above and beyond the CDWSP funding to complete their academic program in a timely manner and without working in excess of 20 hours a week during the school year. When addressing this issue, delineate the full costs budgeted annually per student (including living expenses, fees, etc), explain the basis for the budget and how the financial assistance package offered to each CDWSP student will meet that budget. Applicants must explain how variations in the budget needs and emergency financial needs will be addressed among students. Loans are less preferred than grants because of the burden placed on the student to repay them. Therefore, higher points will be given to applicants that provide assistance in the form of grants rather than loans.

#### Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

HUD will evaluate the extent to which an applicant identifies program activities, outcomes, interim benchmarks, and performance indicators that will describe how performance will be measured. Applicants must also describe the steps that will be taken to make adjustments to the work plan if performance targets are not met within the established timeframe associated with each activity. At a minimum, the evaluation plan should address the following activities:

(a) Student recruitment;

(b) Student completion of degree program; and

(c) Long term placement after graduation (1year after graduation).

All performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. This information should be provided in a Logic Model format. This form and information on how to use it can be found in the General Section of this SuperNOFA.

#### VI. Application Submission Requirements

(A) Content of Application. The application package should include one original signed application, three (3) copies, and one computer disk of the application (in Word 6.0 or higher) of the items listed below. In order to be able to recycle paper, applicants should not submit applications in bound form; binder clips or loose-leaf binders are acceptable. Also, please do not use colored paper. The application narrative must not exceed 50 pages in length (excluding forms and assurances) and must be submitted on 81/2 by 11-inch paper, double-spaced on one side of the paper, and printed in a standard Times Roman 12-point font. The doublespacing requirement applies to all parts of the program narrative, including agreements and tables (photocopies of excerpts from official publications of the educational institution or department are excluded from this requirement). Please do not provide any additional exhibits, appendices, or resumes to support responses. No additional attachments are permitted. Please note that although submitting pages in excess of the page limit will not disqualify an application, HUD will not consider the information on any excess page. This may result in a lower score or failure to meet a threshold. Please make sure that all items are submitted in the order listed below and all pages numbered. Except where a particular form may direct otherwise, all forms included in the application, as well as the transmittal letter, must be signed by the Chief Executive Officer (this is generally the President or Provost) or an official designee legally authorized to make a commitment on behalf of the institution. If a designee signs, the application must contain a copy of the official delegation of signatory authority.

(1) Transmittal Letter. This letter must contain the following:

(a) A statement assuring that the institution of higher education (not the department or program) that will be receiving funds under this grant is fully accredited. The letter must state not only the name of the accrediting agency but also that the particular accrediting agency is recognized by the U.S. Department of Education. If a state or APO is the applicant, the transmittal letter must set forth this assurance for each institution of higher education with whom they will be working;

(b) The name, title, address, telephone number, fax number, and e-mail address of the Program Director and the individual(s) authorized to legally negotiate on the institution's behalf. All APOs and states must provide this assurance with respect to accreditation for each institution that would participate in their FY 2003 CDWSP grant.

(2) HUD Form 424 (Application for Federal Assistance). When completing this form, please remember the following:

(a) The full grant amount should be entered in block 15, not the amount for the first year;

(b) In designating the contact (in box 5), please include a title, address, telephone number, fax number, and email address. This is the person who will be receiving the reviewer comments, so please ensure the accuracy of the address;

(c) Item 10, the Catalogue of Federal Domestic Assistance Number for this program is 14.512; and

(d) The project start date should be August 1, 2003 and the completion date should be August 31, 2005.

(3) Table of Contents.

(4) Application Checklist (See attachment A) fully completed.

(5) Executive Summary—no more than three (3) pages in length. The Executive Summary should, at a minimum, describe:

(a) The academic degree programs for which the students will be selected;

(b) The type of work placement agencies (including specific examples) that have committed to participate in the program (students cannot be placed at a Federal Government agency); and

(c) The plans and resources/facilities for administering the program and assisting students to pursue postacademic or community building opportunities.

(6) Designation of Applicable Graduate Degree Program(s) Form HUD– 30013 (Community Development Work Study Program Designation of Applicable Graduate Academic Degree Program). Review carefully the regulations dealing with eligible types of degree programs before completing this form. If the proposed program is other than one listed as an eligible degree program, please contact Armand Carriere or Susan Brunson for additional guidance.

(7) Narrative statement addressing the Factors for Award in Section V. The application narrative must not exceed 50 pages in length (excluding required forms and assurances) and must be submitted on 8<sup>1</sup>/<sub>2</sub> by 11-inch paper, double-spaced on one side of the paper, and printed in a standard Times Roman 12-point font. The double-spacing requirement applies to all parts of the program narrative, including agreements and tables (photocopies of excerpts from

official publications of the educational institution or department are excluded from this requirement). Please do not provide any additional exhibits, appendices, or resumes to support your responses. No additional attachments are permitted. Please note that although submitting pages in excess of the page limit will not disqualify an application, HUD will not consider the information on any excess page. Failure to comply with this requirement may result in a lower score or failure to meet a threshold. This statement is the main source of information used to rate and rank an application; therefore, it is very important to become fully familiar with the rating factors above. In each factor there may be subfactors. Each subfactor should be presented separately, with the short tile of the subfactor and sufficient information about every element of the subfactor. The response to each factor and subfactor should be concise and contain only relevant information, but detailed enough to address each factor fully. Please do not repeat material in response to the factors and subfactors.

(8) Budget. Use the budget form HUD 30015 (Community Development Work Study Program Student Budget Sheet) for the August 2003 through August 2005 funding period. Applicants may request no more than a total of \$15,000 per year per student for five students and no fewer than three students per institution of higher education. An APO and/or state must also complete the HUD 30014 (Community Development Work Study Program State/Area-wide Planning Organization Budget Summary). Please provide any necessary back-up documentation (e.g., pages from course catalogues listing the fees) to demonstrate concisely that the amounts requested are reasonable and customary. Applicants are not required to submit documentation for the administrative allowance amount. Any anticipated increases to these project costs should be included and an explanation for the basis of the increases provided. If documentation is not included, the award amount will be based on current tuition rates, regardless of any subsequent tuition increase. HUD will not increase the amount of the grant once awarded to reflect any tuition or fee increases that have not been set forth in the application. Also, HUD will not cover any costs exceeding the perstudent maximum.

(9) Additional required Assurances and Certifications.

(a) Applicant Assurances and

Certifications (HUD–424B) if applicable. (b) Applicant/Recipient Disclosure

Update Report (HUD–2880).

(c) Assurance Regarding the Applicant's Financial Management Systems.

(d) Acknowledgement of Applicant Receipt (HUD–2993)

(e) Ĉlient Comments and Suggestions (HUD–2994).

(B) *Rating Panels.* To review and rate applications, the Department may establish panels including persons not currently employed by HUD to obtain certain expertise and outside points of view, including views from other Federal agencies.

(C) Selections. If an application passes the threshold requirement review, it will be rated and then ranked based on the total score it received on the rating selection factors. Applications will be considered for selection based on their rank order. HUD may make awards out of rank order to achieve geographic diversity, and may provide assistance to support a number of students that is less than the number requested under an application or a lower funding level per student, in order to provide assistance to as many highly ranked applications as possible.

The minimum fundable score is 75 points. If there is a tie in the point scores of two applications, the rank order will be determined by the scores on Rating Factor 3 entitled "Soundness of Approach." The application with the higher points on this factor will be given the higher rank. If there is still a tie, the rank order will be determined by the applicants' scores on Rating Factor 1 entitled "Capacity of the Applicant's Academic Program and Relevant Past Experience." The application with the higher points for this selection factor will be given the higher rank.

If there are insufficient funds to fund an application, even if the request is reduced to the minimum number of students that could be funded (*i.e.*, three students per institution of higher education), HUD may select the next ranked application that would not exceed the funding left available and still fund the minimum number of students allowed.

If funds remain after funding the highest ranked applications that can be fully funded, HUD may fund part of the next highest-ranking application (as long as it would provide assistance to the minimum number of students required to be served) in a given program area. If an applicant turns down the award offer, HUD will make the same determination for the next highest-ranking application. If funds remain after all selections have been made, the remaining funds will be carried over to the next funding cycle's competition. (1) Applicants must comply with the requirements for funding competitions established by the HUD Reform Act of 1989.

(D) *Debriefing.* The General Section of the SuperNOFA provides the procedures for requesting a debriefing. All requests for a debriefing must be made in writing and submitted to Armand W. Carriere, Acting Director, Office of University Partnerships, Robert C. Weaver Building, 451 7th Street SW., Room 8106, Washington, DC 20410.

(E) *Disclosures*. HUD will make available to the public for five years all applicant disclosure reports (HUD Form 2880) submitted in connection with this NOFA. Update reports (also Form 2880) will be made available along with the applicant disclosure reports, but in no case for a period less than three years. All reports—both applicant disclosures and updates—will be made available in accordance with the Freedom of Information Act (5 U.S.C. 552) and HUD's implementing regulations at 24 CFR part 15.

(F) *Negotiations.* After selections have been made, HUD may require winners to participate in negotiations to determine the Grant Budget. In cases where HUD cannot successfully conclude negotiations, or an applicant fails to provide HUD with the requested information, an award will not be made. In such instances, HUD may elect to offer an award to the next highestranking applicant, and proceed with negotiations with the next highest applicant.

#### VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

#### VIII. Environmental Requirements

This NOFA does not direct, provide for assistance or loan and mortgage insurance for, or otherwise govern or regulate real property acquisition, disposition, leasing, rehabilitation, alteration, demolition, or new construction, or establish, revise, or provide for standards for construction or construction materials, manufactured housing, or occupancy. Accordingly, under 24 CFR 50.19(c)(1), this NOFA is categorically excluded from environmental review under the National Environmental Policy Act of 1969, as amended (42 U.S.C. 4321) and 24 CFR 50.19(b)(3) and (b)(9).

#### **IX. Other Matters**

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are -

explained in the General Section of the SuperNOFA.

### X. Authority

Section 107(c) of the Housing and Community Development Act of 1974, as amended (42 U.S.C. 5301 *et seq.*) authorizes CDWSP. Regulations for the program appear at 24 CFR part 57.

## COMMUNITY DEVELOPMENT WORK STUDY PROGRAM

## **APPLICATION CHECKLIST**

### (Attachment A)

This checklist identifies application submission requirements. Applicants are requested to use this checklist when preparing an application to ensure submission of all required elements. Please present the information in the application in the order outlined below and include the completed checklist.

## I. PART A

\_\_\_\_\_Transmittal Letter

\_\_\_\_\_HUD Form 424, Application for Federal Assistance

\_\_\_\_\_Table of Contents

\_\_\_\_\_ Application Checklist

Executive Summary (no more than three (3) pages in length)

\_\_\_\_\_ HUD 30013, Community Development Work Study Program Designation of Applicable Degree Program

\_\_\_\_\_ Narrative statement addressing selection factors for award (Must not exceed 50 pages in

length excluding required forms and assurances)

\_\_\_\_\_ Management/Workplan

- HUD 30007, Community Development Work Study Program Student Data Sheets
- \_\_\_\_\_ Recipient/Student Binding Agreement (No form provided)
- \_\_\_\_\_ Recipient/Work Placement Agreement (No form provided)
- Logic Model Form (See General Section of the SuperNOFA )

### II. PART B

- HUD 30015, Community Development Work Study Program Student Budget Sheet
- HUD 30014, Budget Cover Sheet for State/Area-Wide Planning Organizations Budget
  - Summary Sheet (applicable only for states and APOs)

- HUD 424-B, Applicant Assurances and Certifications (if applicable)
  - \_\_\_\_ HUD Form 2880, Applicant/Recipient Disclosure Update Report
- HUD Form 2993, Acknowledgement of Application Receipt (optional)
- HUD Form 2994, Client Comments and Suggests (optional)

Community Development Work Study Program Student Data Sheet	U.S. Department of Housing and Urban Development Office of University Partnerships		OMB Approval No. 2528-0175 (exp. 10/31/2003)
The information collection requirements contain determine eligibility, and establish grant amounts collection of this information is estimated to ave gathering and maintaining the data needed, and to the notice of funding availability for CDWSP is Reform Act of 189 (Pub. L. 101-235, approved De required to, a collection of information unless the	s for the Community Der rage 1hour. This includ completing and reviewin subject to the disclosure ecember 15, 1989, U.S.0	velopment Work Study Program les time for reviewing instruction ing the collection of information. e requirements of the Departme C. 3545). The agency may not	n, (CDWSP). Total reporting burden for ons, searching existing data resources, The information submitted in response ent of Housing and Urban Development
Institution:		Grant #: CDWS	
Date of Report : Interior	erim:	Final:	
Student::	Gender:		
Ethnicity: (Select one) Hispanic or La	tino 🛄 Not His	panic or Latino	
Race: (Select one or more) American Indian or Alaska Native Native Hawaiian or Other Pacific Islander	langed.	Black or African-American	
Date Student Entered Program:			
Degree/Major/Concentration:			
Hours Required for Degree:	_ Qtr. Hrs. or	Semester Hrs.	
Hours Completed Through Reporting Period	d:	Cumulative GPA:	anticip strategiona
Work Placements: Initial Second Check appropriate			
Agency Name:	an a		
Position:			
Start Date: En	nd Date:		
Date Student Will Graduate/Did Graduate Fi	rom Program:		
Date Student Withdrew* From Program With	nout Completion:	******	
Grant Funds Expended Through This Report	rting Period:		
Administrative Allowance Work Stipend Tuition and Fees Additional Supprt			
* An explanation of student	s's withdrawal must a	ccompany the Student Data	Sheet

Community Development Work Study Program Designation of Applicable Graduate Academic Degree Program U.S. Department of Housing and Urban Development Office of University Partnerships OMB Approval No. 2528-0175 (exp. 10/31/2003)

The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine eligibility, and establish grant amounts for the Community Development Work Study Program, (CDWSP). Total reporting burden for collection of this information is estimated to average 1 hour. This includes time for reviewing instructions, searching existing data resources, gathering, and maintaining the data needed, completing, and reviewing the collection of information. The information submitted in response to the notice of funding availability for CDWSP is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 189 (Pub.L. 101-235, approved December 15, 1989, U.S.C. 3545). The agency may not conduct or sponsor, and a person is not required to, a collection of information unless the collection displays a valid control number.

To be eligible for participation in the Community Development Work Study Program (CDWSP), an

institution must have a graduate academic degree program in one of the relevant fields as defined in the

program's regulations. Closely examine the definitions of "community building" and "community building

academic program" in the regulations and, if in doubt, speak with the program staff in the Office of University

Partnerships before preparing an application.

Below are the degree programs that the institution has determined as eligible programs to implement

this CDWSP grant.

Academic Degree Program(s)

Attached are photocopies of excerpts from an official publication of the educational institution(s) or

department setting forth the degree requirements and listing the courses applicable for the particular academic program(s) to which this grant will apply.

Signature of Dean (or Equivalent) of Academic Department Granting Degree(s)

Previous versions obsolete Submit and Original and three copies form HUD 30013 (10/2002)

Community Development Work Study Program State/Areawide Planning Organization Budget Summary Sheet U.S. Department of Housing and Urban Development Office of University Partnerships OMB Approval No. 2528-0175 (exp.10/31/2003)

The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine eligibility, and establish grant amounts for the Community Development Work Study Program, (CDWSP). Total reporting burden for collection of this information is estimated to average 1 hour. This includes time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, completing and reviewing the collection of information. The information submitted in response to the notice of funding availability for CDWSP is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 189 (Pub.L. 101-235, approved December 15, 1989, U.S.C. 3545). The agency may not conduct or sponsor, and a person is not required to, a collection of information unless the collection displays a valid control number

Name	of	State/Areawide	Planning	Organization:	
1400110	<b>~</b>	oraron a connac	i noarnining	or gon maandor n	

Date	Submitted:	

### **Total Application Budget**

Administrative Allowance:	
Work Stipend:	
Tuition and Fees:	
Additional Support:	
TOTAL	ar na na 1999 an an an ann an an an an an an an an an
	a fan fan gener fan
Total number of students	

Participating Institutions of Higher Education:

Previous versions obsolete Submit and Original and three copies form HUD 30014 (10/2002)

**Community Development Work** Study Program Student Budget Sheet

U.S. Department of Housing and Urban Development Office of University Partnerships OMB Approval No. 2528-0175 (exp. 10/31/2003)

The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine Eligibility, and establish grant amounts for the Community Development Work Study Program, (CDWSP). Total reporting burden for collection of this information is estimated to average 1 hour. This includes time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, completing and reviewing the collection of information. The information submitted in response to the notice of funding availability for CDWSP is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 189 (Pub.L. 101-235, approved December 15, 1989, U.S.C. 3545). The agency may not conduct or sponsor, and a person is not required to, a collection of information unless the collection displays a valid control number.

CATEGORY	YEAR ONE (Per Student) Non-		YEAR TWO (Per Student) Non-		Number of Students Non-		TOTAL (Both years, All students)
	Resident	Resident	Resident	Resident	Resident	Resident	
Administrative Allowance (Maximum = \$1,000) Work Stipend (Maximum = \$9,000)	· · · · · ·				· · · · · · · · · · · · · · · · · · ·		
Tuition, Fee and Additional Support (Maximum = \$5,000)							· · · · · · · · · · · · · · · · · · ·
Totals							

Total requested per resident student for the two years combined: \$\_\_\_\_\_ Total requested non resident student for the two years combined: \$\_\_\_\_\_

The requested WORK STIPEND is based on the prevailing hourly rate of \$ \_\_\_\_\_\_for initial entry positions in the community and economic development field for graduate students multiplied by\_\_\_\_\_ hours per semester/guarter multiplied by semesters/guarters and if applicable, \_\_\_\_\_ hours during the summer for the yearly per student total work stipend.

The request TUITION AND FEES per resident student for the two years combined: \$\_\_\_\_\_ The request TUITION AND FEES resident student for the two years combined: \$ To support the request above, a tuition and fee schedule is attached to this document: Yes\_\_\_\_ No \_\_\_\_

ADDITIONAL SUPPORT may cover books and other educational supplies (\$\_\_\_\_\_), travel expenses for the students (\$ \_\_\_\_\_), Professional association dues (\$\_\_\_\_\_), and other, i.e., computer diskettes \_\_\_\_\_ (\$\_\_\_\_\_

Previous versions obsolete Submit and Original and three copies form HUD 30015 (10/2002)

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## FAIR HOUSING INITIATIVES PROGRAM (FHIP)

Billing Code 4210-32-C

### Funding Availability for the Fair Housing Initiatives Program (FHIP)

#### **Program Overview**

Purpose of the Program. To increase compliance with the Fair Housing Act (the Act) and with substantially equivalent State and local fair housing laws.

Available Funds. Approximately \$20,118,375 in FY 2003 funds and any potential recapture is allocated to three (3) initiatives as follows:

A. Private Enforcement Initiative (PEI) \$10.2 million

B. Education and Outreach Initiative (EOI) \$5.318 million.

C. Fair Housing Organizations Initiative (FHOI) \$2.1 million. Approximately \$2.5 million will be used for contracts including the continuation of activities for the third option year under the Project for Training and Technical Assistance Guidance (PATTG) and in furtherance of fair housing education and outreach to meet HUD's Minority Serving Institution (MSI) goals. The funds for PATTG were announced under a previous solicitation. The funds to further the Department's goals to work with MSIs will be announced under a separate solicitation.

*Eligible Applicants.* Eligibility requirements are described in detail under each of the funded initiatives and components, set forth below

Application Deadline. June 5, 2003.

*Match*: No matching funds are required for the Education and Outreach or Private Enforcement Initiatives. However, sponsored organizations under FHOI must meet the requirements described in Section IV (D) below.

#### Additional Information

If you are interested in applying for funding under the Fair Housing Initiatives Program (FHIP), please review carefully the General Section of this SuperNOFA (hereafter, the General Section), the FHIP Authorizing Statute (Sec. 561 of the Housing and Community Development Act of 1987, as amended), the FHIP Regulations (24 CFR 125.103–501), and the following additional information:

#### I. Application Due Date, Further Information, and Technical Assistance

Application Due Date. You must submit a completed application (one original and three copies) for the specific initiative and component for which you are applying on or before June 5, 2003, to the HUD Headquarters building, at the address shown below.

Application Submission Procedures. See the General Section of the SuperNOFA for specific procedures governing the submission and receipt of applications.

Address for Submitting Applications. Your application consists of an original signed application form (HUD–424) and all items listed in the Checklist (See Section IV and Appendix C for all submission requirements). Mail your completed application (one original and three copies) to:

FHIP SuperNOFA 2003 [Specify the Initiative/Component to which you apply], FHIP/FHAP Support Division, Office of Fair Housing and Equal Opportunity, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW., Room 5224, Washington, DC 20410.

For Further Information and Technical Assistance. You may contact Myron P. Newry or Denise L. Brooks of the FHIP/FHAP Support Division, at 202–708–0800 (this is not a toll-free number). Persons with hearing or speech impairments may contact the Division by calling 1–800–290–1617 (this is a toll-free number). Contained in Appendix A of this NOFA is a Question and Answer section. Please review this section for answers to some of your questions.

Satellite Broadcast. HUD will hold an information broadcast via satellite for prospective applicants to learn more about the program and preparing applications. For more information about the date and time of this broadcast, you should consult the HUD web site at http://www.hud.gov/grants.

#### **II. Amounts Allocated**

In Fiscal Year 2003, \$20,118,375 was appropriated for the Fair Housing Initiatives Program. Of this amount, \$17,618,375 is being made available on a competitive basis to eligible organizations responding to this FHIP program section of the SuperNOFA. The remaining approximately \$2,500,000 will be used for a continuation of activities for the third option year under the Project for Training and Technical Assistance Guidance (PATTG) and the awarding of a new contract in furtherance of a fair housing education and outreach effort in partnership with Historically Black Colleges and Universities (HBCU) with law schools. The amount available for each initiative or component and the maximum amount of funds that can be awarded for each grant are specified as follows:

(A) *Private Enforcement Initiative* (*PEI*). Approximately \$10,200,000 is allocated; maximum award is \$275,000 per grant; project duration is 12 to 18 months. (B) Education and Outreach Initiative (EOI). Approximately \$5,318,375 is allocated. This Initiative has five (5) components. Approximately \$4,818,375 is allocated to four (4) components under the EOI Regional/Local/ Community-Based (R/L/CB) Program. The maximum award is \$100,000 for the R/L/CB Program and the project duration is 12 to 18 months. These four components are as follows:

(1) EOI—General Component. Approximately \$3,018,375 is allocated.

(2) EOI—Disability Component. Approximately \$900,000 is allocated.

(3) Hispanic Fair Housing Awareness Component. Approximately \$450,000 is allocated.

(4) Fair Housing and Minority Homeownership Component. Approximately \$450,000 is allocated.

The fifth Component falls under the EOI—National Program:

(5) Codes Component. Approximately \$500,000 is allocated. The maximum award for the EOI National Program— Model Codes Component is \$500,000 and the project duration is 24 months.

(C) Fair Housing Organizations Initiative (FHOI). Approximately \$2,100,000 is allocated; project duration is three years. Maximum award is \$1,050,000 allocated over a three year period at up to \$350,000 per year.

### III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description. The Fair Housing Initiatives Program (FHIP), 24 CFR part 125, assists fair housing activities that increase compliance with the Fair Housing Act (the Act) and with the substantially equivalent fair housing laws administered by state and local government agencies (Fair Housing Assistance Program Agencies (FHAP)). Applications submitted for funding under EOI are required to describe a complaint referral process that should result in referrals to HUD of fair housing complaints and other information regarding discriminatory housing practices. HUD's recently published Housing Discrimination Study found that discrimination against Hispanic renters appears to have remained essentially unchanged since 1989. To address this issue, HUD has created a separate Component under EOI to provide effective bilingual fair housing education and outreach to Hispanics; however, grantees may not deny services to a client who is not Hispanic. For the Fair Housing and Minority Homeownership Component, HUD wants to educate people on the Fair Housing Act and how to prepare for homeownership.

(B) *Program Definitions.* The definitions that apply to this FHIP section of the NOFA are as follows:

Broad-based proposals are those that include activities that are not limited to a single fair housing issue; instead, they cover multiple issues related to housing discrimination covered under the Act, such as: Rental, sales and financing of housing. (See also Full Service Projects below)

Colonias (See General Section). Complainant means the person (including the Assistant Secretary for FHEO) who files a complaint under Section 810 of the Act.

Disability advocacy groups mean organizations that traditionally have provided for the civil rights of persons with disabilities. This would include organizations such as Independent Living Centers, and cross-disability legal services groups. Such organizations must be experienced in providing services to persons with a broad range of disabilities, including physical, cognitive, and psychiatric/mental disabilities. Such organizations must demonstrate actual involvement of persons with disabilities throughout their activities, including on staff and board levels.

*Enforcement proposals* are potential complaints under the Act that are timely, jurisdictional, and welldeveloped, that could reasonably be expected to become enforcement actions if an impartial investigation finds evidence supporting the allegations and the cases proceeded to a resolution with HUD or FHAP Agency involvement.

*Fair Housing Act* means Title VIII of the Civil Rights Act of 1968 as amended by the Fair Housing Amendments Act of 1988 (42 U.S.C. 3600–3620).

Fair Housing Assistance Program (FHAP) Agencies mean State and local fair housing enforcement government agencies that receive FHAP funds because they administer laws deemed substantially equivalent to the Act, as described in 24 CFR part 115.

Fair Housing Enforcement Organization (FHO) means an organization engaged in fair housing activities as defined in 24 CFR 125.103.

*Full-service projects* must include the following enforcement-related activities in your project application: Interviewing potential victims of discrimination; analyzing housing-related issues; taking complaints; testing; evaluating testing results; conducting preliminary investigations; conducting mediation; enforcing meritorious claims through litigation or referral to administrative enforcement agencies; and disseminating information about fair housing laws. *Grassroots organizations* (See General Section).

*Meritorious claims* means enforcement activities by an organization that resulted in lawsuits, consent decrees, legal settlements, HUD and/or substantial equivalent agency (under 25 CFR 115.6) conciliations and organization initiated settlements with the outcome of monetary awards for compensatory and/or punitive damages to plaintiffs or complaining parties, or other affirmative relief, including the provision of housing (24 CFR 125.103).

*Minority Serving Organization* (See General Section).

*Operating budget* means your organization's total planned budget expenditures from all sources, including the value of in-kind and monetary contributions, in the period for which funding is requested.

Qualified Fair Housing Enforcement Organization (QFHO) means an organization engaged in fair housing activities as defined in 24 CFR 125.103.

Regional/Local/Community-Based Activities are defined at 24 CFR 125.301(a) & (d).

*Rural Areas,* according to the Rural Housing and Economic Development Program of Community Planning and Development (CPD), may be defined in one of five ways:

(i) A place having fewer than 2,500 inhabitants (within or outside of metropolitan areas).

(ii) A county with no urban population (*i.e.*, city) or 20,000 inhabitants or more; territory, persons and housing units in the rural portions of 'extended cities.'

(iii) The rural portions of extended cities in the United States as identified by the U.S. Census Bureau.

(iv) Open country that is not part of or associated with an urban area. The United States Department of Agriculture (USDA) describes open country as a site separated by open space from any adjacent densely populated urban area. Open space includes undeveloped land, agricultural land, or sparsely settled areas, but does not include physical barriers (such as rivers or canals) public parks, commercial and industrial developments, small areas reserved for recreational purposes, and open space set aside for future development.

(v) Any place with a population not in excess of 20,000 and that is not located in a Metropolitan Statistical Area.

Traditional Civil Rights Organizations mean non-profit organizations or institutions and/or private entities with a history and primary mission of securing Federal civil rights protection for groups and individuals protected under the Act or substantially equivalent State or local laws and that are engaged in programs to prevent or eliminate discriminatory housing practices.

Underserved Areas mean jurisdictions where there are no Fair Housing Initiatives Program or Fair Housing Assistance Program agencies and where either no public or private fair housing enforcement organizations exist or the jurisdiction is not sufficiently served by one or more public or private enforcement fair housing organizations and there is a need for service.

Underserved Populations mean groups of individuals who fall within one or more of the categories protected under the Act and who are also: (1) Of an immigrant population (especially racial and ethnic minorities who are not English-speaking or with limited English proficiency), (2) in rural populations, (3) persons living in the Colonias, (4) the homeless, (5) persons with disabilities who can be historically documented to have been subject to discriminatory practices not having been the focus of Federal, State or local fair housing enforcement efforts, and (6) areas that are heavily impacted with minorities and there is inadequate protection and ability to provide service from the State or local government or private fair housing organizations.

(C) Changes to this year's FHIP NOFA. A number of changes have been made this year.

(1) All technical deficiencies must be responded to in 5 days from receipt of notice of deficiency;

(2) For EOI, there is one new EOI National Program Component: the Model Codes Component and two new Regional/Local Community-Based Components—the Hispanic Fair Housing Awareness and the Fair Housing and Minority Homeownership Components;

(3) Except for applicants under FHOI, applicants may not submit multiple applications under this NOFA;

(4) All applicants must submit a completed Statement of Eligibility; and

(5) The criteria for awarding points under Rating Factor 2—Need/Distress/ Extent of the Problem has been revised for FHOI.

Bonus Points: See General Section VI (C) "Factors For Award Used to Evaluate and Rate Applications" for information on how Bonus Points will be awarded under this SuperNOFA.

(D) Ineligible Activities. (1) Fair Housing and Free Speech. None of the amounts made available under this FHIP Program Section of the SuperNOFA may be used to investigate or prosecute under the Act any activity engaged in by one or more persons, including the filing or maintaining of a non-frivolous legal action that is protected by the First Amendment to the U.S. Constitution. This includes activities engaged in for the purpose of achieving or preventing action by a government official or entity.

(2) *Insurance Testing.* HUD will fund organizations that conduct insurancerelated enforcement work under the FHIP, but no project that focuses exclusively on this issue will be funded.

(3) All Applicants. If a majority (51% or more) of the activities within your application, Statement of Work (SOW), or Budget are ineligible or you propose to carry out ineligible activities that total 51% or more, your application will be ineligible.

(4) *Imposed Burdens*. Registration fees, fundraising, professional/ association dues, publications, and other fees or costs that result in burdens placed on the public being serviced by these awards are prohibited practices.

(E) *Objectives*. Applicants submitting applications to the Education and Outreach National Program's Model Codes Component and all the Regional/ Local Community-Based Initiatives/ Component must address all forms of housing discrimination covered under the Fair Housing Act.

For the Model Codes Component, applicants must partner with a Disability Advocacy Group to coordinate with current efforts by HUD to identify jurisdictions where activities can be targeted and education and outreach can be designed to provide technical assistance to these jurisdictions that wish to adopt HUDrecognized Fair Housing Act safe harbor codes. In addition, applicants must identify and coordinate with jurisdictions that want to update their existing codes to incorporate one of the safe harbors.

Lastly, President Bush announced an ambitious plan to help close the homeownership gap by increasing minority homeownership by 5.5 million families before the end of the decade. This year, HUD has included under this NOFA the Fair Housing and Minority Homeownership Component, where applicants must demonstrate the ability to conduct community outreach activities to educate people about their rights under the Fair Housing Act and to prepare them for homeownership. The goal of this Component is to improve access to homeownership by racial and ethnic minorities by educating them about fair housing, the home buying process and generally to help prepare participants for the responsibilities of homeownership.

(F) Eligible Activities. (1) Private Enforcement Initiative (PEI). This Initiative assists private, tax-exempt fair housing enforcement organizations in the investigation and enforcement of alleged violations of the Act and substantially equivalent State and local fair housing laws. As a condition of funding, you will be required to refer to HUD all cases arising from FHIP-funded enforcement activities (see Mandatory Referrals, Section IV below).

(a) *Eligible Applicants*. Eligible applicants are fair housing enforcement organizations (FHOs) with at least one year of experience in complaint intake, complaint investigation, testing for fair housing violations, and meritorious claims in the two years prior to the filing of this application (24 CFR 125.401(b)(2)) and Qualified Fair Housing Enforcement Organizations (QFHOs) with at least two years of enforcement-related experience, as noted above, and meritorious claims in the three years prior to filing this application, (24 CFR 125.103). You must certify, in the Statement of Eligibility that you submit with this application, that your organization is an FHO or a QFHO and document in the Statement of Eligibility that your organization has the required one or two years of enforcement-related experience. All applicants claiming QFHO and FHO status are required to be a 501(c)(3) taxexempt organization and also to submit with their application a copy of its Letter of Determination from the Internal Revenue Service (IRS) in support of its 501(c)(3) tax-exempt status

(b) Eligibility of Successor Organization. HUD recognizes that QFHOs and FHOs may merge with each other or other organizations. The merger of a QFHO or an FHO with a new organization, that has a separate Employer Identification Number (EIN), does not confer QFHO or FHO status upon the successor. To determine whether the successor organization meets the eligibility requirements for this Initiative, HUD will look at the enforcement-related experience of the successor organization (based upon the successor organization's EIN). The successor organization is not eligible to apply under this Initiative unless it establishes in the Statement of Eligibility that it is a private, tax-exempt organization with the requisite two years of enforcement related experience for a QFHO or one year experience for an FHO.

(c) *Eligible Activities* include either: (i) Complaint intake of allegations of housing discrimination, testing, evaluating testing results, or providing other investigative and complaint support for administrative and judicial enforcement of fair housing laws; or

(ii) Investigations of individual complaints and systemic housing discrimination for further enforcement processing by HUD, through testing and other investigative methods; or

(iii) Mediated agreements or other voluntary resolution of allegations of fair housing discrimination after a complaint has been filed; and

(iv) Litigating fair housing cases including procuring expert witnesses.

(2) Education and Outreach Initiative (EOI). This Initiative assists projects that inform the public about the rights and obligations under the Act and substantially equivalent State and local fair housing laws. Under this Initiative, you must develop a complaint referral process so that activities funded under this Initiative will result in referrals to HUD of fair housing complaints and other information regarding possible discriminatory housing practices. Applications are solicited for this Initiative under the EOI-Regional/Local/ Community-Based Program—in which activities are conducted on a regional/ local/community-based level; and, under a National Program. You may submit your application for the Regional/Local/Community-Based General Component, Disability Component, the Hispanic Fair Housing Awareness Component; the Fair Housing and Minority Homeownership Component or the National Program's Model Codes Component depending upon its focus.

(a) Eligible Applicants. Eligible applicants are QFHOs; FHOs; public or private, for-profit or not-for-profit organizations or institutions and other public or private entities that are formulating or carrying out programs to prevent or eliminate discriminatory housing practices (including entities that will be established as a result of receiving an award under this FHIP NOFA); agencies of State or local governments; and agencies that participate in the FHAP (see the list of FHAP agencies at Appendix D). If you are a disability advocacy group, an organization that identifies or connects/ communicates with Hispanics, grassroots faith-based and other community-based organization, minority universities or institutions, or traditional civil rights organization, you are encouraged to apply under this Initiative.

(b) *Eligible Activities.* The following are eligible activities for EOI: Conducting educational symposia or other training; developing new and innovative fair housing activities or materials throughout your project area; providing outreach and information on fair housing through printed and electronic media; developing fair housing curricula, and providing outreach to persons with disabilities and/or their support organizations and service housing providers working with homeless activists or persons to determine if fair housing plays a part in the homeless situation, and the general public regarding the rights of persons with disabilities under the Act. When conducting your outreach activities, we also encourage the use of existing, fair housing materials; except that we require that you translate these existing materials in languages other than English. The applicants for the Regional/Local/Community-Based Programs who submit an application in conjunction with a grassroots faithbased and other community-based organization must include in their application a letter of firm commitment from that grassroots faith-based and other community based organization. This letter of firm commitment must: (1) Identify the grassroots faith-based and other community-based organization; (2) identify the activities/tasks to be undertaken by the grassroots faith-based and other community-based organization under the project; and (3) be signed by the individual or organization with legal authority to make commitments for the organization. These components are described below:

Disability Component. Applications that emphasize the fair housing needs of persons with disabilities, so that persons with disabilities, housing providers and the general public better understand the rights and obligations under the Act and more fully appreciate the forms of housing discrimination that persons with disabilities may encounter, should submit their applications to the EOI-Disability Component. Although the component has a disability focus, the funded activities must provide education and outreach to all persons protected under the Act.

Hispanic Fair Housing Awareness Component. Applicants must be able to provide bilingual materials and services to Hispanics so that they are aware of and educated about their fair housing rights and responsibilities under the Fair Housing Act. In addition, applicants must have staff who are bilingual and have demonstrated experience, which is defined as 5 years of proven experience in providing social services to persons of Hispanic origin or must have established a partnership with an established faith-based or other community-based organization to carry out the objectives of this component and three years of experience with the applicant. Although the component has a focus in providing education and outreach to Hispanic communities, the funded activities must provide education and outreach in a nondiscriminatory manner. Grantees may not deny services to a client who is not Hispanic.

Fair Housing and Minority Homeownership Component. Today, homeownership in America is at an all time high-but not all Americans have benefited. While 75% of white Americans own their own homes, less than half of all African Americans and Hispanic Americans are homeowners. Even with a surge in homeownership during the 1990's, the homeownership gap between minority and white households declined by just 1.5 percentage points. In June 2002, President George W. Bush announced an ambitious plan to help close the homeownership gap by increasing minority homeownership by 5.5 million families before the end of the decade. Educating homebuyers is an important step in meeting the President's challenge and there is a strong tie between equal housing opportunity and minority homeownership.

Under the Fair Housing and Minority Homeownership Component, applicants must demonstrate the ability to conduct community outreach activities to educate people about their rights under the Fair Housing Act and to prepare them for homeownership. The goal of this Component is to improve access to homeownership by racial and ethnic minorities by educating them about fair housing and how to recognize discriminatory housing practices in sales and financing of housing. Applicants must demonstrate the ability to educate participants about various forms of unlawful discrimination including discrimination in the sale of dwellings, discrimination in the financing of dwellings and unlawful segregation resulting from steering and other activities. Please ensure that all activities are tied to the protections outlined in the Fair Housing Act.

General Component. Applications for all other fair housing education and outreach activities should be submitted to the EOI-General Component.

The fifth component is the National Program—Model Codes Component.

The purpose of this component of the National Program is to increase compliance with the Fair Housing Act's accessible design and construction requirements through activities that will promote a collaborative partnership among builders and State and local government building code entities and

disability advocacy or fair housing groups. These collaborations will ultimately result in encouraging the adoption of model building codes at the State and local level that are consistent with the accessibility requirements of the Fair Housing Act, its regulations and the Fair Housing Accessibility Guidelines. Activities to be carried out will involve taking steps to encourage State and local jurisdictions to adopt building codes that incorporate one of the HUD-recognized safe harbors for compliance. (These safe harbors are discussed below). Activities must be done in a manner that recognizes that under the Fair Housing Act, HUD cannot compel the adoption of model codes but HUD is encouraging jurisdictions to adopt such codes.

Activities may include identifying jurisdictions toward which to target activities and education and outreach designed to provide technical assistance to jurisdictions that wish to adopt HUDrecognized Fair Housing Act safe harbor codes or update their existing codes to incorporate one of the safe harbors. This may be done through direct meetings, educational workshops, on-line "how to" technical assistance, and technical assistance to State and local communities that may be in the process of updating State or local building codes. Such technical assistance shall include educating entities on incorporating commentary or appendices to their codes.

These kinds of activities may be carried out under this NOFA:

(1) Assisting State and local jurisdictions that modify their existing building codes so that they are consistent with the accessibility requirements of the Fair Housing Act and the Fair Housing Accessibility Guidelines, the ANSI A117.1 technical standards;

(2) Educating State and local officials on the requirements of the Fair Housing Act and the Fair Housing Accessibility Guidelines, the ANSI A117.1 technical standards, or the State or local building codes if such codes already incorporate requirements that are consistent with the Act;

(3) Developing an electronically accessible "Best Practices Directory" for dissemination of information to those interested in finding peer communities and organizations that have successfully adopted or revised their model building codes to meet the Fair Housing Act's accessibility requirements, the Fair Housing Accessibility Guidelines, and the ANSI A117.1 technical standards;

(4) Providing assistance and reviewing proposed modifications of language to be included in building codes to ensure that such codes meet the Fair Housing Act's accessibility requirements, the Fair Housing Accessibility Guidelines, and the ANSI A117.1 technical standards. (2)

(5) Encouraging jurisdictions to use one of the former three model codes, *i.e.*, the Uniform Building Code, the Standard Building Code, or the BOCA National Building Code to update their codes to address inconsistencies identified in HUD's Final Report on the Review of Model Building Codes, published in the **Federal Register** on March 23, 2000.

There are currently seven documents recognized by HUD as providing a safe harbor for meeting the accessibility requirements of the Fair Housing Act. The seven documents include the following:

1. HUD's March 6, 1991 Fair Housing Accessibility Guidelines (the Guidelines) and the June 28, 1994 Supplemental Notice to Fair Housing Accessibility Guidelines: Questions and Answers about the Guidelines;

2. ANSI A117.1—1986—Accessible and Usable Buildings and Facilities, used in conjunction with the Act, HUD's Regulations, and the Guidelines;

3. CABO/ANSI A117.1—1992— Accessible and Usable Buildings and Facilities, used in conjunction with the Act, HUD's regulations, and the Guidelines;

4. ICC/ANSI A117.1—1998— Accessible and Usable Buildings and Facilities, used in conjunction the Act, HUD's regulations, and the Guidelines;

5. HUD's Fair Housing Act Design Manual;

6. Code Requirements for Housing Accessibility 2000 (CRHA), approved and published by the International Code Council (ICC), October 2000; and,

7. International Building Code (IBC) 2000 as amended by the IBC 2001 Supplement to the International Building Codes.

It is important to note that the ANSI A117.1 standard contains only technical criteria, whereas the Act, HUD's regulations, and the Guidelines contain both scoping and technical criteria. Therefore, in using any of the ANSI standards, it is necessary to also consult the Act, HUD's regulations, and the Guidelines for the scoping requirements. The CRHA and the IBC contain both scoping and technical criteria and are written in building code language, which make them readily adoptable by state and local jurisdictions.

(3) Fair Housing Organizations Initiative (FHOI). This Initiative provides assistance to projects (sponsoring organizations) that establish

or build the capacity of organizations to become viable fair housing enforcement organizations that conduct fair housing enforcement activities in underserved areas (as defined in Section IV) in rural areas, in the Colonias, and areas with new immigrants (especially racial and ethnic minorities who are not Englishspeaking or have limited English proficiency). This is accomplished with the assistance of a sponsoring organization. It is the sponsoring organization that submits the application under this Initiative and certifies the sponsored organization's ability to become a QFHO or FHO (Note: The sponsoring organization is ineligible if they received a grant under this Initiative in 2001 or 2002.) The sponsored organization whose enforcement capacity is established or enhanced by funding under this Initiative, will be allowed to participate in this Initiative for three years contingent upon annual performance reviews. Funds are allocated under this NOFA for this Initiative for 3 years and distributed to the sponsored organization by the sponsoring organization. The sponsoring organization may expend FHIP funds for administrative costs as described below. HUD has targeted for funding under this Initiative projects that will provide fair housing enforcement services to the Colonias, rural areas, and to underserved areas, and to immigrants (especially racial and ethnic minorities who are not English speaking or have limited English proficiency).

(a) *Eligible Applicants.* Only the sponsoring organization is eligible to apply under this Initiative. The sponsoring organization must be a qualified fair housing enforcement organization (QFHO). You must certify in the Statement of Eligibility that you submit with this application that your organization is a QFHO.

(b) *Eligible Activities.* The proposed activities must build the enforcement capacity of the sponsored organization so that it can undertake all of the following activities by the conclusion of year 3 of the grant cycle:

(i) Complaint intake of allegations of housing discrimination, testing, evaluating testing results or providing other investigative and complaint support for administrative and judicial enforcement of fair housing laws;

(ii) Investigations of individual complaints and systemic housing discrimination for further enforcement processing by HUD, through testing and other investigative methods;

(iii) Mediation or other voluntary resolution of allegations of fair housing

discrimination after a complaint has been filed; and

(iv) Litigating fair housing cases including procuring expert witnesses.

(c) Administrative Costs for the Sponsoring Organization. The sponsoring organization may use no more than 15 percent of the annually awarded funds to cover its costs to administer the grant.

#### **IV. Program Requirements**

(A) *Requirements for All Initiatives.* In addition to the Threshold Requirements in Section V of the General Section of this SuperNOFA, your FHIP-funded program application must also meet the following requirements:

(1) Protected Basis. All FHIP-funded projects must address housing discrimination based upon race, color, religion, sex, disability, familial status, or national origin.

(2) Performance Measures and Products. For all Initiatives, your application must demonstrate how your project activities will support HUD goals, identify performance measures/ outcomes in support of those goals, describe your proposed record-keeping and evaluation systems, and identify current (baseline) conditions and target levels of the performance measures that you plan to achieve. For PEI, your application also must contain a strategy for generating enforcement related project products, with related timelines and milestones. For FHOI, if the sponsoring organization is enhancing an existing organization, then the sponsoring organization must submit a statement outlining: (1) What is expected of the sponsored organization, and (2) that the sponsored organization will be part of the program. If the sponsoring organization is being created, then the sponsored organization must submit a mission statement for the sponsoring organization and a timeline for creation and independence. If selected for funding, your final performance measures will be negotiated between you and HUD as part of your executed grant agreement.

(3) Reports and Meetings on Performance Measures and Products. Refer to the mandatory use of the Logic Model provided in the forms appended to the General Section.

(4) Single Applications. Except for applicants under FHOI, all applicants may only submit one application under the FHIP. FHOI applicants may apply under FHOI and one other Initiative. Applicants must determine which Initiative/Component to which they want to apply and submit a completed application to only that Initiative/ Component. Multiple applications applying to more than one, except FHOI, Initiative/Component will be treated as a technical deficiency and the applicant will be asked to identify which application they want reviewed.

(5) *Independence of Awards.* HUD will review each application separately and without reference to other applications submitted by you or others. However, the application you submit must be independent and capable of being implemented without reliance on the selection of other applications submitted by you or other applicants.

(6) *Project Štarting Period.* For planning purposes, assume a start date no later than March 1, 2004.

(7) Page Limitation and Formatting *Requirements*. The maximum narrative page requirement is ten (10) pages per factor. All pages in your application must be numbered consecutively from beginning to end. The narrative pages must be double-spaced (no more than three lines per vertical inch). This includes all narrative text, titles and headings. (However, you may single space footnotes, quotations, references, captions, charts, forms, tables, figures and graphs). You are required to use 12 point typesize. A page is  $8.5'' \times 11''$ , on one side only, with 1" margins top, bottom, right and left. You must respond fully to each factor to obtain maximum points. Failure to provide narrative responses to all factors or omitting requested information will result in less than the maximum points available for the given rating factor or sub-factors. Failure to provide double spaced, 12 point typesize narrative responses will result in five points being deducted from your overall score (one point per factor). Failure to consecutively number pages within your application will result in one point being deducted from your overall score.

(8) *Training funds.* Your proposed budget must set-aside funds to participate in HUD mandatory sponsored or approved training \$3000 for 12–18 month projects (EOI and PEI); and \$6000 annually for 36 month projects (FHOI). For FHOI, there must be attendance from the sponsoring and sponsored organization.

Requests to attend HUD-approved training must be submitted to the GTR for approval in advance of the requested training. Do not include amounts over the \$3000 or \$6000 (as appropriate) for the training set-aside in this category. If applicants do not include these funds in the budget and you are selected for an award, HUD may modify your budget, reallocating the appropriate amount for training. If awardee's key personnel do not attend mandatory HUD-approved or HUD-sponsored training, training funds must be returned to HUD and it will be reflected on your performance assessment.

(9) Payment Contingent on Completion. Payment of FHIP funds is made on a reimbursement basis. Payments are contingent on the satisfactory and timely completion of your project activities and products as reflected in your grant or cooperative agreement. Requests for funds must be accompanied by financial and progress reports.

(10) Accessibility Requirements. All activities, facilities, and materials funded by this Program must be accessible to persons with disabilities (24 CFR 8.2, 8.4, 8.6, and 8.54).

(11) *Copyright Materials.* You may copyright any work that is eligible for copyright protection subject to HUD's right to reproduce, publish, or otherwise use your work for Federal purposes, and to authorize others to do so as required in 24 CFR 84.36.

(12) Complaints Against Awardees. Each FHIP award is overseen by a HUD Grant Officer (See Appendix B for list of Grant Officers per region). Complaints from the public against FHIP grantees should be forwarded to the Grant Officer. The Grant Officer's name and contact information is provided in the grant agreement. If, after notice and consideration of relevant information, the Grant Officer concludes that there has been inappropriate conduct, such as a violation of FHIP program requirements, terms or conditions of the grant, or any other applicable statute, regulation or other requirement, HUD will take appropriate action in accordance with 24 CFR 84.62. Such action may include: written reprimand; consideration of past performance in awarding future FHIP applications; repayment to HUD of funds received under the grant; or temporary or permanent denial of participation in the FHIP in accordance with 24 CFR part 24

(13) *Double Payments.* If you are awarded funds under this NOFA, you (and any subcontractor or consultant) may not charge or claim credit for the activities performed under this project under any other Federal project.

(14) Award Instrument. The type of funding instrument HUD may offer a successful applicant which sets forth the relationship between HUD and the grantee will be a grant or cooperative agreement, where the principal purpose is the transfer of funds, property, services, or anything of value to the applicant to accomplish a public purpose. The agreement will identify the eligible activities to be undertaken, financial controls, and special

conditions, including sanctions for violations of the agreement. HUD will determine the type of instrument under which your award will be made and monitor your progress to ensure that you have achieved the objectives set out in your agreement. Failure to meet such objectives may be the basis for HUD determining your agreement in default and exercising available sanctions, including suspension, termination, and/ or the recapture of your funds. Also HUD may refer violations or suspected violations to enforcement offices within HUD, the Department of Justice, or other enforcement authorities.

(15) *Reallocation of Funds.* If after all applications within funding range have been selected or obligations are completed in an Initiative and funds remain available, the selecting official or designee will have the discretion to reallocate leftover funds in rank order between initiatives as follows:

(a) For EOI, any remaining funds from any component will be reallocated first within the initiative; if after reallocating funds within the initiative left over funds remain, they shall be reallocated to PEI then to FHOI;

(b) For PEI, any remaining funds will be reallocated to EOI then to FHOI;

(c) For FHOI, left over funds will be reallocated to PEI then to EOI.

Reallocated funds will be awarded within initiative as described in Section V of this Program Section of the SuperNOFA.

(16) *Affirmatively Furthering Fair Housing.* A separate AFFH submission is not required for FHIP.

(17) *Name Check Review*. (See General Section).

(18) *Product Information*. Press releases and any other product intended to be disseminated to the public must be submitted to the Government Technical Representative (GTR) 2 weeks before release for approval and acceptance.

(19) Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women Owned Businesses. (See General Section).

(20) *Retainer Fees.* If you are a recipient of FHIP funds, you cannot require any complainant to whom you are providing assistance using FHIP funds, to sign a retainer agreement or other contract for legal fees as part of the filing, commencement, or maintenance of a Fair Housing Act complaint. If the FHIP recipient has a successful settlement or a verdict, then the FHIP is able to include its reasonable fees as a part of the settlement, though the complainant shall be under no obligation to accept such an arrangement. If reasonable legal fees are recovered, the FHIP agency must return

a portion of its recovery to HUD, in proportion to the amount of FHIP funds spent on the prosecution of the case.

Agencies that are the recipients of FHIP funds agree to provide HUD with information regarding the recovery of fees and applicable reimbursement of FHIP funds to HUD on a yearly basis. All settlements and verdicts involving cases processed using FHIP funds are a matter of public record. An agency cannot claim attorney-client or other privilege against the release of data concerning the case. This restriction on withholding of information must be communicated to the complainant. The complainant must agree to such a restriction before the case can be processed using FHIP funds.

(21) For FHOI, HUD will fund applications that purpose to provide services in underserved areas (See Section III (B)(1)(b) of the FHIP Program Section of this NOFA.

(22) HUD expects applicants to address all forms of housing discrimination covered under the Fair Housing Act.

(23) HUD has determined there is a need to ensure equal opportunity and access to housing in communities across the nation.

(B) Screening/Threshold Review. Only applications that satisfy all of the applicable requirements under this FHIP NOFA will be considered for funding. The rating of the "applicant" or the "applicant's organization and staff" for technical merit or threshold compliance, unless otherwise specified, will include any sub-contractors, consultants, sub-recipients, and members of consortia that are firmly committed to the project.

(1) General Section Requirements and Procedures. Applicants are ineligible for funding if they do not meet the Threshold Requirements set forth in Section V (B), (C) and (D) of the General Section of this SuperNOFA.

(2) Debarment and Suspension. Applicants are ineligible for funding if they are debarred and suspended (See General Section).

(3) Maximum award. Applicants are ineligible for funding if they request funding in excess of the maximum allowed under the initiative or component for which you are applying your application is ineligible. Any amount over the maximum award, even if less than one dollar, will be considered a request in excess of the maximum award. In addition, inconsistencies in the amount requested and/or miscalculations that result in amounts over the maximum award will be considered excessive; therefore the application is ineligible. (4) *Incomplete Application.* Applicants are ineligible for funding if their application does not include a completed Statement of Eligibility.

(5) Research Activities. Applicants are ineligible for funding if 100% of their project is aimed solely and primarily at research. Also, your application should not require any unapproved surveys or questionnaires.

(6) *Eligible Applicants*. Applicants are ineligible for funding if they do not meet the eligibility requirements for EOI, PEI and FHOI. For PEI, you must be a FHO or a QFHO and document in the Statement of Eligibility that your organization has the required one or two years of enforcement-related experience. For FHOI, you must be a QFHO. For EOI, see specific Component requirements.

(7) *Tax Exempt Status.* For PEI and FHOI applicants are ineligible for funding if they are not a 501(c)(3) tax exempt organization as determined by the Internal Revenue Service (IRS). Your application must include a copy of your Letter of Determination from the Internal Revenue Service, dated prior to the deadline date of this FHIP Program Section of the SuperNOFA, establishing your 501(c)(3) tax-exempt status. Failure to submit this with your application is a technical deficiency.

(8) Model Codes Component applications. Applicants are ineligible for funding if they do not have demonstrated technical expertise in the design and construction requirements of the Fair Housing Amendments Act of 1988, the applicable implementing regulations, the Fair Housing Accessibility Guidelines, the ANSI A117.1 technical standards, and State and local building codes.

Applicants may establish their "demonstrated technical expertise" in many ways. For example: (a) Your organization has designed or conducted training or seminars, (b) your organization's staff has taken a course/ attended a seminar on the accessibility provisions of the Fair Housing Act for and have applied that training to your work as, for example, building inspectors, architects, housing providers, or developers in a jurisdiction with a building code that incorporates these provisions, or (c) your organization's work experience has made you thoroughly knowledgeable about design and construction requirements of the Fair Housing Act/ Accessibility Guidelines, the ANSI A117.1 technical standards, and State and local building codes. Agendas, course(s) descriptions, specific examples of work experiences, and years of experience, must be highlighted when establishing demonstrated technical expertise.

Only joint applications filed by a minimum of two entities, at least one of which is a national and a State or local disability rights advocacy group or organization (national, State or local organization), will be considered, and the roles of each partner must be clearly delineated. Your application must identify additional sub-recipients and consultants/contractors who will work on this project. A letter of firm commitment must be included stating that the partner(s) agrees to the proposed Statement of Work and will participate in the project, if selected for award. If you fail to include this letter of firm commitment with your application, your application will be declared ineligible for funding.

(9) Poor Performance. Applicants are ineligible for funding if they are a previous FHIP grantee that has received a "Poor" performance rating for its most recent performance rating from its Government Technical Representative. HUD will assess performance ratings for applicants who have received FHIP funding in 1999, 2000, or 2001. If the applicant has received a "poor" performance rating for its most recent performance rating from its Government Technical Representative, its application is ineligible for FY 2003 competition. An applicant that does not agree with its determination of ineligibility for the FY 2003 competition because of "poor" performance must address to HUD's satisfaction the factors resulting in the "poor" performance rating before the FHIP application deadline. If the "poor" performance rating is not resolved to the Department's satisfaction before the application deadline, the application is ineligible for funding. HUD is interested in increasing the performance level of all grantees; therefore, applicants who are deemed ineligible because of a "poor" performance rating have the right and are encouraged to seek technical assistance from HUD to correct their performance in order to be eligible for future NOFA competition.

(10) Suits Against the United States. Your application is ineligible for funding if as a current or past recipient of FHIP funds, your organization used any funds provided by HUD for the payment of expenses in connection with litigation against the United States (24 CFR 125.104(f)).

(11) Other Litigation. Your application is ineligible for funding if you used funds under this Program provided by HUD to settle a claim, satisfy a judgment, or fulfill a court order in any defensive litigation (24 CFR 125.104). (12) Hispanic Fair Housing Awareness Component. Applicants are ineligible for funding if staff persons that have been providing bilingual services have not been employees with the applicant for 3 of the 5 years used to prove eligibility under the Hispanic Fair Housing Awareness Component. List all bilingual employees and provide proof of employment of staff. Grantees may not deny services to a client who is not Hispanic.

(13) *FHOI*. Applicants for FHOI only are ineligible if their organization received previous FHOI awards in FY 2001 or FY 2002.

(C) Additional Requirements For PEI and FHOI. (1) Mandatory Referrals. You must refer to HUD all cases arising from FHIP-funded enforcement activities. In all FHIP-funded cases where you find a basis for filing a complaint on behalf of a complainant other than your organization, you must file the complaint with HUD unless the complainant declines to do so in writing. You must return copies of all complaints that the complainant declines to file to HUD. In addition to filing complaints with HUD, a complainant may file a civil action in Federal or State Court.

(2) Broad-Based and Full-Serviced. Your organization must conduct a broad-based and full-service enforcement project that addresses discrimination against all persons protected by the Fair Housing Act on the basis of race, color, religion, sex, disability, familial status, or national origin.

(3) Outreach Expenses. The funds awarded for enforcement grants may be used for outreach and education activities (hereafter, outreach activities) in order to promote awareness of your project's services, as follows: under FHOI, you may provide for up to 10 percent of the requested funds for the sponsored organization to be used for outreach activities; under PEI, you may designate up to 5 percent of the requested funds for outreach activities.

(4) Tester Requirements. Testers in your FHIP-funded testing activities must not have prior felony convictions or convictions of crimes involving fraud or perjury. All testers must receive training acceptable to HUD or be experienced in testing procedures and techniques. Testers and the organizations conducting tests, and the employees and agents of these organizations may not:

(a) Have an economic interest in the outcome of the test; except to the extent that they could recover damages as provided by law;

(b) Be a relative related by adoption, blood, or marriage to any party in a case; (c) Have had any employment or other affiliation, within the past year, with the person or organization to be tested; or

(d) Be a licensed competitor of the person or organization to be tested in the listing, rental, sale, or financing of real estate.

(5) Review and Approval of Testing Methodology. If your SOW proposes testing, other than rental housing testing, HUD may require copies of the following documents to be reviewed and approved by HUD prior to your carrying out the testing activities:

(a) The testing methodology to be used,

(b) The training materials to be provided to testers, and

(c) Other forms, protocols, cover letters, etc. used in the conduct of testing and reporting of results.

The testing methodology and training materials that you submit to HUD for review and approval are for enforcement purposes and will remain confidential.

(6) *Tester Training.* You must provide sufficient information in the application to show how testers are trained by your organization and how the materials will be used.

(7) Conflict of Interest and Use of Settlement Funds.

(a) You may not solicit funds from or seek to provide fair housing educational or other services or products for compensation either directly or indirectly to any person or organization that has been the subject of FHIP-funded testing by your organization during the 12 month period following the test. This does not preclude providing training or technical assistance that is court ordered or contained in a negotiated settlement. HUD reserves the right to impose additional provisions addressing potential conflicts of interest in the grant agreement.

(b) You must reimburse the United States for FHIP-funded activities whenever you receive funds as the result of enforcement activities funded in whole or in part by the FHIP program, including testing. You must provide information about reimbursements and/or potential reimbursements in a report that you submit to HUD (see Reports below). Provisions regarding terms for reimbursing the United States will be specified in your grant or cooperative agreement. This reimbursement requirement does not apply to compensation received as a result of a judgment in Federal or State Court. Calculate your reimbursement on a per complaint basis. Identify the complaint, then subtract the amount of non-FHIP funds from the amount of FHIP funds used to resolve the complaint. The

difference is the amount owed. For example:

Testing Expense = \$500 (All FHIP funds used)

Settlement Award = \$15,000 Reimburse HUD = \$500

(8) *Reports*. You must provide reports in a format (which may be computergenerated), at a frequency and with contents specified by HUD. At a minimum, the report must include the number and basis of complaints filed with HUD, with a FHAP agency, or in Federal/State Court as well as the number and terms of settlements or other outcomes achieved. If HUD does not prescribe a format or frequency, you will provide a narrative report within 90 days after all grant activities have ended or at the end of each 12 month period of the grant, whichever comes first. All settlements and verdicts are public except settlements or judgment that a court or other tribunal has ordered to be kept confidential. However, all settlements and verdicts are public involving cases processed using FHIP funds are a matter of public record. Your agency will not be able to claim attorney-client or other privileges against the release of data to the Department on any case where FHIP funds are used. You will also be required to provide status reports on case referrals you have made to HUD or a FHAP agency. These reports are for enforcement purposes and will remain confidential.

(9) Enforcement Log. You are required to record information about the funded project in a case tracking log (or Fair Housing Enforcement Log) in a format prescribed by HUD. Such information must include: The number of complaints of possible discrimination you have received; the protected basis of these complaints; the issue, test type, and number of tests utilized in the investigation of each allegation; the respondent type and testing results; the time for case processing, including administrative or judicial proceedings; the cost of testing activities and case processing; the entity to which the case was referred; and the resolution and type of relief sought and received. You must agree to make this log available to HUD. This log will be considered confidential for enforcement purposes. This log should only have case information in it where FHIP funds were used.

(10) Attachments. All PEI, FHOI, EOI applicants must submit a Statement of Eligibility. All applicants must submit resumes, or position descriptions for newly created positions of all key personnel; if you received HUD funding in the past please submit the most recent SF 269. In addition, FHOI and PEI applicants must submit the Internal Revenue Service's, Letter of Determination declaring your Section 501(c)(3) status as a tax-exempt organization. Failure to submit your IRS Letter of Determination with your original application is a technical deficiency.

(D) Additional Requirements For Education and Outreach Initiative. Complaint Referral Process. EOI activities do not end with the delivery of outreach and educational activities. Its purpose is to ensure that persons are informed of their fair housing rights and to provide enforcement assistance to persons who believe they have experienced housing discrimination by providing immediate and accurate referral information to persons contacting them for assistance. EOI applicants must develop a process for referring fair housing complaints to HUD or Fair Housing Assistance Program agencies . The referral process must be described in the application.

(E) Additional Requirements For Fair Housing Organizations Initiative Sponsored and sponsoring organization's viability and fair housing enforcement capacity. Over the duration of the grant, the sponsored organization with the help of the sponsoring organization must demonstrate its capacity to become a viable, fair housing enforcement organization that conducts fair housing-related enforcement activities and leverages non-FHIP resources. These are the performance measures that, if not met, may result in termination of the grant, and your description of how you will achieve these measures will be considered when HUD evaluates your application. We will look for this description in your response to Rating Factor 3: Soundness of Approach. Specifically, the application must address:

(1) Fair Housing-related enforcement activities. The sponsored organization must be able to independently conduct enforcement-related activities by the conclusion of year 3 of the grant including: complaint intake, complaint investigation, testing for fair housing violations, and meritorious claims. Your application must identify which activities the sponsored organization will conduct at the end of the grant year 1, 2 and 3. A pro-forma budget must be submitted for the sponsored organization showing how funds will be allocated and accounted for in each of the grant years. Your performance measures will be based upon this description, and failure to meet them

may result in termination of your grant or cooperative agreement.

(2) Organizational resources. The sponsored organization must not rely exclusively on FHIP funding. At the conclusion of each grant year, the sponsored organization must show increasing support from sources other than what is awarded under this program. Specifically, at the conclusion of year 1, no less than 5% of the funds supporting the sponsored organization's fair housing enforcement-related activities must be funded from non-FHIP funds; at the conclusion of year 2, no less than 10% of the funds supporting the sponsored organization's fair housing enforcement-related activities must be from non-FHIP funds; and at the conclusion of year 3, no less than 20% of the funds supporting the sponsored organization's fair housing enforcement-related activities must be from non-FHIP funds. Your application and budget must state how you will meet these requirements. Your performance measures will be based upon these requirements, and failure to meet them may result in termination of the grant.

In addition, the sponsoring organization must demonstrate its capacity to maintain itself as a viable, fair housing enforcement organization that has the ability to sustain itself over the course of the grant.

#### **V. Application Selection Process**

(A) *Rating and Ranking.* Although all rating factors are organized the same way for all FHIP initiatives, there are differences in application requirements and rating criteria, which are indicated throughout the Rating Factor instructions. Your application for funding will be evaluated competitively against all other applications submitted under one of the following initiatives or components:

(1) Private Enforcement Initiative (PEI);

(2) Education and Outreach Initiative (EOI);

(a) Regional/Local/Community-Based Program:

(i) General Component (EOI-GC);

(ii) Disability Component (EOI-DC);(iii) Hispanic Fair Housing AwarenessComponent (EOI-HA);

(iv) Fair Housing and Minority

Homeownership Component (EOI-HC); (b) National Program:

(i) Model Codes Component;

(3) Fair Housing Organizations Initiative (FHOI)

All eligible applications will be reviewed and points awarded based upon: (1) Your narrative responses to the Factors for Award and

accompanying materials (e.g., resumes) and (2) bonus points, if entitled. Ineligible applications will not be ranked. The maximum number of points to be awarded for the Rating Factors is 100. See Section VI (C) of the General Section for discussion on Bonus Points. Applications with a score of seventyfive (75) points or more will be considered of sufficient quality for funding. The Selecting Official will not select for award any application with a score below seventy-five (75) points. Generally, applications of sufficient quality for funding will be selected in rank order under each initiative or component. HUD reserves the right to select applicants out of rank order to achieve greater geographic distribution of awards under each initiative or component, as described in Section V (C) below. Selections under each initiative or component will continue to be made until either all allocated funds have been obligated or until no applications of sufficient quality remain.

(B) Tie Breaking. When two or more applications have the same total overall score, the application with the higher score under Rating Factor 3: Soundness of Approach will be ranked higher. If this does not break the tie, the application with the higher score under Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience will be ranked higher. If this does not break the tie, the application requesting the lower amount of FHIP funding will be ranked higher. Finally, if this does not break the tie, the application with the higher score under Rating Factor 2 will be rated higher.

(C) Achieving Geographic Diversity of Awards. (1) PEI and EOI. HUD reserves the right to select applications out of rank order under geographic diversity, to ensure that, to the extent possible, applications from more states for each initiative or component are selected for funding. If the Selecting Official exercises this discretion, there will be two determinants used: (a) Geography and (b) score. Geographic diversity shall be applied to all qualified applications (applications of sufficient quality for funding—applications that received a score of 75 or more points) in each Initiative or Component in which the Selecting Official applies geographic diversity. The geographic diversity provision will be applied as follows: when there are two or more applications of sufficient quality from the same state, the application(s) with the lower score(s) will be moved to the end of the qualified queue. The applications moved to the end of the qualified queue will retain their geographic rank order.

If sufficient funds remain, it is possible that applications moved to the end of the queue may be selected for award.

(2) *FHOI.* The geographic diversity provision does not apply to FHOI.

(D) Factors for Award Used to Evaluate and Rate PEI, FHOI and EOI Regional/Local Community-Based Applications. The factors for rating and ranking applications and the maximum points for each Rating Factor are described below. Failure to provide the required information under the appropriate Factor will result in a lower score for that Factor—for example, information in the Project Abstract, although useful for obtaining a concise summary of the proposed activities is not considered in the rating of applications.

Please respond fully to the criteria in each Rating Factor and sub-factor and, when directed, provide other information in support of your response. The Factors for Award are set out as follows:

In general. This section applies to all applicants. Your responses to each Rating Factor and including the "In Addition" section below must not exceed the 10 page Rating Factor requirement.

*În addition.* This section identifies issues to which you must respond, if required, by the particular Initiative or Component for which you are applying.

#### Rating Factor 1: Capacity of Applicant and Relevant Organizational Experience (25 Points)

You must describe staff expertise and your organization's ability to complete the proposed activities within the grant period.

In General. HUD recognizes that, in carrying out the proposed activities, you may have persons already on staff, plan to hire additional staff, or rely on subcontractors or consultants to perform specific tasks. You must describe your staffing plan and the extent to which you plan to add staff (employees) or contractors. If your application proposes using subcontractors and these subcontractor activities amount to more than 10 percent of your total activities, you must submit a separate budget for each subcontractor. Failure to include a separate budget will result in lower points being assessed to your application.

#### (5) Points Current FHIP Grantees

#### (10) Points for New Applicants

a. Number and expertise of staff (this includes subcontractors and consultants). You must show that you will have sufficient, qualified staff who

will be available to complete the proposed activities. Provide the following information for all staff assigned to or hired for this project, not just key personnel (those persons identified in attachments to Rating Factor 3: Soundness of Approach):

(i) Identify, by name and/or title, all persons that will be assigned to the project. You must describe the knowledge and experience of the proposed overall project director and day-to-day program manager (whose duties and responsibilities include managing all program and administrative activities as outlined in the SOW and ensuring that all timelines are met), in planning and managing projects similar in scope and complex interdisciplinary programs. Indicate the percentage of time that key personnel will devote to your project. To receive maximum points, your day-to-day program manager must devote a minimum of 75% of his/her time to the project. For day-to-day managers who do not have at least 75% of their time devoted to the project, no points will be awarded under this sub-factor. You may demonstrate capacity by thoroughly describing your prior experience in fair housing. You should indicate how this prior experience will be used in carrying out your proposed activities. Your application must clearly identify those persons that are on staff at the time this application is filed, and those persons who will be assigned at a later date; describe each person's duties and responsibilities and their expertise (including years of experience) to perform project tasks; indicate whether the staff person is assigned to work fulltime or part-time (if part-time, indicate the percentage of time each person is assigned to the project).

(ii) Attach resumes for all key personnel or position descriptions for newly created positions. (Resumes or position descriptions do not count against the ten-page limit.)

#### (10) Points for Current FHIP Grantees

#### (15) Points for New Applicants

b. Organizational experience. In responding to this subfactor, you must show that your organization has: (1) Conducted a past project or projects similar in scope and complexity to the project proposed in this application (whether FHIP-funded or not), or (2) engaged in activities that, although not similar, are readily transferable to the proposed project. Experience will be judged in terms of recent, relevant and successful experience of your staff to undertake eligible activities.

In rating this factor, HUD will consider experience within the last 3 years to be recent, experience pertaining to the specific activities to be relevant, and experience producing measurable accomplishments to be successful. The more recent the experience and the more experience your own staff members who work on the project have in successfully conducting and completing similar activities, the greater the number of points you will receive for this rating factor. For all applicants, your fully completed and signed Statement of Eligibility will also be considered as part of your organizational experience. The applicant organization must state within its application that it is based in an area considered by the Department as Colonias.

*In addition.* If you are applying for funding under the EOI-Hispanic Fair Housing Awareness Component, provide the following information when responding to this sub-factor.

(i) A list of all bilingual materials you have distributed

(ii) A description of specific instances where projects similar to the scope and activities proposed in this application had an impact in a Hispanic community.

(iii) A description of recent relevant experience. Recent experience is experience within the past 3 years. Grantees may not deny services to a client who is not Hispanic.

*In addition.* If you are applying for funding under the EOI-Fair Housing and Minority Homeownership Component, provide the following information when responding to this subfactor:

(i) A description of staff's experience in providing fair housing and homeownership advice with the objective of increasing awareness of homeownership opportunities and

(ii) A description of staff's experience and accomplishments in advocating with the real estate industry, the mortgage lending industry, appraisers, and developers to increase awareness of homeownership opportunities.

In addition. If you are applying for funding under PEI or FHOI, provide the following information when responding to this subfactor:

(i) Describe the procedure you will use to ensure that testers comply with the requirements in Section IV(B)(3) of the FHIP Program Section of the SuperNOFA.

(ii) If you propose to conduct testing (other than rental or accessibility testing), projects proposing testing in the specific areas (for example, if testing is for sales of housing), your application should outline your sales testing experience) should document that, at a minimum, you have conducted successful testing in those areas. Provide a general description of when and where the tests occurred, the entities tested, and the overall results of the tests, including complaints filed and the settlements or remedies secured.

*FHOI.* Provide a statement of organizational capacity and experience of the sponsored organization and a list of persons who will work on the project along with their experience.

### (10) Points for Current FHIP Grantees

#### (0) Points for New Applicants

c. *Performance on past project(s)*. You must describe your organization's past performance in conducting activities relevant to your proposal, in the past three years (FY 1999–2001 FHIP grants), demonstrating good financial management and documenting timely use of funds, timely reporting and submissions of tasks and deliverables. HUD may supplement information you provide with relevant information onhand or available from public sources such as newspapers, Inspector General or General Accounting Office Reports or Findings, hotline complaints that have been proven to have merit, or other such sources of information. In evaluating past performance, the following points will be deducted from your score under this rating sub-factor:

- 10 points will be deducted if you received a "fair performance" assessment;
- 5 points will be deducted if you received a "good performance" assessment; and
- 0 points will be deducted if you received an "excellent performance" assessment.

*In addition.* If you have received an FHOI or a PEI award under the FY 1999, 2000, or 2001 FHIP Program Section of the SuperNOFA, you must:

(i) Discuss your compliance with the mandatory referral requirement of all cases arising from FHIP-funded activities requirement, as described in the FY 1999, 2000, and 2001 FHIP Program Section of the SuperNOFAs. Five (5) points will be deducted for this subfactor if you do not show in your application compliance with the requirement. The compliance discussion should provide an explanation if discrepancies exist. For example, your application notes receipt of 100 applications. It also notes that only 25 complaints were referred. There should be an explanation for the difference of 75 complaints.

(ii) Discuss your compliance with the requirement to reimburse the Federal

government for compensation received from FHIP-funded enforcement activities. If you have not reimbursed the Federal government for such compensation, explain why you have not. Also, state whether you reported to HUD any likely compensation that may result in such reimbursement. Two (2) points will be deducted for this subfactor if you have not complied with the requirement.

## Rating Factor 2: Need/Distress/Extent of the Problem (20 Points)

This factor addresses the extent to which there is a need for funding the proposed activities to address a documented fair housing problem(s) in the target area(s). You will be evaluated on the information that you submit that describes the fair housing need in the geographic area you propose to serve, its urgency and how your project is responsive to that need. You must also describe whether you and/or your project are not served by a State or local FHAP agency.

# (15 Points for PEI/EOI and 20 Points for FHOI)

a. *Documentation of Need.* To justify the need for your project, PEI and EOI applicants must describe the following:

(1) The fair housing need, including:

(i) Geographic area to be served;

(ii) Populations that will be served your project must serve all persons protected by the Act; and

(iii) The presence of housing discrimination, segregation and/or other indices of discrimination in the project area based upon race, color, religion, sex, national origin, familial status, or disability.

(2) The urgency of the identified need. For example:

(i) The potential consequences to persons if your application is not selected for funding;

(ii) The extent to which the organizations provides the services identified in your application;

(3) Other sources that support the need and urgency for this project. For example, make reference to reports, statistics, or other data sources that you used that are sound and reliable, including but not limited to, HUD or other Federal, state or local government reports analyses, relevant economic and/or demographic data, including those that show segregation, foundation reports and studies, news articles, and other information that relate to the identified need. Chapter V of the Fair Housing Planning Guide, Vol. 1 has other suggestions for supporting documentation. You may access the

Guide from the HUD web at *www.hud.gov.* 

To receive maximum points under this subfactor, applicants must submit data and studies that support (1), (2), and (3) above. Those that address each category and submit supporting data will receive higher points than those that do not.

For FHOI: To justify the need for a sponsored organization under FHOI, the sponsoring organization must describe the following:

(i) Populations that will be served— HUD has targeted for funding under this Initiative, projects that will provide fair housing enforcement services to underserved areas, rural areas, the Colonias, and areas serving individuals who are immigrants (especially racial and ethnic minorities who are not English-speaking or have limited English proficiency).

(ii) The presence of housing discrimination, segregation and/or other indices of discrimination in the project area based upon race, color, religion, sex, national origin, familial status, or disability and submit data and studies that support your claim; and

(iii) Why the project area is underserved and why the proposed sponsored organization is needed. Your proposal must serve all persons protected by the Act.

For example, make reference to reports, statistics, or other data sources that you used that are sound and reliable, including but not limited to, HUD or other Federal, state or local government reports analyses, relevant economic and/or demographic data, including those that show segregation, foundation reports and studies, news articles, and other information that relate to the identified need.

For all applicants: If the fair housing needs you have identified are not covered under the Consolidated Plan and Analysis of Impediments to Fair Housing Choice (AI) or if your locality does not have a CP or AI, you should so indicate, and use other sound data sources to identify the level of need and the urgency in meeting the need. If your application addresses needs that are identified in the AI, you will receive more points than applicants located in an area with an AI that do not relate their program to the identified needs in the AI. For you to receive maximum points for this factor, there must be a direct relationship between your proposed activities, community needs, and the purpose of the program funding.

To the extent possible, the data you use should be specific to the area where the proposed activity will be carried out. You should document needs as target areas were proposed. (4) The link between the need and your proposed activities:

(i) How the proposed activities augment or improve upon on-going efforts by public and private agencies, organizations and institutions in the target area, and/or

(i) Why, in light of other on-going efforts, the additional funding you are requesting is necessary.

*In addition,* with respect to Documentation of Need, the following apply to specific FHIP initiatives or components:

*EOI—Disability Component.* Your project must focus on individuals who are disabled and must serve all persons protected by the Act.

*EOI—Hispanic Fair Housing Awareness Component.* Your project must focus on serving Hispanics and must serve all persons protected by the Act. Therefore, provide specific demographics on Hispanic neighborhoods to be served and the relationship of the area served to the objectives of the project. The need in these neighborhoods must be clearly stated and supported with documentation such as beneficiary information. Grantees may not deny services to a client who is not Hispanic.

EOI—Fair Housing and Minority Homeownership Component. Your project must document underrepresentation of homeownership by protected classes or a critical level of need for fair housing and homeownership activities in the area where activities will be carried out.

#### (5 Points PEI and EOI)

b. Underserved Areas. For EOI and PEI: Up to five points will be awarded when the applicant's location and the project area are not served by a State or local FHAP agency. In instances where the applicant is located in an area not served by a FHAP agency but the project activities are conducted in various geographic areas, some of which are not served by a State or local FHAP agency, points will be awarded as follows:

5 points will be awarded if more than 80% of the activities are conducted in areas not served by a State or local FHAP agency.

*4 points* will be awarded if more than 60% but less than 80% of the activities are conducted in areas not served by a State or local FHAP agency.

*3 points* will be awarded if more than 40% but less than 60% of the activities

are conducted in areas not served by a State or local FHAP agency.

*2 points* will be awarded if more than 20% but less than 40% of the activities are conducted in areas not served by a State or local FHAP agency.

*1 point* will be awarded if less than 20% of the activities are conducted in areas not served by a State or local FHAP agency.

You must indicate whether (a) you are located in an area that is served by a State or local FHAP agency (see Appendix D of this FHIP Program Section of the SuperNOFA for a list of FHAP agencies); (b) the activities you propose will be conducted in a project areas served by a State or local FHAP agency; and (c) explain why the project area is underserved and/or why the proposed organization or activity is needed.

In addition: This subfactor is not applicable to FHOI.

## Rating Factor 3: Soundness of Approach (40 Points)

You must describe your project in detail, demonstrate how your project activities will support HUD goals, propose suggested performance measures/outcomes in support of these goals, and identify current baseline conditions and target levels of the performance measures that you plan to achieve. Also attach a Statement of Work (SOW) and budget. Your proposed activities must support HUD's policy priorities as referenced in the General Section.

#### (7 Points)

a. *Support of HUD Goals.* Describe how your proposed project will further and support HUD's policy priorities. For FY 2003 FHIP applications, address the following:

1. All EOI-General, EOI-Disability, EOI-Hispanic Fair Housing Awareness, and EOI-Fair Housing and Minority Homeownership Component:

Applicants who relate HUD's policy priorities to:

(i) Their project's purpose,

(ii) Persons to be served,

(iii) Geographic area to be served,

(iv) Proposed activities and who will conduct these activities, *e.g.*, you or a subcontractor(s) or consultant(s), and

(v) Applicants who provide a methodology for carrying out these activities that includes items (i), (ii), (iii) and (iv) above will be assessed as follows:

(a) Four points under this subfactor if you are a grassroots faith-based and other community-based organizations, or propose to partner or sub-contract with grassroots faith-based and other community-based organizations, (b) One point under this subfactor if your application specifically addresses housing discrimination against new immigrants,

(c) One point under this subfactor if your application specifically addresses housing discrimination in Colonias, and

(d) One point under this subfactor if your application specifically addressing housing discrimination to persons who are homeless because of housing discrimination in violation of the Fair Housing Act.

#### PEI and FHOI

Applicants should discuss their project purpose and proposed activities, persons to be served, geographic areas and methodology and their relation to HUD's policy priorities (see General Section). Include specific information on how you will address the need(s) identified under Rating Factor 2. The quality of the response you provide to one or more of the policy priorities will determine the score you receive. You may receive one point for each policy priority you address up to a total of seven points.

#### In addition. If you apply under the:

*EOI.* Describe how activities or final products can be used by other organizations and agencies. Also, describe the elements of the complaint referral process you will develop as a task under this grant. Explain how this referral process will result in an increased number of referrals to HUD. For the Hispanic Fair Housing Awareness component, grantees may not deny services to a client who is not Hispanic.

FHOI. Over the course of the grant, the sponsored organization must conduct fair housing-related enforcement activities and leverage non-FHIP resources. These are the performance measures that, if not met, may result in termination of the grant. Clearly describe how you will ensure that these enforcement and leveraging requirements are met.

*PEI/FHOI.* Describe a procedure to ensure that referrals of all complaints are made as required by this NOFA. Your description should include safeguards to ensure that referred complaints are fully jurisdictional under the Act and supported by credible and legitimate evidence that the Act has been violated.

You may conduct limited outreach activities (PEI and FHOI), as described in Section IV(C)(3). This must be reflected clearly in your SOW and Budget.

#### (18 Points)

b. Proposed Statement of Work (SOW) and Information Requirements. The SOW and budget are attachments that will not count toward the 10-page limit on the narrative response to this factor. However, points will be assigned based on the relevance of proposed activities to stated needs, attention to implementation steps, proposed activities consistent with organizational expertise and capacity and accuracy of the SOW and budget.

(1) Statement of Work—Submit a proposed SOW that comprehensively outlines in chronological order the administrative and program activities and tasks to be performed during the grant period. Your outline should identify all activities and tasks to be performed and by whom (e.g., you, a subcontractor, or partner), and the products that will be provided to HUD and when. You should also include a schedule of your activities and products (with interim implementation steps), staff allocation over the term of the project; staff acquisition and training; and activities of partners and/or subcontractors (See Appendix C of this FHIP Program Section of the SuperNOFA for an optional SOW).

(2) Information Requirements. For PEI and FHOI, your application must include a description of the enforcement proposals to be referred to HUD. Your description must explain the information (see 24 CFR 121.2) you intend to collect and analyze, the type of complaints you anticipate referring to HUD for enforcement purposes, and describe the procedure you will implement for referring such complaints. If you propose a testing program, you must explain how you plan to structure the tests, train investigators, conduct investigations, etc. This description should make clear the safeguards to be used to ensure that complaints referred to HUD are fully jurisdictional under the Act and supported by credible and legitimate evidence that the Act has been violated. Describe the procedures you will put in place to ensure that referrals of all complaints are sent to HUD.

In addition.

For EOI:

For the Hispanic Fair Housing Awareness Component include:

(i) All bilingual key personnel and their capacity to communicate and disseminate information in projected Hispanic neighborhoods.

(ii) A plan that reflects an understanding of the characteristics and needs of the neighborhoods selected and outline a plan of action pertaining to the scope and detail of how the work outlined will be accomplished. Grantees may not deny services to a client who is not Hispanic.

#### (15 Points)

c. The Budget Form and the Budget Information—HUD will also assess the soundness of your approach by evaluating the quality, thoroughness, and reasonableness of the budget and financial controls of your organization, including information on your proposed program cost categories. As part of your response you must prepare a budget that is: (i) Reasonable in achieving the goals identified in your proposed SOW; (ii) relates tasks in the SOW to the proposed budget costs; (iii) cost-effective; (iv) quantifiable based on the Need identified in Factor 2; and (v) documents and justifies all cost categories in accordance with the cost categories indicated in the HUD-424-CB (see General Section Grant Application Detailed Budget). In addition, if you already have an approved indirect cost rate, please provide the necessary contact information (i.e., name, address, and telephone number of the cognizant agency).

(1) *Cost Effectiveness of Program.* Discuss and provide supportive facts concerning the extent to which your proposed program is cost effective in achieving the anticipated results of the proposed activities. Also, indicate how the proposed project is quantifiable based on the needs identified in Rating Factor 2.

(2) Financial Management Capacity. Describe and provide documentation to support your organization's financial management system. In addition, provide documentation about your capabilities in handling financial resources and maintenance of adequate accounting and internal control procedures.

In addition:

FHOI provide a statement of transfer of programmatic and management responsibilities from the sponsoring to sponsored organization by the end of grant year 3. Also provide budgetary information on the viability of the sponsoring organization to maintain the sponsored organization for the duration of the grant.

Your Grant Application Detailed Budget HUD-424-CB must show the total cost of the project and indicate other sources of funds that will be used for the project. While the costs are based only on estimates, the budget narrative work plan may include information obtained from various vendors, or you may rely on historical data. Applicants must round all budget items to the nearest dollar.

A written budget narrative must accompany the proposed budget explaining each budget category listed. Failure to provide a written budget narrative will result in 2 points being deducted from your application. It must explain each cost category you list. Generally, estimated costs for high-cost items or subcontractors/consultants should be supported by bids from at least three (3) sources. Where there are travel costs for subcontractors/ consultants, you must show that the combined travel costs (per diem rates) are consistent with Federal Travel Regulations (41 CFR 301.11) and travel costs for the applicant's subcontractors and/or consultants do not exceed the rates and fees charged by local subcontractors and consultants. The narrative (which counts toward the 10 page limit) and supporting documentation (which does not count toward the 10 page limit) must address the Grant Application Detailed Budget as referenced in the General Section.

### Enforcement Education & Outreach

Also, there is a 5% limit on the amount of education-related activities that can be funded in an enforcement grant. If you exceed this limit, points will be deducted from this sub-factor.

## **Rating Factor 4: Leveraging Resources** (5 Points)

This factor addresses your ability to secure additional resources to support your project. Points will be awarded on the basis of the percentage of non-FHIP resources you have identified and how firm the commitment is for those resources.

Firm Commitment of Leveraging. HUD requires you to secure resources from sources other than what is requested under this FHIP Program Section of the SuperNOFA. Community resources may include funding or in-kind contributions, such as workspace or services or equipment, allocated to the purpose(s) of your proposal. Contributions from affiliates or employees of the applicant do not qualify as in-kind contributions. Resources may be provided by governmental entities (including other HUD programs if such costs are allowed by statute), public or private non-profit organizations, faith-based organizations, for-profit or civic private organizations, or other entities willing to work with you. In order to secure points you must establish leveraging of resources by providing letters of firm commitment from the organizations and/or individuals who will support your

project. Each letter of firm commitment must: (1) Identify the organization and/ or individual committing resources to the project, (2) identify the sources and amounts of the leveraged resources (the total FHIP and non-FHIP amounts must match those in your proposed budget submitted under Factor 3), and (3) describe how these resources will be used under your SOW. The letter must be signed by the individual or organization official legally able to make commitments for the organization. If the resources are in-kind or donated goods, the commitment letter must indicate the fair market value of those resources and describe how this fair market value was determined. (Do not include indirect costs within your in-kind resources). Inkind and matching contributions and Program Income must be in accordance with 24 CFR 84.23 and 84.24. If the applicant has no funding source other than the FHIP, it cannot propose in-kind or donated resources. No points will be awarded for general letters of support endorsing the project from organizations, including elected officials on the local, State, or national levels, and/or individuals in your community. For PEI and EOI, if your project will not be supported by non-FHIP resources, then you will not receive any points under this factor. Points will be assigned for PEI and EOI based on the following scale:

1 point will be awarded if your project will be supported by non-FHIP resources but less than 5% of the project's total costs are from non-FHIP resources.

2 points will be awarded if at least 5% but less than 10% of the project's total costs are from non-FHIP resources.

3 points will be awarded if at least 10% but less than 20% of the project's total costs are from non-FHIP resources.

4 points will be awarded if at least 20% but less than 30% of the project's total costs are from non-FHIP resources.

5 points will be awarded if at least 30% of the project's total costs are from non-FHIP resources.

For FHOI, 2 points will be awarded if at least 5%, but less than 10% of the project's total cost are from non-FHIP resources.

3 points will be awarded if at least 10% but less than 20% of the project's total costs are from non-FHIP resources.

4 points will be awarded if at least 20% but less than 30% of the project's total costs are from non-FHIP resources.

5 points will be awarded if at least 30% of the project's total costs are from non-FHIP resources.

#### **Rating Factor 5: Achieving Results and Program Evaluation (10 Points)**

In evaluating this factor, HUD will assess the extent to which you demonstrate how you will measure your success or results to be achieved and that represent the work of your organization as set out in your budget. Applicants must describe their specific methods and measures to assess progress, evaluate program effectiveness, and identify program changes necessary to improve performance, to ensure commitments made will be kept and results to be achieved can be accounted for and independently assessed, to ensure performance measures are met. Applicants who have identified inputs and outcome measurement and include means for assessing these measures, tracking and monitoring performance goals and achievements against these commitments made in the application, will receive higher points than those that do not. To meet this requirement, you should:

(i) First, identify the outcome. You should refer to the Logic Model provided in the forms appended to the General Section.

(ii) Second, identify the indicator. An indicator should be explained using numerical measures that can determine the extent to which the outcome was or is expected to be achieved and/or utilized to assess your performance. You should also track or monitor how your projected outcomes will be successfully achieved. Specify what form of measurement tool(s) will be utilized to quantify the overall results of your project's performance.

In formulating how you attain your end results, estimate the types and amounts of clients you expect to be served with the amount allocated as it relates to your proposed budget. Estimate approximately how many of those served will benefit from your project's activities and tasks and estimate the timeframe for this to be accomplished.

This can be done using real numbers and reasonable estimates. If you are proposing a new program, and numbers have never been assessed, indicate that actual numbers will be reported as you submit your required quarterly reports, should you receive funding.

Accomplishments can be achieved using specific measurement tools to assess the impact of your solutions. Examples include: (1) Intake Assessment Instrument; (2) Pre/Post Tests; (3) Customer/Client Satisfaction Survey; (4) Follow-up Survey; (5) Observational Survey; (6) Functioning scale; or (7) Self-sufficiency scale. You should describe what kind of fair housing activities you propose to accomplish and how successful you project them to be given the need, as identified in Factor 2, for these activities. Finally, you should consider this need, what you plan to accomplish, your proposed methodology and work plan to assess the benefits that will be derived from your project.

You should demonstrate the extent to which your application proposes solutions that result in creating linkages and using specific measurement tools to assess the impact of your project and a process to establish a clear relationship between all parties impacted. For the EOI-Disability Component, you should demonstrate how the activities would assist the Department in implementing the Olmstead Supreme Court decision. As your project ends, you must report meaningful data derived from client feedback on how they benefited from your project's activities.

E. Factors for Award Used To Evaluate and Rate Applications for the National Education and Outreach Initiative Program. The factors for rating and ranking applicants and the maximum points for each factor are provided below. The maximum number of points awarded any application is 100. Bonus points are not available for National Program education and outreach applications.

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (25 Points)

This factor addresses the extent to which the applicant has the organizational resources necessary to successfully implement the proposed activities in a timely manner, and the applicant's ability to develop and implement large information campaign projects as appropriate, on a national scale.

### (5) Points Current FHIP Grantees

#### (10) Points for New Applicants

a. General Description of Applicant Organization and Relevant Experience.

In rating this factor, HUD will consider the extent to which the applicant demonstrates:

(1) The qualifications of the applicant organization; the type of organization (*e.g.*, public, private, non-profit, for profit); and the organization's general areas of activity or line of business.

(2) If the applicant has managed large, complex, interdisciplinary projects, the applicant must include information on them in its response.

(3) Awards and major accomplishments of the applicant organization must be described. HUD will also consider any documented evidence, such as performance reviews, newspaper articles, or monitoring findings that may reflect positively or negatively upon the ability of the applicant and its proposed staff to perform the work.

(4) The applicant's capability in handling financial resources with adequate financial control procedures and accounting procedures. In addition, HUD will consider findings identified in applicants' most recent audits; accuracy of mathematical calculations, and other available information on financial management capability.

(5) The extent to which you have the organizational resources necessary to implement your proposed activities on time, and within budget and your past experience in working with State or local officials, housing industry representatives and organizations, and disability rights organizations and others in consensus building, achieving changes to existing laws and regulations which cover housing and accessibility codes and related items, operating in environments that are not receptive to complying with accessibility requirements, and interacting with officials, representatives, or advocates that have divergent or opposing viewpoints. Include descriptions of your organization and, if applicable, your affiliate chapters, or that of your partner's affiliates or other entities that will be used to ensure the National coverage required by this project.

(6) Your experience and knowledge of the Fair Housing Act's accessibility requirements, the Fair Housing Accessibility Guidelines, and the ANSI A117.1 technical standards and skill in disseminating information and training to State and local government agencies, housing agencies and/or the public on these requirements and responsibilities.

#### (10) Points for Current FHIP Grantees

#### (15) Points for New Applicants

b. Specific Description of Staff for Proposed Activities. The applicant must demonstrate that it has or will have sufficient personnel or will be able to quickly access qualified experts or professionals to deliver the proposed activities timely and effectively, including the readiness and ability of the applicant to immediately begin the proposed work program. Also the applicant must demonstrate relevant knowledge and experience of the overall proposed project director and staff, including the day-to-day program manager, consultants and contractors in planning and managing programs for

which funding is being requested. To demonstrate that the applicant has sufficient qualified personnel, the applicant must submit the proposed number of staff hours for the subcontractor, employees and experts to be allocated in the SOW and availability of proposed staff to operate the project, the titles and relevant professional background and experience of each employee and expert proposed to be assigned to the project, and the roles to be performed by each employee and expert. Highly competitive applications must demonstrate that proposed staff has at least 3 years of recent and relevant experience in performing eligible program activities or projects similar in scope or nature and directly relevant to the work activities proposed. Finally, applicants should describe their or their sub-contractor's expertise in languages other than English and in reaching the informational needs of individuals with limited English proficiency.

#### (10) Points for Current FHIP Grantees

#### (0) Points for New Applicants

c. Consideration of Past Performance. Your past experience in terms of your ability to attain measurable progress in the implementation of your most recent and similar activities where your performance has been assessed. HUD will take into account your past performance in managing funds, including the ability to account for funds appropriately; timely use of funds received either from HUD or other Federal, state or local programs; meeting performance targets for completion of activities and number of persons to be served or targeted for assistance. HUD will use information related to these measures based on information on hand or available from public sources such as newspapers, Inspector General or Government Accounting Office Reports or Findings, hotline complaints that have been proven to have merit, or other such sources of information. In evaluating past performance, the following will apply to Fiscal Years 1999, 2000, and 2001 FHIP grantees:

10 points will be deducted if you obtained any "fair performance" assessment;

5 points will be deducted if you obtained any "good performance" assessment; and

0 points will be deducted if you obtained any "excellent performance" assessment.

# Rating Factor 2: Need/Approach to the Problem (20 Points)

This factor addresses the extent to which the applicant documents and

defines the national need that its proposed activities and methods are intended to address, and how its proposal offers the most effective approach for dealing with that national need. The quality of the response you provide to one or more of the criteria listed below will determine the score you receive. You may receive up to five points for each criterion you address up to a total of twenty points. Please respond to the following criteria:

a. Identify areas that show where significant amounts of new multifamily housing construction will take place and identify the need to assist State and local governments that need to add or modify language to make local building codes so that they are consistent with the accessibility requirements of the Fair Housing Act and the Fair Housing Accessibility Guidelines, Regulations and the ANSI A117.1 technical standards. In order to document the need you must use reports, statistics, and other data sources that are sound and reliable, including but not limited to, HUD or other Federal, State or local government reports and analyses, relevant economic and/or demographic data, foundation reports and studies from educational institutions/ foundations, news articles, and other information that relate to the identified need.

b. Identify State and local jurisdictions with codes that officials: (i) Whose codes are consistent with the requirements of the Fair Housing Act and those that need review, (ii) whose codes are not consistent with the requirements of the Fair Housing Act and will be targeted for assistance/ services offered by this project who are in need of education and/or assistance on language to be included in building codes to ensure that such codes meet the requirements of the Fair Housing Act, Fair Housing Regulations, and the Fair Housing Accessibility Guidelines, and the ANSI A117.1 technical standards, such that codes can be adopted, and (iii) who have no codes and are in need of the assistance/ services offered by this project so that they may adopt codes that education and/or assistance on language to be included in building codes to ensure that such codes meet the requirements of the Fair Housing Act, Fair Housing Regulations, and the Fair Housing **Regulations**, Housing Accessibility Guidelines, and the ANSI A117.1 technical standards such that codes can be adopted.

c. Identify how you will use your partnering organization(s)s and affiliates to address the needs and demands identified and how they will be deployed in support of your work activities;

d. Identify specific format, methodology, languages, and materials that are needed to conduct education and outreach to assist State and local jurisdictions in adopting building codes that include the accessibility standards of the Fair Housing Act, Fair Housing Regulations, the Fair Housing Accessibility Guidelines, and the ANSI A117.1 in their building codes. If the applicant has experienced staff or if the applicant proposes to use a contractor sub-grantee, the extent to which the applicant provides a rationale for how it will utilize its staff or a contractor or subgrantee to incorporate its proposed activities, methods, and media techniques will most effectively deal with the national need you describe above. To the extent possible, applicants should demonstrate effectiveness in terms of scope and cost.

#### Rating Factor 3: Soundness of Approach (35 Points)

This factor addresses the quality and cost-effectiveness of the applicant's proposed work plan. The SOW must address the strategy, quality and time frames needed to carry out the project and all activities as proposed.

#### (25 Points)

a. Statement of Work. Submit a proposed SOW that comprehensively outlines in chronological order the administrative and program activities and tasks to be performed during the grant period. Your outline should also include a schedule of proposed activities and products (with interim implementation steps), staff allocation over the term of the project, staff acquisitions and training, and activities of partners and subcontractors.

For this Component—(1) Outline the extent to which your work program provides for national coverage, including States and local governments to be assisted through workshops, oneon-one technical assistance and distance learning opportunities, and your strategy for moving them from education to implementation of the accessibility standards in their building codes.

(2) Describe the extent to which you will provide outreach to states and local governments and technical staff to make them aware of the availability of your assistance and use a variety of techniques and media, including your proposed method of distribution, formats and languages to be used in providing information to diverse audiences. (3) Clearly describe the specific activities and tasks to be performed, the sequence in which the tasks are to be performed, noting areas of work which must be performed simultaneously, estimated completion dates, and the work and program deliverables to be completed within the grant period, including specific numbers of quantifiable end products and program improvements the applicant aims to deliver by the end of the award agreement period as a result of the work performed; and

(4) Describe the immediate benefits of the project and how the benefits will be measured. Applicants must describe the methods they will use to determine the effectiveness of the impact of their fair housing educational curricula nationally.

#### (10 Points)

b. Budget Form and Budget Information. A written budget narrative must accompany the proposed budget for any listed item. Failure to submit the narrative will result in the 5 points being deducted under this sub-factor. The narrative (counted toward the 10 page limit) and supporting documentation (not counted toward the 10 page limit) must address the following for maximum points:

(1) Cost estimates of salary levels, staff assignments, number of staff hours, and all other budget items are reasonable, allowable, and appropriate for the proposed activities;

(2) How cost effective the proposed program is in achieving its anticipated results, as well as in achieving significant impact; and

(3) Have you explained and attached back-up documentation for each cost category. Generally, estimated costs for high-cost items or subcontractors/ consultants should be supported by bids from at least three (3) sources. Where there are travel costs for subcontractors/ consultants, you must show that the local combined travel costs (per diem rates must be consistent with Federal Travel Regulations but not in excess) and rates and fees do not exceed the rates and fees charged by local subcontractors and consultants. A breakdown of each cost category is listed in the General Section.

In addition:

(4) How proposed activities will yield long-term results and innovative strategies that can be readily disseminated to other organizations and State and local governments, and

(5) How the proposed project will make available activities, training and meeting sites, and information services and materials in places and formats that are accessible to all persons including persons with disabilities.

## **Rating Factor 4: Leveraging Resources** (5 Points)

This factor addresses the ability of the applicant to secure other resources, which can be combined with HUD's program resources to achieve program purposes. In evaluating this factor HUD will consider:

The amount of non-FHIP resources you have identified and how firm the commitment is for those resources. HUD encourages you to secure resources from sources other than what is requested from this program. Resources may include funding or in-kind contributions, such as workspace, donated media announcements, or equipment allocated to the purposes of your proposal. Contributions from affiliates or employees of the applicant do not qualify as in-kind contributions. Resources may be provided by governmental entities (including other HUD programs where allowed by statute) public or private non-profit organizations, for profit private organizations, or other entities willing to work with you in accordance with the proposed FHIP activities. If your project will not be supported by non-FHIP resources, you cannot claim in kind and donation of resources and you will not receive any points under this factor. Points will be assigned based on the following scale:

1 point will be awarded if your project will be supported by non-FHIP resources but less than 5% of the project's total costs are from non-FHIP resources.

2 points will be awarded if at least 5% and less than 10% of the project's total costs are from non-FHIP resources.

3 points will be awarded if at least 10% and less than 20% of the project's total costs are from non-FHIP resources.

4 points will be awarded if at least 20% and less than 30% of the project's total costs are from non-FHIP resources.

5 points will be awarded if more than 30% of the project's total costs are from non-FHIP resources. You must establish leveraging of resources by providing letters of firm commitment from the organizations and/or individuals committing resources to the project. Each letter of firm commitment must: (i) Identify the organizations and/or individuals committing resources to the project; (ii) identify the sources and amounts of the leveraged resources (the total FHIP and non-FHIP amounts must match those in your proposed budget submitted under Factor 3), and (iii) describe how these resources will be used as part of your SOW. The letter

must be signed by the individual or organization official legally able to make commitments for the organization. If the resources are in-kind or donated goods, the commitment letter must indicate the fair market value of these resources and describe how the fair market value was determined. No points will be awarded for general letters of support endorsing the project from organizations and/or individuals (including elected officials) in your project area(s).

#### Rating Factor 5: Achieving Results and Program Evaluations (15 Points)

This factor addresses the extent to which you discuss the accomplishments or results to be achieved and that represent the work of your organization as manifested in your budget. Applicants must describe their specific methods and measures to assess progress, evaluate program effectiveness, and identify program changes necessary to improve performance to ensure that commitments made and results to be achieved can be accounted for and independently assessed to ensure performance measurements are met. Applicants who have identified inputs and outcome measurements and include means for assessing these measures, tracking and monitoring performance goals and achievements against commitments made in the application will receive higher points than those that do not. You must collect data showing the outcomes of your grant. These outcomes may vary from grantee to grantee, but should include indicators, where applicable, such as number of persons trained, number of persons counseled, number of complaints filed, number of housing units obtained or made accessible, and relief obtained. You may include other outcomes if they apply to your grant. Outcome data must be collected and a data collection tool must be identified for your program and may include: functioning scale, or self-sufficiency scale. In evaluating this factor, HUD will consider the extent to which you demonstrate:

a. You have established a clear, concise relationship between the outcome of your project and its impact nationally.

b. The extent to which your application addresses outreach activities to promote awareness of project activities. At a minimum, your application should discuss procedures you will use to promote awareness of the services provided by your proposal.

You should demonstrate the extent to which your application develops solutions that result in creating linkages and using specific measurement tools to assess the impact of your solutions. Such linkages may include: increasing knowledge of fair housing rights and responsibilities, increasing awareness of the Act; increasing homeownership; empowering the homeless, and identifying barriers to housing choice.

c. The extent to which you have developed interrelationships to help build nationwide efforts that coordinates the resources of multiple applicants and programs. HUD encourages multiple entities to join together and pool all available resources in a common, coordinated effort to obtain national geographic coverage. Describe in your proposal how your project activities will be coordinated with other organizations and linked with: (i) Other on-going HUD-funded program activities; (ii) Other on-going national, Federal, State, local or privately funded activities. Also provide a measurement tool to assess coordinated progress, evaluate linked program effectiveness, and identify coordinated program changes necessary to improve performance to ensure that commitments made and results to be achieved can be accounted for and independently assessed to ensure performance measurements are met.

d. The extent to which your application addresses outreach activities to promote awareness of project activities and to achieve stated goals. This includes: (i) a discussion of how your methods or approaches will encourage State and local jurisdictions to adopt building codes that incorporate one of HUD's recognized safe harbors for compliance. Also include an assessment tool to measure the effectiveness of these methods and approaches; (ii) identification of State and local jurisdictions that need updates of their codes to address inconsistencies identified in HUD's final report on the Review of Model Building Codes and how you will provide technical assistance. Also include a methodology and approach of how you will reach these jurisdictions, address these inconsistencies, and measure your performance; and (iii) an explanation of how you will assess your partner's performance. Finally, you should demonstrate the extent to which your application develops solutions that result in collaborative partnerships among builders, State and local government building code entities, and disability advocacy or fair housing groups to encourage the adoption of Model building codes at the State or local level that are consistent with the accessibility requirements of the Act, its

regulations, and the Fair Housing Accessibility Guidelines.

(F) Applicant Notification and Award Procedures. (1) Notification. No information about the review and award process will be available to you during the period of HUD evaluation, which begins on the closing date for applications under this NOFA and lasts approximately 90 days thereafter, except to advise you, in writing or by telephone, if HUD determines that your application is ineligible or has technical deficiencies which may be corrected as described in Section VI of the General Section of the SuperNOFA and Section VII of this NOFA. HUD will communicate only with persons specifically identified in the application. HUD will not provide information about the application to third parties such as subcontractors.

(2) Negotiations. If you are selected, HUD will require you to participate in negotiations to determine the specific terms of your cooperative or grant agreement. HUD will follow the negotiation procedures described at Section VI(D) of the General Section of the SuperNOFA. The selection is conditional and does not become final until the negotiations between the applicant and the Department are successfully concluded and the grant or cooperative agreement is signed and executed. HUD will negotiate only with the person identified in the application as the Director of the organization or if specifically identified in the application, the Project Director. HUD will not negotiate with any third party (*i.e.*, a subcontractor, *etc.*).

(3) Funding Instrument. HUD expects to award a cost reimbursable or fixedprice cooperative or grant agreement to each applicant selected for award. Upon completion of negotiations, HUD reserves the right to use the funding instrument it determines is most appropriate.

(4) Adjustments to Funding. As provided in Section VI(F) of the General Section of the SuperNOFA, HUD may approve an application for an amount lower than the amount requested, fund only portions of your application, withhold funds after approval, reallocate funds among activities and/or require that special conditions be added to your grant agreement, in accordance with 24 CFR 84.14, the requirements of this SuperNOFA, or where:

(a) HUD determines the amount requested for one or more eligible activities is unreasonable or unnecessary;

(b) An ineligible activity is proposed in an otherwise eligible project; (c) Insufficient amounts remain to fund the full amount requested in the application, and HUD determines that partial funding is a viable option;

(d) The past record of key personnel warrants special conditions; or,

(e) Training funds are not reserved for FHIP training.

(5) *Performance Sanctions.* A grantee or subcontractor failing to comply with the requirements set forth in its grant agreement will be liable for such sanctions as may be authorized by law, including repayment of improperly used funds, termination of further participation in the FHIP, and denial of further participation in programs of HUD or any Federal agency.

(6) Applicant Debriefing. After awards are announced, applicants may receive a debriefing on their application as described in Section XI(A)(4) of the General Section of this SuperNOFA. Materials provided during the debriefing will be the applicant's final scores for each rating factor, final evaluator comments for each rating factor, and the final assessment indicating the basis upon which assistance was provided or denied. Applicants requesting a debriefing must send a written request to Annette Corley, Grant Officer, U.S. Department of Housing and Urban Development, FHIP/FHAP Support Division, 451 7th Street SW., Room 5224, Washington, DC 20410. HUD will not release the names of applicants or their scores to third parties. Selections do not become final until final negotiations with HUD are successfully concluded.

#### VI. Application Submission Requirements

In addition to the forms, certifications and assurances required of applicants to all HUD programs, which can be found in the General Section of the SuperNOFA, you must submit with each FHIP application, the forms, certifications and assurances described below and found at Appendix B. *In general.* 

When applying under any Initiative or Component you should submit the following:

(A) *Transmittal Letter*. Your transmittal letter must identify: (1) The dollar amount requested, and (2) the specific FHIP Initiative, or in the case of EOI, whether for the Regional/Local Community Based Program or the National Program and the specific Component (General, Disability, Hispanic Servicing, or Model Codes), for which you are applying.

(B) *Narrative Statement*. Respond completely to the instructions under each of the five Factors for Award and

include the related items, such as resumes, SOW, and budget. Failure to provide the required information in the appropriate Factor will result in a lower score for that Factor—for example, information in the Project Abstract, although useful for developing a project synopsis, will not be considered when evaluating applications. The narrative responses must not exceed 10 pages per factor (required attachments are not counted); text must be double-spaced and pages numbered consecutively (starting with Factor 1 through the end of Factor 5). Please use 12 point typesize for your narrative responses.

(C) *Code of Conduct.* Awarded applicants must develop, maintain, and submit a written code of conduct as noted in the General Section.

(D) Corrections to Deficient Applications. After the application due date, HUD may not, consistent with its regulations in 24 CFR part 4, subpart B, consider any unsolicited information you, the applicant, may want to provide. HUD may contact you to clarify an item in your application or to correct technical deficiencies. HUD may not seek clarification of items or responses that improve the substantive quality of your response to any rating factors. In order not to unreasonably exclude applications from being rated and ranked, HUD may contact applicants to ensure proper completion of the application and will do so on a uniform basis for all applicants. Examples of curable (correctable) technical deficiencies include failure to submit the proper certifications or failure to submit an application that contains an original signature by an authorized official or failure to submit the requested number of copies. In each case, HUD will notify you in writing by describing the clarification or technical deficiency. HUD will notify applicants by facsimile or by USPS, return receipt requested. Clarifications or corrections of technical deficiencies in accordance with the information provided by HUD must be submitted within 5 calendar days of the date of receipt of the HUD notification. (If the due date falls on a Federal holiday, your correction must be received by HUD on the next day that is not a Federal holiday.) If the deficiency is not corrected within this time period, HUD will reject the application as incomplete and it will not be considered for funding. (Sections 202 and 811 Programs provide for appeal of rejection of an application on technical deficiency. Please see the Program Section for these programs for additional information and instructions.)

Listed below are requirements by Factor for the Regional/Local Community Based Programs:

Award Factor 1: Capacity of Applicant and Relevant Organizational Experience—Narrative/Resumes or Position Descriptions.

In addition:

For PEI and FHOI Applicants:

(1) *Testing Experience*. You must document your prior testing experience (see Factor 1: Capacity of the Applicant and Relevant Organizational Experience),

(2) Letter of Determination from IRS of your 501(c)(3) tax-exempt status.

For all Applicants:

Statement of Eligibility. Award Factor 2: Need/Distress/Extent of the Problem—Narrative. Reference or submit data and studies that indicate the presence of housing discrimination, segregation and/or other indices of discrimination in the project area based upon race, color, religion, sex, national origin, familial status or disability, and explain why the project area is underserved and why the proposed organization is needed. Do not attach copies of reports, computer printouts, etc. If you have tables or exhibits include them. Make sure they are referenced in the text. Attachments not mentioned in the text will not be reviewed.

Award Factor 3: Soundness of Approach—Narrative, Statement of Work, HUD Budget Form, Budget Narrative.

Award Factor 4: Leveraging Resources—Narrative. Letter(s) of Firm Commitment.

Award Factor 5: Achieving Results and Program Evaluation—Narrative. Logic Model.

Listed below are the requirements by Factor for the EOI—National Program Components.

Award Factor 1: Capacity of Applicant and Relevant Organizational Experience—Narrative. Resumes or Position Description, Statement of Eligibility.

*Award Factor 2: Need/Distress/Extent* of the Problem—Narrative. Reference and submit data designed to educate the public about their fair housing rights. Do not attach copies of reports, computer printouts, etc. If you have tables or exhibits include them. Make sure they are referenced in the text. Attachments not mentioned in the text will not be reviewed.

Award Factor 3: Soundness of Approach—Narrative, SOW, HUD Budget Form, Budget Narrative.

Award Factor 4: Leveraging Resources—Narrative. Letter(s) of Firm Commitment. Award Factor 5: Achieving Results and Program Evaluation—Narrative. Logic Model.

#### VII. Corrections to Deficient Applications

Section VIII of the General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

#### **VIII. Environmental Requirements**

In accordance with 24 CFR 50.19(b)(3), (4), (9), (12), and (13) of HUD regulations, activities assisted under this program are categorically excluded from the requirements of the National Environmental Policy Act and are not subject to environmental review under related laws and authorities.

#### IX. Authority

Section 561 of the Housing and Community Development Act of 1987, as amended, (42 U.S.C. 3616) established the Fair Housing Initiatives Program (FHIP)) and the implementing regulations are found at 24 CFR part 125.

#### Appendix A

Frequently Asked Questions

Q. If data, tables, exhibits, reports, and studies are submitted with the application, will they be counted toward the 10 page limit requirement?

Å. The attachments do not count toward the ten-page limit. However, you are encouraged to summarize the points that support your Factor responses. Do not attach data tables, exhibits, and studies and expect the evaluator to read them and discern the points that should be considered. If you summarize information from studies, reports, etc, simply include a bibliography or other reference at the end of Factor.

Q. In previous years, FHIP applicants were not required to submit the Certification of Consistency with the Consolidated Plan. Is the Certification required this year? A. Yes.

Q. Where can I find a copy of the Application Kit?

A. There is no Application Kit for the FY2003 FHIP SuperNOFA. The NOFA clearly describes the requirements for completing a successful application and all forms and certifications needed to complete the application are included in the General and FHIP Sections of the SuperNOFA.

Q. What is the maximum number of narrative pages that can be submitted for each Rating Factor?

A. The maximum number is 10 pages per Rating Factor. This does not include any attachments that may be required under each factor (for example, the proposed statement of work and budget required under Factor 3, Resumes as required by Factor 1, or any reports or documents you attach to support your Factor information). The narrative pages must be double-spaced and you are required to use 12 type size (font). However, all pages in the application must be consecutively numbered starting with number one (1) through the end of your application. For example, Factor 1 has 10 pages of narrative and 10 pages of attachments. Each attachment page must be numbered. When you get to Factor 2, the first page of the Factor will be numbered 21, and so on. If you do not number each page in your entire application, points will be deducted from your application if this criterion is not met.

Q. The FHIP SuperNOFA refers to QFHOs and FHOs. What is the difference between them?

A. These terms are defined in the FHIP regulations. Both organizations must be private, tax-exempt, charitable organizations that have engaged in enforcement-related activities. The amount of enforcement-related experience is an eligibility requirement for PEI, least one year for and FHOI, at least two years. (See 24 CFR 125.103 for QFHO and 24 CFR 125.401(b)(2) for FHO.)

All applicants are required to complete the Statement of Eligibility. For PEI and FHOI, applicants must self-identify as a QFHO or an FHO AND provide information, including dates of enforcement-related activities. The information you provide should enable HUD to determine if your organization meets at least the one or two year enforcement-related experience requirement. Your application will be declared ineligible if you fail to submit the Statement of Eligibility with your application.

Q. May an applicant subcontract out a percentage of its activities to subcontractors, partner, or consultants, if it is selected for a FHIP award?

A. Yes. However, when the expenditures to a particular subcontractor, partner, or consultant exceed 10% of the grant amount, an itemized budget is required.

Q. Is an organization "engaged in testing for fair housing violations" if it hires a qualified organization to carry out its testing program?

A. Yes, so long as the applicant maintains decision making authority, analyzes the test results, and maintains oversight or selection of testing operations.

Q. Does the SuperNOFA identify what makes an application ineligible?

A. Yes. For FHIP, see the eligibility requirements for each Initiative, and the Threshold Criteria in Section V(A). For threshold requirement information under the SuperNOFA, see Section V of the General Section of the SuperNOFA.

Q. Can an applicant propose to do an Analysis of Impediments (AI)?

A. No. The applicant can identify activities to be carved out of the AI but not to do planning to develop AI.

Q. Are there major differences between this year's SuperNOFA and last year's?

A. Yes, those differences are explained in Section III of the FHIP NOFA and Section II of the General Section of the SuperNOFA. Please note the major differences in eligibility requirements. Some requirements that were technical deficiencies in previous years are ineligible under this NOFA.

Q. At what point may a FHOI "sponsored organization" apply under any FHIP Initiative?

A. A sponsored organization is eligible after three (3) years to apply for funds under other initiatives or components. O. What are maximum awards?

A. Maximum award is the maximum amount that will be awarded under the Initiative for which you are applying. If you request an amount over this maximum amount, your application will be declared ineligible.

Q. Where do you send completed applications?

<sup>A</sup>. All completed applications must be received by the FHIP/FHAP Support Division Office in Washington, DC. These applications should be mailed or sent by an express service to the address stated in the SuperNOFA under the Section Addresses and Application Submission Procedures. Please note that applications incorrectly addressed may not be forwarded to this Division at all or it may be forwarded late. If that happens, your application will be deemed ineligible.

Q. What is the best method of knowing that the appropriate person has received my application? Should I follow up with a call?

<sup>A</sup>. Include with your completed application a complete copy of the Acknowledgment of Application Receipt. Be sure to include your correct mailing address and the person to whom the Acknowledgment should be sent. The Acknowledgment will be returned to the address indicated. HUD will not acknowledge the receipt of applications over the telephone (see General Section for return receipt requirements).

Q. What is the website address?

A. Http//www.hud.gov/grants

Q. What is the due date?

A. The due date is outlined in this NOFA under Section I, Application Due Date.

Q. If I have a technical question, can I call HUD?

A. Yes, technical questions should be directed to Lauretta A. Dixon, Myron P. Newry, or Denise L. Brooks of the FHIP/ FHAP Support Division at (202) 708-0800 (this is not a toll-free number). Persons with hearing or speech impairments may call 1-800–290–1617 (this is a toll-free number). Technical assistance does not include assisting you in determining your eligibility to apply for funds. Applicants must make their own determination, based upon the requirements identified in the FHIP component under the section labeled Eligible Applicants. Technical Assistance cannot be provided to help you write any part of your application or develop responses to the application requirements. Rather, technical assistance, outside of the training broadcasts, will only clarify general application and program requirements published in the NOFA.

Q. What is meant by geographic diversity?

A. See comments above in Section V.

Q. As an FHOI applicant, are education and outreach expenses required to come out of my 15% administrative costs?

A. No. The education and outreach expenses can be accounted for in the budget of the organization being established or enhanced.

BILLING CODE 4210-32-P

### **APPENDIX B**

## FHEO FIELD STRUCTURE – OFFICES OF FAIR HOUSING AND EQUAL

## **OPPORTUNITY**

(Hearing and speech challenged persons may access the telephone numbers listed below via

TTY by calling the Federal Information Relay Service at 1-800-877-8339)

<b>FHEO OFFICES</b> <b>BOSTON Hub</b> Thomas P. O'Neill Federal Bldg. 10 Causeway Street, Room 3 Boston, MA 02222-1092		ТЕLЕРНОМЕ NO. (617) 994-8320 ГҮ (617) 565-5453	AREA COVERED MA, CT, ME, VT, NH, RI
<b>NEW YORK CITY Hub</b> 26 Federal Plaza New York, NY 10278-0068	Stanley Seidenfeld T	(221) 264-1290 ГҮ (212) 264-0927	NY, NJ
PHILADELPHIA Hub The Wanamaker Building 100 Penn Square East Philadelphia, PA 19107-338		(215) 656-0661 ГҮ (215) 656-3450	PA, MD, VA, DC, WV, DE
ATLANTA Hub 5 Points Plaza 40 Marrietta Street, SW Atlanta, GA 30303-3388	Gregory King TI	(404) 331-5001 ГҮ (404) 730-2654	GA, AL, MS, FL, PUERTO RICO, KY, TN, SC, NC
CHICAGO Hub Ralph H. Metcalfe Federal Building 77 West Jackson Boulevard Chicago, IL 60604-3507	Barbara Knox T]	(312) 353-7776 ГҮ (312) 353-7143	IL, MN, MI, WI, OH, IN
FORT WORTH Hub 1600 Throckmorton Street Fort Worth, TX 76113-2905	Garry Sweeney TT	(817) 978-5868 ГҮ (817) 978-5595	TX, AR, OK, LA, NM

KANSAS CITY Hub Gateway Tower II 400 State Avenue Kansas City, KS 66101-2406	Robbie Herndon (913) 551-6889 TTY (913) 551-6972	KA, MO, NE, IA
<b>DENVER Hub</b> First Interstate Tower North 633 17 <sup>TH</sup> Street Denver, CO 80202-3607	Evelyn Meininger (303) 672-5437 TTY (303) 672-5248	CO, UT, WY, SD, ND, MT
SAN FRANCISCO Hub Phillip Burton Federal Bldg. 450 Golden Gate Avenue San Francisco, CA 94102-344	Chuck E. Hauptman (415) 436-8420 TTY (415) 436-6594 48	CA, HI, NV, AZ, Guam
<b>SEATTLE Hub</b> Seattle Federal Office Bldg. 909 First Avenue, Suite 200 Seattle, WA 98104-1000	Judith Keeler (206) 220-5170 TTY (206) 220-5185	WA, OR, ID

# **APPENDIX C – FORMS**

Forms that must be filed with all FHIP applications, in addition to the forms listed in the

General Section are included below.

# FY 2003 FHIP SuperNOFA FORMS

Sponsored by the

**U.S. Department of Housing and Urban Development** Mel Martinez, Secretary

Office of Fair Housing and Equal Opportunity

Fair Housing Initiatives Program OMB Approval NO. 2529-0033 (exp.08/31/2003)

The information collection requirements contained in this notice of funding availability will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the **Fair Housing Initiatives Program** is based on the rating factors for this program listed in the SuperNOFA for Housing and Community Development Programs.

Public reporting burden for the collection of information for the Fair Housing Initiatives Program is estimated to average 100 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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.

The information submitted in response to the notice of funding availability for the Housing Counseling Program and the Fair Housing Initiatives Program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Pub. L. 101-235 Dec. 15, 1989, 42 U.S.C. 3545)

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001,1010,1012; 31 U.S.C. 3729,3802)

### SuperNOFA 2003 Checklist for Completeness of Application

The use of this checklist is optional. However, it can be used to assist applicants in ensuring that all required documents are included in their application submission.

- □ Copy of HUD-424 (Place a copy of the HUD-424 on top of application package. See **General Section** for procedures on Consolidated Applications.
- □ Transmittal Letter
- Checklist for Completion of Applications
- Project Abstract Outlining Project Activities
- □ Factor No. 1 Narrative
- □ Factor No. 1 Attachments: Statement of Eligibility, Tester Experience, Letter of Determination from IRS on 501(c)(3), if applicable.
- □ Factor No. 2 Narrative
- □ Factor No. 3 Narrative
- Factor No. 3 Attachments: Statement of Work, Budget Form, Budget Narrative
- □ Factor No. 4 Narrative
- □ Factor No. 4 Attachments: Letter(s) of Firm Commitment
- □ Factor No. 5 Narrative
- □ Responses to Additional Requirements for Specific Initiative/Project

#### **Application Forms and Certifications**

- □ HUD-424 Application for Federal Assistance (General Section)\*
- □ HUD-424B Applicant Assurances and Certifications (General Section)\*
- □ HUD 424C Budget Summary for Competitive Grant Programs (General Section)\*
- □ HUD-424CB Grant Application Detailed Budget (General Section) \*
- □ HUD-424CBW Grant Application Detailed Budget Worksheet(General Section)\*
- □ HUD-2880 (Applicant Recipient Disclosure Update Report (General Section)\*
- □ OMB SF-LLL Disclosure of Lobbying Activities (General Section)\*
- □ FHIP40076F All Current or Pending Grants/ Contracts/Other Financial Agreements
- □ HUD 2990 Certification of Consistency with the RC/EZ/EC Strategic Plan (General Section)\*
- □ HUD 2991Certification of Consistency with the Consolidated Plan (General Section)\*
- □ HUD 2993 Acknowledgment of Application Receipt (General Section)\*
- □ HUD-2994 Client Comments and Suggestions (General Section)\*

# \*Forms that reflect an asterisk are in the General Section of the NOFA. This Checklist reflects all forms that must be included in your application submission.

## STATEMENT OF ELIGIBILITY PRIVATE ENFORCEMENT INITIATIVE

The Statement of Eligibility form must be completed and signed by the authorizing representative. If the form is not complete, including signatures and answers to all questions, your application will be deemed ineligible.

1) Is your organization a private, tax-exempt, nonprofit, charitable organization?

<b>YES</b>		NO
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If yes, please attach a copy of the "Letter of Determination" from the Internal Revenue Service confirming your status as a 501(c)(3) tax-exempt organization.

2) Are you a Qualified Fair Housing Enforcement Organization (QFHO) with at least two year's experience in complaint intake, complaint investigation, testing for fair housing violations, and meritorious claims? Or a Fair Housing Enforcement Organization (FHO) with at least one year's experience in complaint intake, complaint investigation, testing for fair housing violations, and meritorious claims. If you check "no", you are not eligible under this initiative. If you check "yes", you must answer the remaining questions.

	YES		NO
--	-----	--	----

Please check whether you are a QFHO or a FHO as noted.

- **QFHO** (entity with at least 2 years of enforcement-related experience)
- **FHO** (entity with at least 1 year of enforcement-related experience)
- 3) Is your project broad-based and full service as defined in the NOFA? If you check "no", your organization is not eligible to apply under this initiative. If you check "yes", you must answer the remaining questions.

YES NO

21222

4) Briefly describe your experiences in each of the following fair housing enforcement activities. Your organization must have engaged in each of these activities for at least one year in the two years preceding the filing of this application. It is not necessary that the activities were conducted simultaneously nor for consecutive/continuous years, as long as each activity has been conducted for at least one year within the past two years. (Do not limit this description to FHIP funded enforcement activities.)

When responding to the following, include dates, so that HUD can readily determine whether you have met the "at least one year" requirement.

- a) Provide data on the following information: (See attached sample)
  - 1. Number of complaints received and processed;
  - 2. Complaint Status (e.g., investigation, legal, pending complaints);
  - 3. Summary of complaint outcomes including judicial; and, administrative findings, total amount of awards, and relief to complainants without monetary compensation.
- b) Describe your testing program, number of tests, types of tests (rental, sales, lending, insurance) and testing results. Include basis (e.g. race, color, religion, sex, disability, familial status, and national origin) and indicate whether testing is complaint based or systemic.
- c) Describe intake and investigative procedures apart from testing. Include agency's investigative experience.
- 5) Has your organization used FHIP funds for the payment of expenses in connection with litigation against the United States?

<b>YES</b>		)
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**Signature of Authorized Representative** 

Date

### STATEMENT OF ELIGIBILITY EDUCATION AND OUTREACH INITIATIVE NATIONAL, REGIONAL/LOCAL/COMMUNITY-BASED PROGRAMS

The Statement of Eligibility form must be completed and signed by the authorizing representative. If the form is not complete, including signatures and answers to all questions, your application will be deemed **ineligible**.

1)	Please	e check your a	ppropriate organ	izational status:
	State	or local gover	nment;	
	Quali	Qualified fair housing enforcement organization (QFHO);		
	Fair housing enforcement organization (FHO);			
	priva	te entity that i	• •	tion or institution and other Public or carrying out programs to prevent or eliminate
	Fair Housing Assistance Program (FHAP) Agency (State and local agency funded by FHAP)			
2)	Are y	ou a college or	university propos	ing an educational project?
		YES		NO
3)			under EOI Natio lisability advocacy	nal Model Codes Component, are you / group?
		YES		NO
		, please includ tatement of eli		t letter from the partnering organization with

**Signature of Authorized Representative** 

Date

## STATEMENT OF ELIGIBILITY FAIR HOUSING ORGANIZATIONS INITIATIVE

Eligibility forms must be completed and signed by the authorizing representative. If the form is not complete, including signature and answers to all questions, your application will be deemed **ineligible**.

1) Is your organization a private, tax-exempt, nonprofit, charitable organization?



If yes, please attach a copy of the Letter of Determination from the Internal Revenue Service confirming your status as a 501(c)(3) tax-exempt Organization?

2) Are you a Qualified Fair Housing Enforcement Organization (QFHO) with at least two year's experience in complaint intake, complaint investigation, testing for fair housing violations, and meritorious claims? If you check "no", you are not eligible under this initiative. If you check "yes", you must answer the remaining questions.



3) Briefly describe your experiences in each of the following fair housing enforcement activities. Your organization must have engaged in each of these activities for at least one year in the two years preceding the filing of this application. It is not necessary that the activities were conducted simultaneously nor for consecutive/continuous years, as long as each activity has been conducted for at least one year within the past two years. (Do not limit this description to FHIP funded enforcement activities.)

When responding to the following, include dates, so that HUD can readily determine whether you have met the "at least one year" requirement.

- a) Provide data on the following information: (See attached sample)
  - 1. Number of complaints received and processed;
  - 2. Complaint Status (e.g., investigation, legal, pending complaints);
  - 3. Summary of complaint outcomes including judicial; and, administrative findings, total amount of awards, and relief to complainants without monetary compensation.

	b)	sales, lend color, relig	ing, insurance) gion, sex, disabil	gram, number of tests, types of tests (renta and testing results. Include basis (e.g. race lity, familial status, and national origin) an complaint based or systemic.
	c)		ntake and investi ency's investigat	igative procedures apart from testing. tive experience.
4)				P funds for the payment of expenses in t the United States?
		YES		NO
5)	Is yo	ur project bi	road-based and	full service as defined in the NOFA?
		YES		ΝΟ
Note:				der the 2001 or 2002 FHIP NOFA, your y for funds under this NOFA.

Signature of Authorized Representative

Date

#### INCLUDE ALL TASKS SHOWN ON THIS FORM.

#### STATEMENT OF WORK FOR

The recipient, \_\_\_\_\_\_, agrees to undertake the following activities in accordance with its FY 2003 application for funding under the \_\_\_\_\_\_ Initiative-/Component (if applicable) for a \_\_\_\_\_month project commencing, \_\_\_\_\_\_, 2003 in the geographic area of \_\_\_\_\_\_.

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ADMINISTRATIVE ACTIVITIES			
ACTIVITIES	TASKS	SUBMITTED BY	SUBMITTED TO
1.			GTR/GTM
2.			GTR/GTM
3.			GTR/GTM
4.			GTR/GTM
5.			GTR/GTM
6. Complete HUD-2880 Disclosure Statements	Submit Disclosure Statement. If no changes occur, submit statement of no change with final report.	When changes occur	GTR/GTM
7. Complete SF-269A Financial Status Report and Written Quarterly Status Reports on All Activities	Submit SF-269A and Copy of Written Report.	Quarterly	GTR/GTM
8. Voucher for Payment	Submit payment request to LOCCS.	Per Payment Schedule	GTR/GTM
9. Complete Listing of Current or Pending Grants/Contracts/Other Financial Agreements	Submit listing for recipient and any contractors.	45 Days and At end of Grant	GTR/GTM
10. Prepare summary of First Year (24 month grants)	Submit summary of first year accomplishments.	395 days	GTR/GTM

ADMINISTRATIVE ACTIVITIES			
ACTIVITIES	TASKS	SUBMITTED BY	SUBMITTED TO
11. Prepare and Submit Draft of Final Report	Submit Draft of Report. Report Summary should include objectives, accomplishments, and results. Complaint and testing activities should summarize data on complaints received and tests conducted by basis, issues, and outcomes. This should include number of credible, legitimate complaints filed with HUD, a State or local Fair Housing Agency, Department of Justice, or private litigator; and types of relief/results.	One month before end of grant term.	GTR/GTM
12. Complete Final Report and Provide Copies of All Final Products Not Previously Submitted	Submit a copy of the Final Report and All Final Products not previously submitted to GTR and GTM.	Within 90 days after end of grant term.	GTR/GTM
13. Submit 2 copies of Final Report and all final program products produced under the Grant (with diskette, where feasible) to HUD.	Submit activities and database entry sheet(s) to HUD. Submit copy of HUD database entry sheet(s) or detailed description of items submitted to GTR and GTM.	Within 90 days after end of grant term.	GTR/GTM/

form HUD-40076-FHIP (03/12/2003 revised)

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KEY PERSONNEL

Title

Name

PROGRAM ACTIVITIES			
ACTIVITIES	TASKS	SUBMITTED BY	SUBMITTED TO
1. Contact HUD and/or other information sources to obtain any appropriate materials prior to development of new materials	Provide list of materials requested.	90 days	GTR/GTM. Submit one copy of <b>all final</b> <b>products</b> to HUD
2. Review/refine Referral Process to refer potential victims to HUD or a state or local agency.	Submit copy of Referral Process. All audit-based enforcement actions should be referred to HUD.	45 days	GTR/GTM
3. Intake and process complaints, including testing and referral. Refer at least enforcement proposals to HUD. Complete Enforcement Log which details complaints received; dates; the protected basis of these complaints; the issue, test type, and number of tests utilized in the investigation of each allegation; the respondent type and testing results; the time for case processing, including administrative or judicial proceedings; the cost of testing activities and case processing; to whom the case was referred; and resolution/type of relief sought and received. (PEI and FHOI PROJECTS ONLY)	Submit copy of Enforcement Log and a Report on number of enforcement proposals referred to HUD.	Quarterly	GTR/GTM

PROGRAM ACTIVITIES ACTIVITIES	TASKS	SUBMITTED BY	SUBMITTED TO
4. Non-rental Testing methodology and tester training must be received/approved by HUD.	Submit testing methodology and tester training to HUD for review and approval.	60 days	GTR/GTM
		л	GTR/GTM
			GTR/GTM
	ADAAA		GTR/GTM
			GTR/GTM
			GTR/GTM
			GTR/GTM

\*Testers in testing activities funded with FHIP funds must not have prior felony convictions or convictions of crimes involving fraud or perjury, and they must receive training or be experienced in testing procedures and techniques. Testers and the organizations conducting tests, and the employees and agents of these organizations may not:

- (1) Have an economic interest in the outcome of the test, without prejudice to the right of any person or entity to recover damages for any cognizable injury;
- (2) Be a relative of any party in a case;
- (3) Have had any employment or other affiliation, within one year, with the person or organization to be tested; or
- (4) Be a licensed competitor of the person or organization to be tested in the listing, rental, sale, or financing of real estate.

\*\* If you have a Federally negotiated indirect rate, you should use that rate and the appropriate base in this section. In all other instances, you should include your current overhead rate, if any, which has been tailored to your organization's operating budget. The rate and base used here is illustrative only and you must use your organization's rate.

### APPENDIX D FHAP AGENCY NAMES

#### **NEW ENGLAND REGION**

# CONNECTICUT

State Agency:	Connecticut Commission on Human Rights and Opportunities Hartford, CT 06106
MASSACHUSETTS	8
State Agency:	Massachusetts Commission Against Discrimination Boston, MA 02108
Localities:	Boston Fair Housing Commission City of Boston Office of Civil Rights Boston, MA 02201
	Cambridge Human Rights Commission Cambridge, MA 02139
MAINE	
State Agency:	Maine Human Rights Commission Augusta, ME 04333-0051
RHODE ISLAND	
State Agency:	Rhode Island Commission for Human Rights Providence, RI 02903-3768
VERMONT	
State Agency:	Vermont Human Rights Commission Montpelier, VT 05633-6301

#### **NEW YORK/NEW JERSEY REGION**

#### NEW YORK

State Agency: New York State Division of Human Rights New York, NY 10027

Localities:	Rockland County Commission on Human Rights Pomona, NY 10970
MID-ATLANTIC I	REGION
DELAWARE	
State Agency:	Delaware Division of Human Relations, Wilmington, DE 19801
MARYLAND	
State Agency:	Maryland Commission on Human Relations Baltimore, MD 21202
PENNSYLVANIA	
State Agency:	Pennsylvania Human Relations Commission Harrisburg, PA 17101-2702
Localities:	Pittsburgh Human Relations Commission Pittsburgh, PA 15219
	Reading Commission on Human Relations Reading, PA 19601
	York City Human Relations Commission York, PA 17403
VIRGINIA	
State Agency:	Virginia Department of Professional and Occupational Regulation, Fair Housing Administration, Real Estate Board Richmond, VA 23230-4917
WEST VIRGINIA	
State Agency:	West Virginia Human Rights Commission Charleston, WV 25301
Localities:	Charleston Human Rights Commission Charleston, WV 25301
	Huntington Human Relations Commission

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Huntington, WV 25701

### DISTRICT OF COLUMBIA

District of Columbia Office of Human Rights Washington, DC 20001

# SOUTHEAST/CARIBBEAN REGION

#### **FLORIDA**

State Agency:	Florida Commission on Human Relations Tallahassee, FL 32302
Localities:	City of Bradenton Community Development Department Bradenton, FL 34205
	Lee County Office of Equal Opportunity Fort Myers, FL 33901
	Jacksonville Equal Opportunity Commission Jacksonville, FL 32202
	Orlando Human Relations Department Orlando, FL 32801
	Palm Beach County Office of Human Rights West Palm Beach, FL 33401
	Pinellas County Office of Human Rights Clearwater, FL 33756
	St. Petersburg Human Relations Department St. Petersburg, FL 33701
	Tampa Office of Human Rights Tampa, FL 33602
	Hillsborough County Board of County Commissioners Tampa, FL 33602
KENTUCKY	
State Agency:	Kentucky Commission on Human Rights

	Louisville, KY 40202-0069
Localities:	Lexington-Fayette Urban County Human Rights Commission Lexington, KY 40507
	Louisville and Jefferson County Human Relations Commission Louisville, KY 40202
GEORGIA	
State Agency:	Georgia Commission on Equal Opportunity Atlanta, GA 30303-1605
NORTH CAROLIN	A
State Agency:	North Carolina Human Relations Commission Raleigh, NC 27603
Localities:	City of Charlotte/Mecklenburg County Community Relations Committee (Charlotte) Charlotte, NC 28202
	City of Charlotte/Mecklenburg County Community Relations Committee (Mecklenburg County) Charlotte, NC 28202
	City of Asheville Asheville, NC 28802
	Asheville/Buncombe County Community Relations Council Asheville, NC 28801
	Durham Human Relations Commission Durham, NC 27701
	Greensboro Human Relations Department Greensboro, NC 27402
	New Hanover County Human Relations Commission Wilmington, NC 28401
	Orange County Human Relations Commission Hillsborough, NC 27278

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	Winston-Salem Human Relations Commission Winston-Salem, NC 27105
TENNESSEE	
State Agency:	Tennessee Human Rights Commission Nashville, TN 37243
Localities:	City of Knoxville Department of Community Development Knoxville, TN 37902
SOUTH CAROLINA	A
State Agency:	South Carolina Human Affairs Commission Columbia, SC 29240
MIDWEST REGIO	N
ILLINOIS	
State Agency:	Illinois Department of Human Rights Chicago, IL 60601
Localities:	Springfield Community Relations Commission Springfield, IL 62701
INDIANA	
State Agency:	Indiana Civil Rights Commission Indianapolis, IN 46204-2255
Localities:	Elkhart Human Relations Commission Elkhart, IN 46516
	Fort Wayne Metropolitan Human Relations Commission Fort Wayne, IN 46802
	Gary Human Relations Commission Gary, IN 46402
	Hammond Human Relations Commission Hammond, IN 46320

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South Bend Human Relation	ons Commission
South Bend, IN 46617	

#### **MICHIGAN**

State Agency:	Michigan Department of Civil Rights	
	Lansing, MI 48913	

#### OHIO

State Agency:	Ohio Civil Rights Commission
	Columbus, OH 43205-1379

Localities: Dayton Human Relations Council Dayton, OH 45402

> Parma Law Department Parma, OH 44129-5593

Shaker Heights Fair Housing Review Board Shaker Heights, OH 44120

# SOUTHWEST REGION

#### LOUISIANA

State Agency:	Louisiana Public Protection Division Baton Rouge, LA 70801
OKLAHOMA	
State Agency:	Oklahoma Human Rights Commission Oklahoma City, OK 73105
TEXAS	
State Agency:	Texas Commission on Human Rights Austin, TX 78723
Localities:	Austin Human Rights Commission Austin, TX 78701
	Department of Human Relations Corpus Christi, TX 78401

City of Dallas Fair Housing Office Dallas, TX 75201

Fort Worth Human Relations Commission Fort Worth, TX 76102

Garland Office of Housing and Neighborhood Services Garland, TX 75040

#### **GREAT PLAINS**

IOWA

State Agency:	Iowa Civil Rights Commission Des Moines, IA 50319
Localities:	Cedar Rapids Civil Rights Commission Cedar Rapids, IA 52401-1256
	Davenport Civil Rights Commission Davenport, IA 52801
	Des Moines Human Rights Commission Des Moines, IA 50309
	Dubuque Human Rights Department Dubuque, IA 52001-4932
	Sioux City Human Rights Commission Sioux City, IA 51101
	Waterloo Commission on Human Rights Waterloo, IA 50703
	Mason City Human Rights Commission Mason City, IA 50401
KANSAS	
	Lawrence Human Relations Commission Lawrence, KS 66044
	Community and Neighborhood Services Department Olathe, KS 66061

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	Salina Human Relations Department Salina, KS 67401	
MISSOURI	City of Topeka Human Relations Commission Topeka, KS 66603	
State Agency:	Missouri Commission on Human Rights, Department of Labor and Jefferson City, MO 65109	
Localities:	Kansas City (MO) Human Relations Kansas City, MO 64106	
NEBRASKA		
State Agency:	Nebraska Equal Opportunity Commission Lincoln, NE 68509-4934	
Localities:	Lincoln Commission on Human Rights Lincoln, NE 68508	
	Omaha Human Relations Department Omaha, NE 68183-0502	
ROCKY MOUNTA	INS	
COLORADO		
State Agency:	Colorado Civil Rights Division Denver, CO 80202	
NORTH DAKOTA		
State Agency:	North Dakota Department of Labor Bismarck, ND 58505-0340	
UTAH		
State Agency:	Utah Anti-Discrimination Division	

# PACIFIC/HAWAIL REGION

Salt Lake City, UT 84114

ARIZONA

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State Agency:	Civil Rights and Conflict Resolution Section Arizona Attorney General's Office Phoenix, AZ 85007-2926	
Localities:	City of Phoenix Equal Opportunity Department Phoenix, AZ 85003	
CALIFORNIA		
State Agency:	California Department of Fair Employment and Housing Sacramento, CA 95812	
HAWAII		
State Agency:	Hawaii Civil Rights Commission Honolulu, HI 96813	
NORTHWEST/ALASKA REGION		
WASHINGTON		
State Agency:	Washington State Human Rights Commission Olympia, WA 98504-2490	
Localities:	King County Office of Civil Rights Seattle, WA 98104-2628	
	Seattle Human Rights Department Seattle, WA 98104-1849	
	Tacoma Human Rights Department Tacoma, WA 98402	

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# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# HOUSING COUNSELING PROGRAM

Billing Code 4210-32-C

#### Funding Availability for the Housing Counseling Program

#### **Program Overview**

*Program Purpose.* This program supports the delivery of a wide variety of housing counseling services to homebuyers, homeowners, low- to moderate-income renters, and the homeless. The primary objectives of the program are to expand homeownership opportunities and improve access to affordable housing. Counselors provide guidance and advice to help families and individuals improve their housing conditions and meet the responsibilities of tenancy and homeownership.

Agencies funded through this program may also provide Home Equity Conversion Mortgage (HECM) counseling to elderly homeowners who are looking to convert equity in their homes into income that can be used to pay for home improvements, medical costs, living expenses, or other expenses.

*Available Funds.* \$35.56 million in FY03 Funds.

Application Deadline. June 25, 2003. Match. No specific ratio is required. However, in order to receive points under Rating Factor 4, applicants are required to demonstrate the commitment of other private and public sources of funding to supplement HUD funding for the applicant's counseling program. HUD does not intend for its housing counseling grants to cover all costs incurred by an applicant.

#### I. Application Submission, Further Information and Technical Assistance

Application Kits. There is no application kit. Specific application submission requirements are outlined in Section VI.

Application Due Date. Completed applications must be submitted on or before June 25, 2003.

*Mailing.* See the General Section of the SuperNOFA for mailing instructions and procedures.

Application Submission Procedures. Local Housing Counseling Agencies (LHCAs) applying under Category 1 and State Housing Finance Agencies (SHFAs) applying under Category 3 must submit an original and two copies of a complete application to the contact person listed for the Homeownership Center (HOC) whose jurisdiction includes the geographic area in which the applicant is proposing to provide services (see Appendix B.) The envelope should be clearly marked "FY 2003 Housing Counseling Grant Application (indicate Category 1 or 3.)"

National and regional housing counseling intermediaries applying under Category 2 must submit an original and two copies of a complete application to "Director, Program Support Division, Room 9266, Office of Single Family Housing, HUD Headquarters, 451 Seventh Street, SW., Washington, DC 20410." The envelope should be clearly marked, "FY 2003 Housing Counseling Intermediary Application."

Colonias and Predatory Lending Grant Applications. All applicants applying under Categories 4 and 5 must submit an original and two copies of a complete application to the Santa Ana HOC (see Appendix B.) The Santa Ana HOC will be evaluating all applications submitted under Categories 4 and 5. Applications should be sent to the attention of the Program Support Division Director. For Category 4 applicants, the envelope should be clearly marked "FY 2003 Housing Counseling-Colonias Application." For Category 5, the envelope should be marked "FY 2003 Housing Counseling—Predatory Lending Application (indicate your organization type, e.g.: National Intermediary / Regional Intermediary, SHFA, LHCA.)"

*Further Information.* Local housing counseling agencies (LHCAs) and state housing finance agencies (SHFAs) should call the HOC serving their area (See Appendix B for the contact information for the HOCs). National and regional intermediaries should contact HUD Headquarters, Program Support Division at (202) 708–0317 (this is not a toll-free number). Persons with hearing or speech impairments may access any of these numbers via TTY by calling the toll-free federal Information Relay Service at 1–800–877–8339.

Satellite Broadcast. HUD will hold an informational broadcast via satellite for potential applicants to learn more about the program and the application. For more information about the date and time of the broadcast, consult the HUD web site at http://www.hud.gov/grants.

#### **II. Amount Allocated**

Amount Allocated.—Of the \$39,740,000 appropriated for housing counseling in FY 2003, \$37.561 million is made available for eligible applicants under this SuperNOFA. Specifically, \$35.561 million is available through this NOFA, and \$2 million is available through a separate NOFA for Section 8 Homeownership Voucher Housing Counseling found elsewhere in this SuperNOFA. Of this \$35.561 million, up to \$250,000 is available for counseling services that specifically target Colonias, and \$2.7 million is available for counseling services addressing predatory lending. An allocation of \$1 million of the \$39,740,000 appropriated is available for the Home Equity Conversion Mortgage (HECM) Program, as provided in section 255(k) of the National Housing Act (12 U.S.C. 1715z-20). With the balance of FY03 appropriation, and additional carry-over funding, an allocation of up to \$4 million has been set aside for housing counseling support such as training and tuition assistance for housing counselors, or other HUD counseling initiatives and activities, or both.

Grant Categories—HUD will award grants to qualified public or private nonprofit organizations to provide housing counseling services through five grant categories: (1) Local Housing Counseling Agencies (LHCAs); (2) National and Regional Intermediaries; (3) State Housing Finance Agencies (SHFAs); (4) Agencies Serving Colonias; and (5) Predatory Lending.

Grant Categories	Who is Eligible	Total Amount Available
Category 1 – LHCAs	HUD-approved LHCAs	\$12.45 million
Category 2 – Regional and National Intermediaries	HUD-approved regional and national intermediaries	\$18.161 million
Category 3 – SHFAs	SHFAs	\$ 2 million
Category 4 – Colonias	HUD-approved LHCAs, HUD-approved regional and national intermediaries, and SHFAs	\$250,000
Category 5 – Predatory Lending	HUD-approved LHCAs, HUD-approved regional and national intermediaries, and SHFAs	\$2.7 million

HUD-approved LHCAs, HUDapproved national or regional intermediaries, and SHFAs are eligible for funding under Categories 4 and/or 5. Applicants applying under Categories 4 and/or 5 may also apply under one of Categories 1–3, as described below. A separate application must be submitted for each Category under which you apply. See Section VI, "Application Submission," below for details on where to submit applications, as submission requirements vary by category and applicant type.

HUD-approved LHCAs—In addition to Categories 4 and 5, HUD-approved LHCAs may apply for and receive: (1) One grant under Category 1; or (2) one sub-grant from an intermediary or SHFA under Category 2 or 3; but not both. HUD-approved LHCAs that apply under Category 1 are prohibited from also applying for or receiving a sub-grant under Category 2 or 3.

LHCAs that are not HUD-approved, but are affiliates or branches of SHFAs or national or regional intermediaries, may receive only one sub-grant from an intermediary under Category 2 or 3, but not both, and/or a sub-grant from an intermediary under Category 4 and/or 5. They are not, however, eligible to apply directly to HUD under Categories 1, 4 or 5. HUD-approved national and regional intermediaries—In addition to Categories 4 and 5, HUD-approved national and regional intermediaries may apply for a grant under Category 2.

SHFAs—In addition to Categories 4 and 5, SHFAs may only apply for grants under Category 3.

Category 1—Local Housing Counseling Agencies (LHCAs.) \$12.45 million is available from HUD to directly fund HUD-approved LHCAs.

*Award:* No individual LHCA may be awarded more than \$150,000. HUD anticipates that the average award will be approximately \$36,000.

*Funding allocation:* Funding is allocated to each HOC jurisdiction by a formula that incorporates first-time homebuyer and default rates.

Allocations for Category 1 by HOC are as follows:

HOC	Funding allocation
Philadelphia HOC Atlanta HOC Denver HOC Santa Ana	3,679,412 3,837,703 2,848,906 2,083,980
Total	\$12.45 million

Category 2—National and Regional Intermediaries. \$18.161 million is available from HUD to directly fund HUD-approved national and regional intermediaries.

Awards for HUD-approved national and regional intermediaries may not exceed \$2.5 million and \$750,000, respectively.

*Category 3—State Housing Finance Agencies (SHFA).* \$2 million is available to fund SHFAs that provide housing counseling services directly or serve as intermediaries to affiliates who offer housing counseling services.

*Award:* There is no cap on the award amount that a SHFA, or its affiliates, may receive.

*Funding allocation:* Funding is allocated to each HOC jurisdiction by a formula that incorporates first-time homebuyer and default rates.

Allocations for Category 3 by HOC are as follows:

HOC	Funding allocation
Philadelphia HOC Atlanta HOC Denver HOC Santa Ana	591,070 616,498 457,656 334,776
Total	\$2 million

*Category* 4—*Colonias.* \$250,000 is available for housing counseling services that specifically target Colonias.

*Eligible applicants* include (1) HUDapproved LHCAs; (2) HUD-approved national and regional intermediaries; and (3) SHFAs.

*Award:* There is no cap on the award amount.

Category 5—Predatory Lending. \$2.7 million is available for housing counseling services addressing predatory lending. Specifically, grants under this category are designed to: (a) assist victims of predatory lending; and (b) assist clients with identifying and avoiding predatory lending practices, such as loans with unfair and inappropriate terms and conditions, and other unscrupulous practices intended to defraud and/or take advantage of homebuyers / borrowers.

*Eligible applicants* include (1) HUDapproved LHCAs; (2) HUD-approved national and regional intermediaries; and (3) SHFAs.

*Award.* Awards for HUD-approved national intermediaries may not exceed \$450,000. Awards for HUD-approved regional intermediaries and SHFAs may not exceed \$140,000. Awards for HUDapproved LHCAs may not exceed \$40,000.

*Funding Allocation.* \$1.5 million is available for national intermediaries. \$300,000 is available for regional intermediaries and SHFAs. The amount of funding available for LHCAs is \$900,000.

#### **III. Program Description/Eligibility**

(A) Eligible Applicants—Eligible SHFAs are entities that satisfy the definition in 24 CFR 266.5 of a "Housing Finance Agency." SHFAs and eligible sub-grantees/affiliates do not need HUD approval in order to receive these funds.

*Eligible LHCAs and intermediaries* are private nonprofit and public organizations, including grass-roots faith-based and other community-based organizations, that secure HUD-approval as an LHCA, or as a national or regional intermediary, as of the publication date of this SuperNOFA, and retain such approval through the term of any grant awarded. For information on securing HUD-approval visit HUD's website at *http://www.hud.gov/offices/hsg/sfh/hcc/ hccprof13.cfm.* 

Additionally, to be eligible to receive a grant directly from HUD under this Housing Counseling NOFA, all applicants (except SHFAs) must be (1) duly organized and existing as a nonprofit, (2) in good standing under the laws of the state of its organization, and (3) authorized to do business in the states where it proposes to provide counseling services. For example, applicable state licensing, corporate filing, and registering requirements must be satisfied. An LHCA, intermediary, SHFA or affiliate may use branch offices to provide counseling funded through this NOFA. A branch office is an organizational and subordinate unit of the LHCA, intermediary, or SHFA, not separately incorporated or organized. LHCAs and affiliates of intermediaries and SHFAs may maintain a main office and branch offices in no more than two states, which must be contiguous.

Intermediaries and SHFAs provide sub-grants to affiliates and/or branches. Eligible sub-grantees are not required to be HUD-approved, although HUDapproved LHCAs may apply to an intermediary or SHFA as a sub-grantee. Intermediaries and SHFAs that award sub-grants to affiliates or branches that are not HUD-approved must assure that said organizations meet or exceed the standards, as specified in paragraph 2-1 of HUD Handbook 7610.1, Rev-4, CHG-1, for HUD-approved LHCAs. These organizations will be monitored by HUD, and intermediaries that do not ensure their affiliates'/branches compliance with HUD standards could be prohibited from participating in the program.

To be eligible for a sub-grant under categories 2 or 3, affiliates or branches must not have directly applied for or received a grant under Category 1 of this NOFA, or another sub-grant from an Intermediary or SHFA under Category 2 or 3 of this NOFA. Affiliates or branches receiving a sub-grant under Category 2 or 3 are also eligible to receive subgrants under categories 4 and/or 5, but only with the same intermediary or SHFA through which they receive a subgrant under Categories 2 or 3. If also HUD-approved as an LHCA, affiliates or branches receiving a sub-grant under Categories 2 or 3 are permitted to apply to HUD directly as an LHCA under Categories 4 and/or 5. Similarly, an LHCA that applies directly to HUD under Category 1 may also receive subgrants from an intermediary or SHFA under Categories 4 and/or 5, but only with the same intermediary or SHFA.

Additionally, to be eligible for a subgrant, an affiliate must be (1) duly organized and existing as a nonprofit, (2) in good standing under the laws of the state of its organization, and (3) authorized to do business in the states where it proposes to provide housing counseling services. For example, applicable state licensing, corporate filing, and registering requirements must be satisfied.

(B) Eligible Activities. Agencies selected as grantees or sub-grantees will only be reimbursed for the eligible activities outlined in this Section. Grantees or sub-grantees directly providing housing counseling services under Categories 1 through 4 may use their HUD housing counseling funds for one or more of the 8 eligible activities listed below.

Grantees or sub-grantees directly providing housing counseling services under Category 5 (Predatory Lending) may use their HUD housing counseling funds for group sessions and/or one-onone counseling that clearly and directly assists victims of predatory lending or helps to prevent predatory lending.

(1) Pre-Occupancy Counseling. This includes the following types of one-onone counseling: pre-purchase; prerental; search assistance/mobility; fair housing; budgeting for mortgage or rent payments; money management; and housing care and maintenance. This also may include guidance on: alternative sources of mortgage credit; how to apply for housing assistance; how to identify and avoid predatory lending practices; locating housing which provides universal design and visitability; referrals to community or homeless services, and regulatory agencies; and advocating with lenders for non-traditional lending standards.

(2) Homebuyer Education Programs. These programs are housing related education programs in which educational materials are used in training sessions for multiple participants, including HUD's Homebuyer Education and Learning Program (HELP). For a typical homebuyer education program, participants complete eight to twelve course hours. Agencies that provide this service must also offer individual counseling to complement group sessions.

(3) Post-Purchase/Mortgage Default and Rent Delinquency Counseling. This includes counseling on how to: restructure debt, obtain recertification for rent subsidy, establish reinstatement plans, seek loan forbearance, and manage household finances. This counseling can also include helping victims of predatory lending, educating clients on renter's and landlord's rights, explaining the eviction process, providing referrals to other sources, and assisting clients with locating alternative housing or pursuing loss mitigation strategies.

(4) Post-Purchase/Post-Occupancy Counseling. This includes education programs and counseling activities on property maintenance, personal money management, and relations with lenders and landlords.

(5) Home Equity Conversion Mortgage (HECM) Counseling. HECM counseling assists clients who are 62 years or older with the opportunity to convert the equity in their homes into income to pay living, medical or other expenses.

(6) Home Improvement and Rehabilitation Counseling. This counseling includes educating the client about: Their loan and grant options; the loan and/or grant application processes; what housing codes and housing enforcement procedures apply for the intended activity; accessibility codes and how to design features to provide accessibility for persons with disabilities; non-discriminatory lending and other funding for persons who modify their dwellings to accommodate disabilities; visitability and universal design; how to specify and bid construction work; how to enter into construction contracts; and how to manage construction contracts, including actions to address the nonperformance of contractors.

(7) Displacement and Relocation Counseling. This counseling includes helping clients understand their rights when faced with displacement, explaining the responsibility of the entity causing displacement, assisting clients with understanding eviction proceedings, providing assistance with locating alternate housing, and referring clients to homeless services.

(8) Marketing and Outreach Initiatives. This includes providing general information about housing opportunities, conducting informational campaigns, and raising awareness about critical housing topics, such as predatory lending or fair housing issues. (Note: affirmative fair housing outreach should be directed at those populations least likely to seek counseling services. To do so, it may be necessary to broaden the target areas in order to reach a greater variety of racial and ethnic minorities.)

**Note:** For each of the eight general activities you propose, you must be prepared to meet the needs of all individuals requesting services, including persons with disabilities, regardless of the complexity of the services involved. Additionally, services must be affirmatively marketed to persons with disabilities, including visual and hearing disabilities, as they would be to any other segment of the population not likely to apply for such services.

(C) Eligible Intermediary/SHFA Activities. Intermediaries and SHFAs can directly provide the housing counseling services described above in Sub-Section A through branches, or distribute and administer grant funds and provide technical assistance and other services to affiliates, who are eligible to undertake any or all of the eligible housing counseling activities outlined above.

Intermediaries and SHFAs have wide discretion to decide how to allocate their HUD Housing counseling and leveraged funding among their branches or affiliates, with the understanding that a written record must be kept documenting and justifying funding decisions. This record must be made available to affiliates and to HUD. Intermediaries and SHFAs must also execute sub-grant agreements with their affiliates that clearly delineate the mutual responsibilities for program management, including appropriate time frames for reporting results to HUD.

#### **IV. Requirements**

Agencies selected as grantees or subgrantees must also comply with the following requirements:

(A) *Threshold Requirements*. The requirements listed in Section V of the General Section of the SuperNOFA apply to this program. Applications will be declared ineligible for any of the following reasons:

- —If you or any of your affiliates or branches do not meet the Civil Rights Threshold Requirements set forth in Section V(B) of the General Section of this SuperNOFA.
- —If you are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions from any federal department or agency.
- —If you are not currently approved by HUD as an LHCA or as a National or Regional Housing Counseling Intermediary, and if you didn't secure approval by the publication date of this SuperNOFA. SHFAs need only satisfy the definition in 24 CFR 266.5 of a "Housing Finance Agency."

(B) Program Requirements. Programmatic requirements are outlined in detail in HUD Handbook 7610.1, REV-4, CHG-1, dated October 27, 1997, which can be viewed on HUD's website at http://www.hud.gov/offices/hsg/sfh/ hcc/hccprof7.cfm.

Additionally, the following also apply:

(1) List of Agencies. Pursuant to section 106(C)(5) of the Housing and Urban Development Act of 1968, HUD maintains a list of all HUD-approved and HUD-funded counseling agencies, including contact information, which interested persons can access. All grantees under Categories 1, 4, and 5 and sub-grantees under Categories 2, 3, 4 and 5 will be placed on this list and must accept subsequent referrals, or when they do not provide the services sought, refer the person to another agency in the area that does provide the services.

(2) Accessibility—All grant recipients and sub-recipients must make counseling offices and services reasonably accessible to persons with a wide range of disabilities and help persons locate suitable housing in locations throughout the applicant's community, target area, or metropolitan area, as defined by the applicant.

(C) Religious Discrimination. Grant recipients and sub-recipients are prohibited from discriminating on behalf of or against any segment of the population in the provision of services or in outreach, including those of other religious affiliations.

Additionally, organizations funded under this program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded under this program. If an organization conducts such activities, these activities must be offered separately, in time or location, from the programs or services funded under this part, and participation must be voluntary for the HUD-funded programs or services.

(Ď) Code of Conduct. Entities that are subject to 24 CFR parts 84 and 85 (most nonprofit organizations and state, local and tribal governments or government agencies or instrumentalities who receive federal awards of financial assistance) are required to develop and maintain a written code of conduct (See §§ 84.42 and 85.36(b)(3)). Consistent with regulations governing housing counseling programs, your code of conduct must prohibit real and apparent conflicts of interest that may arise among employees, officers or agents; prohibit the solicitation and acceptance of gifts or gratuities by your officers, employees and agents for their personal benefit in excess of minimal value; and outline administrative and disciplinary actions available to remedy violations of such standards. Self-recusal shall not eliminate a potential or apparent conflict of interest. If awarded assistance under this SuperNOFA, prior to entering into a grant agreement with HUD you will be required to submit a copy of your code of conduct and describe the methods you will use to ensure that all officers, employees and agents of your organization are aware of your code of conduct.

(E) *Performance Measurement.* Grant recipients are required to complete and submit a form HUD–9902, Fiscal Year Activity Report (Appendix A). The information compiled from this report provides HUD with its primary means of measuring your program performance.

(F) Environmental Requirements. In accordance with 24 CFR 50.19(b)(9) and (12) of the HUD regulations, activities assisted under this program are categorically excluded from the requirements of the National Environmental Policy Act and are not subject to environmental review under the related laws and authorities.

(G) Financial Management Systems. Applicants selected for funding must provide documentation demonstrating that the applicant's financial management systems satisfy the requirements in the applicable regulations at 24 CFR 84.21(b) and 85.20. Consistent with the requirements of the Single Audit Act Amendments of 1996 (31 U.S.C. 7501-07), if the applicant expended \$300,000 or more in federal awards in its most recent fiscal vear, such documentation must include a certification from, or most recent audit by, the applicant's Independent Public Accountant that the applicant maintains internal controls over federal awards; complies with applicable laws, regulations, and contract or grant provisions; and prepares appropriate financial statements. The applicant will have at least thirty (30) calendar days to respond to this requirement. If an applicant does not respond within the prescribed time or responds with insufficient documentation, then HUD may determine that the applicant has not met this requirement and may withdraw the grant offer.

(H) Indirect Cost Rate. You must also submit documentation establishing your organization's indirect cost rate. Such documentation may consist of a certification from, most recent audit, or indirect cost rate agreement by, the cognizant federal agency or an Independent Public Accountant. If your organization does not have an established indirect cost rate, you will be required to develop and submit an indirect cost proposal to HUD or the cognizant federal agency as applicable, for determination of an indirect cost rate that will govern your award. Applicants that do not have a previously established indirect cost rate with a federal agency shall submit an initial indirect cost rate proposal immediately after the applicant is advised that it will be offered a grant and, in no event, later than three months after the effective date of the grant. OMB Circular A-122 established the requirements to determine allowable direct and indirect costs and the preparation of indirect cost proposals, and can be found at www.whitehouse.omb.gov.

#### V. Application Selection Process

(A) General. Applications will be evaluated competitively, and ranked against all other applicants that applied in the same funding category. For Category 2, applications by national and regional intermediaries will be scored and ranked in HUD Headquarters. For Category 1, LHCAs, and Category 3, SHFAs, applications will be scored and ranked by the relevant HOC. The Santa Ana HOC will score all applications under Category 4, Colonias, and Category 5, Predatory Lending Grants.

(B) Factors For Award Used to Rate and Rank Applications. Information on the application scoring process appears in section VI(B) of the General Section of this SuperNOFA. The Factors for Award, and maximum points for each factor, are outlined below.

These factors will be used to evaluate applications under Categories 1-5, and the maximum number of points for each applicant is 102 points for LHCAs and 100 for all other applicants. LHCAs are eligible for 2 bonus points if they can demonstrate that at least 51% of their proposed services: (1) Will be provided to residents of federally designated Empowerment Zones (EZs), Enterprise Communities (ECs), Urban Enhanced Enterprise Communities (EECs), Strategic Planning Communities, or Renewal Communities (RCs); and (2) are certified to be consistent with the area's strategic plan. Section VI(C)(1) of the General Section of this SuperNOFA, entitled "RC/EZ/EC," contains additional information regarding these bonus points.

HUD may rely on information from performance reports, financial status information, monitoring reports, audit reports and other information available to HUD in making score determinations under any Rating Factor.

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (35 Points)

HUD uses responses to this Rating Factor to evaluate the readiness and ability of an applicant to immediately begin the proposed work program, as well as the potential for an applicant to cost-effectively and successfully implement the proposed activities indicated under Rating Factor 3.

(A) (6 points) Knowledge and Experience. In rating this Section, HUD will consider the degree to which the applicant, and, if applicable, affiliates, has sufficient personnel with the relevant knowledge and experience to implement the proposed activities in a timely and effective fashion.

Specifically, for LHCAs, scoring will be based on the number of years of

recent housing counseling experience of counselors. For intermediaries and SHFAs, scoring will be based on: The number of years of recent housing counseling experience of counselors in affiliates and branches; and the number of years, for key intermediary/SHFA personnel, of recent experience running a housing counseling program consisting of a network of multiple counseling agencies. Related experience, such as experience in mortgage lending, will also be considered, but will not be weighted as heavily as direct housing counseling or housing counseling program management experience.

-Submit the names and titles of employees, including subcontractors and consultants, performing the activities proposed in Rating Factor 3. Clerical staff should not be listed. Describe each employee's, subcontractor's, or consultant's relevant professional background and experience. Experience is relevant if it corresponds directly to projects of a similar scale and purpose. Provide the number of years of experience for each position listed, and indicate when each position was held. Individual descriptions should be limited to one page. List recent and relevant training received.

Applicants for Category 5 should specifically highlight the predatory lending-related experience, both one-onone and group sessions, of staff to demonstrate that your organization has the knowledge and capacity to effectively utilize a predatory lending grant. Also indicate whether or not relevant staff has received loss mitigation training.

(B) Past Grantee Performance. Sections B1 and B2 pertain to the applicant's performance with their FY01 HUD award for the grant period October 1, 2001–September 30, 2002, the most recent complete grant year. If you received no HUD grant for that grant period, the seven points available in Section B1, and the fourteen points available in Section B2, will be allocated to Section B3 (Impact of Leveraged Resources,) for a total of 24 points.

(B1) (7 points) Quality and Complexity of Services. In scoring this Section, HUD will evaluate the level of effort and time required to provide the housing counseling services captured in the form HUD–9902 for the time period October 1, 2001 to September 30, 2002. Scoring will be based on the degree to which the applicant demonstrates that, for each type of counseling service delivered, and compared to other applicants, sufficient time and resources were devoted to ensure that clients received quality counseling. Additionally, scorers will evaluate the extent to which, as compared to other applicants, an agency encouraged and provided one-on one counseling, which HUD considers the most effective form of housing counseling, instead of overrelying on homebuyer education workshops and other forms of group sessions.

Applicants should carefully document the types and complexity of the services provided with FY01 HUD grant funds, and the outcomes for clients as a result of the counseling. Describe the level of effort and time required to provide the housing counseling services and to meet the needs of your clients. Indicate the average counseling time per client for all types of counseling performed. Also describe follow-up activities, if applicable.

Îndicate the number of clients that participated only in Homebuyer Education workshops or other types of classes offered as group sessions. Indicate the number of individuals who participated in group-sessions and also received one-on-one counseling.

(B2) (14 points) Impact/Outcomes— HUD Grant. In scoring this Section, HUD will evaluate the applicant's, and if applicable, affiliates' and branches', clients served numbers and performance-related outcomes for the grant period October 1, 2001 to September 30, 2002. Clients served numbers will be scored based on the quantity of clients the applicant was able to serve compared to similar applicants providing similar services. Clients served numbers will be analyzed in the context of budget, costs, spending decisions, the types of services provided, level of effort expended, etc. Outcomes will be scored based on how well the applicant met performance goals.

Indicate the number of clients that you proposed to serve with your HUD grant in Factor 3 of your FY01 Housing Counseling NOFA application (submitted May 3, 2001), and compare it with the number attributed to the HUD grant appearing on the 9902 form submitted with this application, covering October 1, 2001–September 30, 2002, which corresponds to the FY01 application and resulting award. Explain any differences between goals and results, including differences in proposed and actual grant amounts. If you received no FY01 HUD grant

If you received no FY01 HUD grant covering October 1, 2001–September 30, 2002, characterize your performance at meeting your goals regarding activities for that time period, under other sources of funding, such as other federal, state or local grant awards. Explain any differences between goals and results.

While HUD values cost-effectiveness, we are not simply trying to identify and fund the lowest-cost service providers. We realize that costs vary depending on location and types of services provided, and we appreciate that strategic investments, such as investments in training, technology, or more qualified staff, may potentially be an efficient use of resources, but impact counseling volume in the short-term.

So HUD can evaluate your program results, provide a context for, or qualify, the number of clients you indicated, on the form HUD–9902 submitted with this application, that were served with your HUD-grant. Describe the types of counseling conducted. Indicate how location, counseling and client type, and expenses may have impacted client volume, and, if applicable, how they will impact client volume in the future.

Identify specific uses of HUD grant funds, such as staff salaries, other staff costs, training, and travel expenses. Itemize the total costs for each use. Provide the average hourly labor rate for counselors. Justify your expenses and explain why they were reasonable, strategic, and appropriate for the counseling activities identified above.

Intermediaries and SHFAs that received an FY01 HUD award for the grant period October 1, 2001 to September 30, 2002 must also indicate what percentage of their award was passed through directly to affiliates or branches, and explain how funds not passed through were spent.

Provide the following performance outcomes for counseling activities covered by your FY01 HUD grant, for the grant period October 1, 2001 to September 30, 2002:

• The number of individuals receiving pre-purchase counseling that purchased a home;

• The number of individuals receiving pre-purchase counseling that are working toward becoming mortgage ready;

• The number of individuals receiving pre-purchase counseling that, after evaluating their unique financial situation and the costs of homeownership, elected not to purchase a home;

• The number of individuals receiving default counseling that successfully avoided foreclosure;

• For applicants applying under Category 5, the number of victims of predatory lending counseled that were able to have their mortgage modified, refinanced, or otherwise assisted to avoid foreclosure.

So HUD can evaluate these outcome/ results, indicate the outcome goals that you had set for yourself prior to the grant period, October 1, 2001 to September 30, 2002, and characterize your performance at meeting those goals. Compare these outcome goals with your actual performance outcomes. Describe relevant market conditions and other circumstances that you believe affected reported outcome numbers.

[Note: The outcomes listed above correspond to the new form HUD–9902 (appendix A), from which these outcome results will be derived in future NOFAs. In future NOFAs, outcomes will be evaluated based on the degree to which the applicant was able to meet the outcome estimates it provided in Factor 5 of the relevant previous application. In other words, applicants will be held accountable for fulfilling performance-related promises made in NOFA applications.]

If you received no FY01 HUD grant, provide these performance outcomes for counseling activities covering October 1, 2001—September 30, 2002, under other sources of funding, such as other federal, state or local grant awards. Indicate how each compares with the outcome goals that you had set for yourself for the activity period, and characterize your performance at meeting outcome goals.

meeting outcome goals. Applicants applying under Category 5 must also describe your organization's direct experience for the grant period October 1, 2001 to September 30, 2002, in assisting individuals, through outreach, in identifying and avoiding predatory lending, and in recognizing victimization. For example, describe outreach and educational efforts, including group workshops, community meetings, mass media, material distribution (provide copies of relevant letters, brochures, etc.), and indicate the number of one-on-one counseling interactions that have resulted from your outreach efforts. Also describe your outreach strategy, including the various types of individuals targeted (e.g. sub-prime borrowers, elderly homeowners with substantial equity in their homes, attorneys, etc.), explain your rationale for targeting specific areas, types of community forums that are effective, methods through which your ideas and materials are disseminated, and all other relevant information.

Also, describe efforts through one-onone counseling, for the grant period October 1, 2001 to September 30, 2002, to assist individuals in identifying and avoiding predatory lending. Indicate the number of clients that have received front-end individual counseling related to predatory lending from you, or from your affiliates and/or branches.

Similarly, describe efforts through one-on-one counseling, for the grant period October 1, 2001 to September 30, 2002, to assist victims of predatory lending and indicate the number of clients that received one-on-one predatory lending counseling from you or your affiliates and branches. Also quantify and describe the results of oneon-one counseling pertaining to predatory lending, including the number of victims for whom loans have been successfully restructured, credit fixed and the success of other loss mitigation strategies.

(B3) (3 points) Impact—Leveraged Resources—In scoring this Section, HUD will evaluate the applicant's non-HUD funded counseling activities and budget during the grant period October 1, 2001 to September 30, 2002. Scoring will be based on the quantity of clients the applicant was able to serve, compared to similar applicants providing similar services. Clients served numbers will be analyzed in the context of budget, costs, spending decisions, the types of services provided, level of effort expended, etc.

Provide all the information requested in Sections B1 and B2 above, except outcomes, relevant to the non-HUD funded activities recorded on the form HUD–9902 submitted with this application.

Applicants applying under Category 5 should highlight leveraged awards your organization received specifically for work related to predatory lending during the grant period October 1, 2001 to September 30, 2002.

(C) (5 points) Performance/Grant Requirements—In scoring this Section, HUD will evaluate how well the applicant satisfied the requirements, including reporting, of their FY01 HUD Housing Counseling grant, for the grant period October 1, 2001 to September 30, 2002. If you did not receive a FY01 HUD grant, base your response on activities and requirements under other sources of funding, such as other federal, state or local grant awards.

• Characterize your performance with regards to the timeliness and completeness with which you satisfied reporting requirements (such as Form HUD 9902.)

• Also indicate whether or not you fully expended grant awards during the grant period October 1, 2001 to September 30, 2002. If not fully expended, provide an explanation as to the reason why the funds were not fully expended and the steps you have taken to ensure that future funding will be expended in a timely manner.

• Significant findings on biennial reviews conducted by HUD staff will be taken into consideration when scoring this Section. Explain how you have taken steps to address and correct any significant findings, if applicable.

# Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for funding your proposed activities described in your response to Rating Factor 3.

(A) (6 points) Needs Data. In scoring this Section, HUD will evaluate the degree to which the applicant is able to provide current or recent economic and demographic data, and any other evidence, that demonstrates housing counseling need relevant to the target area. Applicants that fail to identify current or recent objective data will receive no points for this factor. Sources for all data provided must be clearly cited. To the extent that the community you serve has documented need in its Consolidated Plan, Analysis of Impediments to Fair Housing Choice (AI), or other planning documents, reference these in your response. Economic and demographic data must include persons with disabilities located in the target area. The U.S. Census Bureau, for example, maintains disability data by state, county and metropolitan statistical area (MSA) at the following website address: http:www.census.gov/hhes/www/ disability.html.

In scoring this Section, HUD will also evaluate the degree to which the applicant is able to provide current or recent economic and demographic data, and any other evidence, that demonstrates need relative to the activities proposed in Rating Factor 3.

Demonstrate that there is a clear relationship between the community needs outlined above, and your proposed activities. All proposed activities must have corresponding need-related data.

Applicants under category 5 must provide current or recent economic and demographic data, and any other evidence, that demonstrates the prevalence and impact of predatory lending within the target area.

(B) (4 points) Departmental Policy Priorities. The Departmental policy priorities are listed in section II of the General Section of the SuperNOFA. Of those listed, the following 4 apply to the Housing Counseling Program for the purpose of this NOFA:

(1) Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency.

(2) Providing Full and Equal Access to Grass-Roots Faith-Based and Other Community-Based Organizations in HUD Program Implementation.

(3) Colonias.

(4) Participation of Minority Serving Institutions in HUD Programs.

You will receive one point (up to 4 total) for each of the Departmental policy priorities that your work plan substantively addresses.

#### Rating Factor 3: Soundness of Approach/Scope of Housing Counseling Services (40 Points)

This factor addresses the quality and effectiveness of your proposed housing counseling activities.

(A) (2 points) Work Plan. In scoring this Section, HUD will consider the quality and completeness of the response.

Describe the proposed housing counseling services and if applicable, intermediary activities, including training, you propose to undertake, and identify the geographic area your services will cover.

National and Regional Intermediaries and State Housing Finance Agencies must also provide the following additional information:

(a) Identify which affiliates or branches will receive funding through this grant award. Applicants unable to identify which affiliates will receive sub-grants must explain why this is the case and what process will be used to select grantees. Pursuant to the applicable regulations at 24 CFR 84.82(d)(3)(iii) and 85.30(d)(4), grantees must receive HUD's prior written approval for sub-grants.

(b) Describe the activities of those affiliates, explicitly stating the types of services to be offered.

(c) Describe your legal relationship with your affiliates or branches (*i.e.*, membership organization, field or branch office, subsidiary organization, etc.)

(d) Explain the process that will be used to determine affiliate or branch funding levels, distribute funds, and monitor affiliate performance, including compliance with the civil rights requirements outlined in the General Section of the SuperNOFA.

(B) (6 points) Employee Allocation/ Staff hours. In scoring this Section, HUD will evaluate whether allocated staff and staff hours are appropriate and sufficient to perform all proposed tasks. Indicate the names and titles of employees, including subcontractors and consultants, allocated to each proposed activity, as well as the corresponding staff hours for each task. Demonstrate that each employee's experience is related to the tasks they are to perform.

(C) (6 points) Coordination. In scoring this Section, HUD will consider the extent to which the applicant can demonstrate they will coordinate proposed activities with other organizations, and with other services and products offered by the applicant's organization, in a manner that benefits their clients.

Describe partnerships and efforts to coordinate proposed activities with other organizations, including, but not limited to, emergency services providers, lending organizations and nonprofit housing providers. Any written agreements or memoranda of understanding in place should be described and copies provided.

National and regional intermediaries should also highlight internal lending operations and loan products available to clients, as well as internal affordable housing programs that can be a resource for clients.

Describe plans to avoid conflicts of interest, such as methods for disclosing to participants that they are free to choose lenders, lending products, and homes, regardless of the recommendations made by counselors, and provide copies of relevant disclosure forms and materials.

Applicants under Category 5 should also describe relevant partnerships and relationships with other organizations, including state and local government regulatory agencies, Legal Aid groups, and other organizations with whom you collaborate on predatory lending cases and issues, or to whom you refer victims.

(D) (13 points) Quality and Complexity of Services. In scoring this Section, HUD will evaluate the quality of the proposed housing counseling services, and level of effort and time associated with providing the proposed counseling services to the number of clients you estimate you will serve in Section E. Scoring will be based on the degree to which the applicant demonstrates that, for each type of counseling service delivered, and compared to other applicants, sufficient time and resources will be devoted to ensure that clients receive quality counseling. Additionally, scorers will evaluate the extent to which, as compared to other applicants, an agency will encourage and provide one-on-one counseling, which HUD considers the

most effective form of housing counseling, instead of over-relying on homebuyer education workshops and other forms of group sessions.

Applicants should carefully document the types and complexity of the services to be provided. Describe the level of effort and time you anticipate is required to provide the proposed counseling services to, and meet the needs of, the number of clients you indicate in Section E that you will serve with the proposed grant. Estimate the average counseling time you, and if applicable your affiliates and branches, anticipate per client for all types of counseling offered. Also describe planned follow-up activities, if applicable.

Indicate how many of the clients that you propose to serve with the HUD grant in Section E will participate only in Homebuyer Education workshops or other group sessions. Also estimate the number of clients that will participate in Homebuyer Education workshops or other group session and also received one-on-one counseling. Explain and justify significant changes in the quantity of group sessions and one-onone counseling sessions you propose to provide, relative to past performance and grant/budget size described in Rating Factor 1.

(E) (13 points) Efficient Use of Resources—Proposed HUD Grant Activities. In scoring this Section, HUD will evaluate the number of clients that the applicant, and if applicable, affiliates and branches, estimate will be served under the proposed HUD grant, for the grant period October 1, 2003 to September 30, 2004. Scoring will be based on the quantity of clients the applicant proposes to serve, compared to similar applicants providing similar services. Proposed clients served numbers will also be analyzed in the context of budget, costs, spending decisions, the types of services provided, level of effort expended, etc.

Indicate the number of clients you project will be served by your organization, or, if applicable, affiliates and branch offices, under the proposed HUD grant. Do not provide ranges or percentages, but a specific number of clients.

For applicants applying under Category 5, project the number of clients you propose to serve (no ranges or percentages) through both outreach and other types of group sessions, and individual counseling.

Explain and justify significant changes, relative to past performance and grant/budget size described in Rating Factor 1, in the number of clients you propose to serve. For example, demonstrate that you have the financial and human resources necessary to adequately serve the additional clients, or describe changes in the types of counseling being delivered, costs, etc.

Provide a context for, or qualify the number of clients you project to serve with the proposed HUD grant. Indicate how location, counseling and client types, and expenses may affect client volume, and whether the impact will be short-term or long-term.

Itemize the costs associated with each specific proposed use of counseling funds, such as staff salaries, other staff costs, and training and travel expenses. Provide the average hourly-labor rate for counselors. Justify your proposed expenses and explain why they are reasonable, strategic, and appropriate for the counseling activities identified above.

Intermediaries and SHFAs must indicate what percentage of their proposed HUD grant will be passed through directly to affiliates or branches, and explain how funds not passed through will be spent.

# Rating Factor 4: Leveraging Resources (10 Points)

HUD housing counseling funding is not intended to fully fund an organization's housing counseling program, or that of its local affiliates and branch offices. All organizations that use housing counseling grant funds are expected to seek other private and public sources of funding for housing counseling to supplement HUD funding. Any agency that does not have other resources available will receive no points for this factor.

Applicants will be evaluated based on their ability to provide evidence that they have obtained additional resources for their housing counseling activities, including: direct financial assistance; in-kind contributions, such as services, equipment, office space, labor; etc. In responding to this Rating Factor, applicants under Categories 4 and 5 should submit evidence of all housing counseling-related leveraged resources, not just the leveraged funds they intend to devote to Colonias or predatory lending, respectively. Resources may be provided by governmental entities, public or private nonprofit organizations, for-profit private organizations, or other entities committed to providing you assistance.

In order to obtain points under this factor, the applicant must demonstrate leveraging by providing letters from entities and/or individuals committing resources to the project that include:

- The identity of the entity or individual committing resources to the project.
- —Dollar value of the resources to be committed.
- —Types of resources to be committed. —An indication that the resources will be available during the grant period pertaining to this NOFA, October 1, 2003–September 30, 2004.
- —An indication that the award, or a specific portion of it, is intended for housing counseling.
- —The signature of an official of the entity legally able to make commitments on behalf of the entity.
- -No conditions that would nullify the commitment. (It is, however, acceptable for the commitment to be conditional on HUD funding.) Additionally, resources provided by the applicant itself, recorded as

'applicant match' and 'program income' on the form HUD–424, will count as leveraged resources.

Points for this factor will be awarded based on the satisfactory provision of evidence of leveraging and financial sustainability, as described above, and the ratio of requested HUD housing counseling funds to total housing counseling budget. Depending on organization type, the following scales will be used to determine scores for this factor:

Percentage	Points	
LHCAs and SHFAs		
1–20	10	
21–35	9	
36–42	8	
43–50	7	
51–58	6	
59–65	5	
66–73	4	
74–80	3	
81–90	2	
91–99	1	
National and Regional Inter	mediaries	
1–10	10	
44 45	0	

1-10	10
11–15	9
16–20	8
21–25	7
26–30	6
31–35	5
36–40	4
41–45	3
46–50	2
51–99	1

#### Rating Factor 5: Achieving Results and Program Evaluation (5 Points )

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and assess their performance to realize performance goals, and reflects HUD's goal to embrace high standards of ethics, management and accountability.

The purpose of this factor is for the applicant to identify program outputs and outcomes that will allow you and HUD to measure actual achievements against anticipated achievements. Outputs and outcomes must be objectively quantifiable.

Submission Requirements for Factor 5. Applicants must submit an effective, quantifiable, outcome-oriented evaluation plan for measuring performance and determining that output and outcome goals have been met. You must submit a program evaluation plan that demonstrates how you will measure your own program performance. Your Evaluation Plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes. Specifically, your plan must identify:

-Outputs. Outputs are the direct products of your program's activities that lead to the ultimate achievement of outcomes. Examples of outputs are the number of individual counseling sessions, and the number of group sessions to be provided. Identify interim and full grant term outputs, and timeframes for accomplishing these goals. Your plan must show how you will measure actual accomplishments against anticipated achievements.

--Work Plan Adjustments. Describe steps in place to make adjustments to your work plan if outputs are not met within established timeframes or if you begin to fall short of established outputs and timeframes. Intermediaries and SHFAs should indicate if and how the performance of affiliates and branch offices affects current and future sub-grant allocations.

-Outcomes. Outcomes are benefits accruing to the families as a result of participation in the program. Outcomes are performance indicators you expect to achieve or goals you hope to meet over the term of your proposed grant. In scoring this Section, HUD will consider the appropriateness of the proposed outcomes given the proposed HUD award, and past performance, and evaluate proposed outcomes in comparison to similar applicants. For the period October 1, 2003–September 30, 2004, provide the following anticipated outcomes for clients as a result of the proposed grant:

• The number of individuals receiving pre-purchase counseling that will purchase a home

• The number of individuals receiving pre-purchase counseling that are working toward becoming mortgage ready

• The number of individuals receiving pre-purchase counseling that, after evaluating their unique financial situation and the costs of homeownership, will elect not to purchase a home

• The number of individuals receiving default counseling that will successfully avoid foreclosure Applicants applying under Category 5 should indicate the number of victims of predatory lending counseled that will have their mortgage modified, refinanced, or otherwise assisted to avoid foreclosure. [These specific outcomes correspond to the new form HUD-9902. The proposed outcomes you provide will be compared with the results captured in the HUD–9902 you submit in the FY05 NOFA to evaluate the impact you were able to achieve with this award, and the degree to which you were able to meet or exceed your proposed outcomes.]

—*Information Collection.* Describe your strategy for following-up with clients and collecting outcome information.

(C) Funding Methodology for Categories 1–4. The following funding formula will be used to calculate award amounts for Categories 1–4. Only applicants who receive a score of 75 points or above will be considered eligible for funding. All eligible applicants will then be funded in proportion to the score they receive.

The formula will work as follows for each category: Every applicant that scores 75 points or above will receive a base award of \$15,000, plus additional funds for every point above the 75 point cutoff. The total number of applicants receiving the base award will be multiplied by \$15,000 and that amount will be subtracted from the total amount available under the category, or in the cases of Categories 1 and 3, available to the HOC. Then, the remaining balance will be divided by the total number of points each applicant scores that are above the 75-point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point base will be multiplied by that dollar value. The result of that multiplication will be added to the \$15,000 base for the total award amount. For example, an applicant with a score of 85 would receive \$15,000 plus the dollar value for each point times 10 (10 being the

number of points above the 75 point cutoff.)

All grantees will receive the lower of either the award amount determined with the formula, or the amount actually requested by the applicant.

(D) Funding Methodology for Category 5—Predatory Lending Grants. Only applicants scoring 75 points or above are eligible for funding under Category 5. However, because of the limited amount of funds available under Category 5, in relation to the potential number of applicants, all applicants scoring 75 points or above are not guaranteed funding.

For national intermediaries, up to the top 4 scoring applicants (scoring 75 points or above) will receive a base award of \$300,000, plus additional funds for every point above the 75 point cutoff. The total number of applicants receiving the base award will be multiplied by \$300,000 and that amount will be subtracted from the total amount available under the category. The remaining balance (\$300,000 if 4 agencies score 75 points or above) available to national intermediaries will be divided by the total number of points each applicant scores that are above the 75 point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point threshold will be multiplied by that dollar value. The result of that multiplication will be added to the \$300,000 base for the total award amount. Awards for HUDapproved national intermediaries may not exceed \$450,000.

For regional intermediaries and SHFAs, up to the top 3 scoring applicants (scoring 75 points or above) will receive a base award of \$50,000, plus additional funds for every point above the 75 point cutoff. The total number of applicants receiving the base award will be multiplied by \$50,000 and that amount will be subtracted from the total amount available under the category. The remaining balance (\$150,000 if 3 agencies score 75 points or above) available to regional intermediaries and SHFAs will be divided by the total number of points each applicant scores that are above the 75 point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point threshold will be multiplied by that dollar value. The result of that multiplication will be added to the \$50,000 base for the total award amount. Awards for HUDapproved regional intermediaries and SHFAs may not exceed \$140,000.

All LHCAs will be ranked against each other nationally. Up to the top 30

scoring applicants nationwide scoring 75 points or above will receive a base award of \$20,000. The total number of applicants receiving the base award will be multiplied by \$20,000 and that amount will be subtracted from the total available under the category. Then, the remaining balance (\$300,000 if 30 agencies score 75 points or above) will be divided by the total number of points each of those 30 applicants (potentially) scores that are above the 75-point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point threshold will be multiplied by that dollar value. The result of that multiplication will be added to the \$20,000 base for the total award amount. Awards for HUD-approved LHCAs may not exceed \$40,000.

All grantees will receive the lower of either the award amount determined with the formula, or the amount actually requested by the applicant.

(E) Reallocation of Unspent Funds. If funds designated for a specific grant Category or sub-category remain unspent after the formula has been run and award recommendations determined, HUD may, at its discretion, reallocate those funds to any other funding category or sub-category in this NOFA, or may reallocate those funds to any category under the Section 8 Homeownership / Housing Counseling NOFA also issued with this SuperNOFA. Additionally, HUD may reallocate unspent funds for housing counseling support activities.

(F) Applicant Debriefing. Applicants interested in a debriefing should consult the instructions in section XI(A)(4) of the General Section of the SuperNOFA. Requests should be submitted to the person or organization to which you were instructed, in Section VI of this NOFA, to submit your application.

(G) Grant Period. Funds awarded shall be available for a period of twelve (12) calendar months. Applicants selected for award must receive prior HUD approval to incur costs prior to the date of the grant agreement. Grantees may incur pre-award costs ninety (90) calendar days prior to the effective date of the grant agreement. All pre-award costs are incurred at the applicant's risk and HUD has no obligation to reimburse such costs if the award is inadequate to cover such costs or the award offer is withdrawn because of the applicant's failure to satisfy the requirements of this NOFA.

(H) Award Instrument. HUD expects to use a grant agreement, but it reserves the right to use the award instrument it determines to be most appropriate. All Housing Counseling Program awards

shall be made on a cost reimbursement basis in accordance with the requirements in OMB Circular A-87, Cost Principles for state and local governments and Indian tribal governments; or OMB Circular A-122, Cost Principles for Non-Profit Organizations, as applicable to your organization; and the administrative requirements established in OMB Circular A-102, which was implemented by 24 CFR part 85 (Administrative Requirements for Grants and Cooperative Agreements to state, local and federally recognized Indian tribal governments); OMB Circular A–110, which was implemented by 24 CFR part 84 (Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations); and OMB Circular A-133 which was implemented by 24 CFR parts 84 and 85. If you receive an award you are also required to ensure that any sub-recipients also comply with the above requirements. OMB circulars can be found at *http://* www.whitehouse.gov/omb/.

#### VI. Application Submission Requirements

In addition to reviewing the instructions below, all applicants should consult the General Section of this SuperNOFA and review the procedures that affect application submission.

*Application.* Because applications will be handled by various staff members, they must be bound or secured in a binder, and tabbed. Use the checklist below to organize your application. Unless indicated below, all applicants must submit the following:

(1) The standard forms, certifications, and assurances listed in section V(H) of the General Section of the SuperNOFA (collectively, referred to as the "standard forms.")

(2) HUD-approval/Statutory Authority. Each applicant is required to submit a copy of their most recent approval letter or certificate of approval as a housing counseling agency from HUD, unless the applicant is a SHFA that satisfies the definition of a "Housing Finance Agency" in 24 CFR 266.5. SHFAs must submit evidence of their statutory authority to operate as a SHFA, and apply for, and use, any funds awarded.

(3) Form HUD–9902, Housing Counseling Agency Fiscal Year Activity Report, for fiscal year October 1, 2001 through September 30, 2002. In the space provided on the form, indicate the amount of the FY01 HUD grant you received that corresponds with this data. If you did not participate in HUD's Housing Counseling Program during the period October 1, 2001 through September 30, 2002, this report should be completed to reflect your counseling workload and budget during that period. A copy of this form is included in Appendix A of this NOFA.

(4) National and Regional Intermediaries must provide a list of, and certify to, the states in which they maintain offices, including the national office and all affiliates or branch offices. Provide this information for *all* affiliates and branch offices, not just the ones you propose to fund through this grant.

(5) Narrative statements addressing the Rating Factors in section V(B) above. Responses to the rating factors should provide HUD with detailed quantitative and qualitative information and relevant examples regarding the housing counseling work of your organization.

For applicants applying under Category 4, narrative statements must address how you will meet the needs of clients residing in the Colonias you target. Similarly, applicants applying under Category 5 must describe predatory lending-related needs and corresponding activities. *The Rating Factors below contain requests for additional information from applicants applying under Categories 4 and 5 (italicized).* 

Applicants applying for funding under Category 5 should also address predatory lending needs, issues and activities, if applicable, in their responses to Rating Factors 1—5 while applying under categories 1—4 of this NOFA, to ensure that these activities are fairly considered for grants under Categories 1—4, in the event that an applicant does not receive funding under Category 5.

Please be as specific and direct as possible. For LHCAs, responses to each factor must be limited to 10 doublespaced, size 12 font, single-sided pages. Additional submissions by LHCAs will not be read. These guidelines are also recommended for National and Regional Intermediaries and SHFAs; however, if you feel you need to include more information to make your case, you should feel free to do so.

## VII. Corrections to Deficient Applications

Section VIII of the General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

### **VIII.** Authority

HUD's Housing Counseling Program is authorized by Section 106 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701x), and is generally governed by HUD Handbook 7610.1, REV-4, CHG-1, dated October 27, 1997.

#### Appendix A

Form HUD–9902, Fiscal Year Activity Report BILLING CODE 4210–32–P

# LHD17 APPENDIX B

Hearing and speech challenged persons may access the telephone numbers listed below by

calling the federal Information Relay Service at 1-800-877-8339.

Homeownership Center	States
PHILADELPHIA HOMEOWNERSHIP CENTER Mr. John Niebieszczanski Patrick V. McNamara Building SF Program Support Branch 4 477 Michigan Ave. Rm. 1600 Detroit, MI 48226 For technical questions Contact: Robert Wright (215) 656-0527 x3406	Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia
ATLANTA HOMEOWNERSHIP CENTER Ms. Gayle Knowlson 40 Marietta Street, 8th Floor Atlanta, GA 30303-2806 Contact: Fellece Sawyer- Coleman (404) 331-5001, x2675	Alabama, Puerto Rico, Florida, Georgia, Illinois, Indiana, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
DENVER HOMEOWNERSHIP CENTER Ms. Irma Devich Wells Fargo Building 633 17th Street Denver, CO 80202-3607 Contact: Irma Devich	Arkansas, Colorado, Iowa, Kansas, Louisiana, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Utah, Wisconsin, Wyoming

(303) 672-5216 x 1980	
SANTA ANA HOMEOWNERSHIP CENTER Mr. Jerrold Mayer 1600 N. Broadway Suite 100 Santa Ana, CA 92706-3927 Contact: Rhonda J. Rivera, Chief 1-888-827-5605 (714) 796-1200 x 3210	Alaska, Arizona, California, Hawaii, Oregon, Idaho, Nevada, Washington

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# Housing Counseling Agency Fiscal Year Activity Report

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner OMB Approval No. 2502-0261 (exp.04/30/2005)

Re	ad the Instructions and Public Reporting Statement on the back of this form.				
1.	Counseling agency name and address/telephone/fax/contact person/e-mail	2. Repo	rting Year	(уу	уу)
		fro	om Oct 1,	********	
	Check here if any of this is new information	to	Sep 30,		
		1	All Counse Activitie	~ 1	HUD Grant Activities
3.	Ethnicity of Clients (select only one)				
	a. Hispanic			T	
	b. Not Hispanic				
4.	Race of Clients				
	Single Race	1			
	a. American Indian/Alaskan Native				
	b. Asian				
	c. Black or African American				
	d. Native Hawaiian or Other Pacific Islander				
	e. White			es additions	
	Multi-Race				
	f. American Indian or Alaska Native <i>and</i> White g. Asian <i>and</i> White				
	g. Asian and White h. Black or African American and White				
	i. American Indian or Alaska Native <i>and</i> Black or African American	t			
	j. Other multiple race				
5	Income Levels			1	
<u>.</u>	a. < 50% of Area Median Income (AMI)			NEW COURS	
	b. 50 - 80% of AMI				
	c. 80 - 100% of AMI				
	d. >100% AMI				
6.	Numbers of Clients Receiving Educational/Outreach Services (if client also receives counseling, please include in count below)				
	a. Completed Homebuyer Education Workshop				
	b. Completed Post-Purchase Homeowner Workshop				
	c. Sought Help with Fair Housing Issue				
	d. Sought Help with or Attended Workshop on Predatory Lending			oonisteiteer*	
7.	Numbers of Clients Counseled, by Purpose of Visit and Results				
	a. Seeking Pre-Purchase Homebuyer Counseling				
	Purchased Housing				
	Client will be Mortgage Ready within 90 Days				
	Client will be Mortgage Ready after 90 Days; Receiving Long-Term Prepurchase Counsel	ing			
	Entered Lease Purchase Program Decided Not to Purchase Housing; No Further Effort to Prepare Needed				
	Other				
	Total				
	b. Seeking Help with Resolving or Preventing Mortgage Delinquency			la cent	L
_	Brought Mortgage Current			and the second secon	ſ
	Mortgage Refinanced				
_	Mortgage Modified				
	Received Second Mortgage				
	Initiated Forbearance Agreement/Repayment Plan				
	Executed a Deed-in-Lieu				
	Sold Property/Preforeclosure Sale, Chose Alternative Housing Solution				
	Mortgage Foreclosed				l

Numbers of Clients Counseled, by Purpose of Visit and Results (continued)	All Counseling Activities	HUD Grant Activities
Currently Receiving Foreclosure Prevention/Budget Counseling		
Partial Claim		
Other		
Total		
c. Seeking Help Converting Home Equity into Cash or Seeking Better Mortgage Loan Terms		
Obtained a Home Equity Conversion Mortgage (HECM)		
Received Home Equity or Home Improvement Loan		
Received Consumer Loan (Unsecured)		
Mortgage Refinanced		
Referred to Other Social Service Agency		
Sold House, Chose Alternative Housing Solution		
Counseled on HECM; Decided Not to Obtain Mortgage		
Currently Receiving Counseling		
Other		*****
Total		
d. Seeking Help in Locating, Securing, or Maintaining Residence in Rental Housing		
Received Housing Search Assistance		
Obtained Temporary Rental Relief		
Referred to Agency with Rental Assistance Program		
Advised on Recertification for HUD/Other Subsidy Program		
Referred to Other Social Service Agency	····	
Counseled or Referred to Legal Aid Agency for Eviction or Other Fair Housing Assistance		
Found Alternative Rental Housing		
Decided to Remain in Current Housing Situation		
Entered Debt Management/Repayment Plan		
Currently Receiving Counseling		
Other		
Total		
e. Seeking Shelter or Services for the Homeless		
Occupied Emergency Shelter		
Occupied Transitional Housing		
Occupied Permanent Housing with Rental Assistance		
Occupied Permanent Housing without Rental Assistance		
Referred to other Social Service Agency		
Remained Homeless		1
Currently Receiving Counseling		
Other		
Total		t

# 8. HUD Grant Activity - Summary Data

HUD Grant No.	HUD Grant Amount	Number of Clients	Amount Invoiced
	Total		

# 9. Name of Person Authorized to Sign this Report

# Title

Signature

Date

Previous editions are obsolete.

### Instructions for Form HUD-9902, Housing Counseling Agency Fiscal Year Activity Report

This **HUD Fiscal Year** Activity Report enables a HUDapproved housing counseling agency to report all of its housing counseling activity for clients with housing needs and problems.

1. Counseling Agency Name & Address - Enter the official name of your agency in the format you submitted to HUD. If the data you enter is new, check the box indicating this change.

2. Enter Report HUD Fiscal Year - This is an annual report covering the HUD Fiscal Year. Indicate the HUD Fiscal Year covered by the report. Even if your agency was approved by HUD for less than the full year report period, include clients counseling during the full report year.

**3.** Ethnicity of Clients Enter number of clients to whom you provided counseling during this period. If your client came in for homebuyer education or fair housing in addition to other types of counseling, do not count them twice.

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

## 4. Race of Clients Categories -

American Indian or Alaskan Native - A person having origins with any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition.

Asian - A person having origins with any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins with in of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. Income Levels - Enter the client's income level based on the percentage of the Area Median Income (AMI), adjusted for family size.

# 6. Number of Clients Receiving Educational or Outreach Services

**Homebuyer Education (6a).** Enter data for clients who completed a homebuyer education course or workshop. Homebuyer education differs from counseling in that it is usually conducted in a group setting and is not tailored to the unique circumstance of the individual. Counseling goes beyond the general education, is more rigorous, and involves one-on-one and longer-tem relationships. Note that you will also count the client who receives or is receiving counseling under the prepurchase counseling heading.

**Post-Purchase Homeowner Workshop (6b).** Enter data for clients who completed a post-purchase homeowner education course or workshop. This includes topics such as budgeting and financial management, real estate taxes and insurance, and property maintenance. Please also count the client who supplements education with one-on-one counseling under the appropriate counseling heading.

Fair Housing (6c). Enter data for clients who, in addition to seeking other types counseling as described on this form, had issues affecting a protected class as defined under the Fair Housing Act, 42 USC 3601-3631. The law prohibits discrimination on basis of race, color, religion, sex, handicap, or familial status. Remember to include these clients under the appropriate type of counseling sought.

**Predatory Lending (6d).** Enter data for clients who attended a predatory lending workshop or outreach program. Please also count the client who supplements education with one-on-one counseling under the appropriate counseling heading.

# 7. Number of Clients Counseled, by Purpose of Visit and Results.

### General

Clients - Please remember that you report clients as the number of individual households you counseled. Examples:

a. A husband and wife or a brother and sister or three friends who are mortgagors under the same note count as one client.

b. Three renting families who experience the same problem with the same landlord and come to your agency together for assistance and receive the same problem resolution count as one client.

Columnar Entries - The report contains two data columns. c. All Counseling Activities - Enter data covering all housing counseling activities, including those performed under one or more HUD housing counseling grant.Results of

d. **HUD Grant Activities** - Enter data covering **only** counseling provided under one or more HUD counseling grants during the report period. Include this data in the "All Counseling Activities" column.

**Other** - Throughout the form, "other" provides a general category into which you place clients who do not fall under any specific category on the form.

Previous editions are obsolete.

#### Instructions for Form HUD-9902 continued

**Counseling (7a through 7e)** - Enter the number of clients to whom you provided counseling during the report period, by the purpose of their visit and results. This count might include clients who entered your workload the previous report period but who carried over into and received counseling during the current report period. Enter the client count in the box that best describes the status of the clients when they first entered your workload.

**Counseling (7a through 7e) continued** -For each of the five types of counseling sought, enter data for the appropriate results listed. NOTE: You might achieve more than one result for the same client during the report year. In the rare event that there is more than one result, **please report only one**. You should select the result that most closely relates to the counseling received. **Example:** A mortgagor in default enters into a **forbearance agreement** and later **sells the property**. You report the first result because the counseling enabled the client to seek and enter into forbearance. Also, in the Pre-Purchase Counseling outcomes, enter the client as mortgage ready after 90 days, if the client has entered a homebuyer savings plan, debt management plan, or some other type of long-term financial plan to prepare for homeownership.

8. HUD Grant Activity - Summary Data - Enter summary data from the "HUD Grant Activities" column for each grant under which you provided counseling during the report period. In the "Total" row, enter totals for the "No. of Clients" and the "Amount Invoiced" columns.

9. An authorized staff person must sign and date the report.

**Public reporting burden** for this collection of information is estimated to average 1.17 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collecton displays a valid OMB control number.

This information is collected in connection with HUD's Housing Counseling Program, and will be used by HUD to determine that the grant applicant meets the requirements of the Notice of Funding Availability (NOFA) and to assign points for awarding grant funds on a competitive and equitable basis. The information is required to obtain funding under Section 106 of the Housing and Community Development Act of 1974. The information is considered sensitive and is protected by the Privacy Act which requires the records to be maintained with appropriate administrative, technical and physical safeguards to ensure their security and confidentiality.

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# SECTION 8 HOMEOWNERSHIP VOUCHER - HOUSING COUNSELING GRANT PROGRAM

Billing Code 4210-32-C

## Funding Availability for the Section 8 Homeownership Voucher—Housing Counseling Grant Program

### **Program Overview**

Program Purpose. This grant program supports the delivery of housing counseling services to potential homebuyers and homeowners utilizing Section 8 Homeownership Vouchers (hereafter referred to as Homeownership Vouchers) under HUD's Homeownership Voucher Program. The primary objectives of the program are to: help Homeownership Voucher Program participants make the transition from renting to homeownership; to assist them in evaluating their readiness and in making informed decisions; to help them meet the responsibilities of homeownership; and to encourage increased participation by Public Housing Agencies (PHAs) in HUD's Homeownership Voucher Program.

Available Funds. \$2 million in Fiscal Year 2003 Funds.

Application Deadline. June 25, 2003. Match. No match is required. However, in order to receive points under Rating Factor 4, applicants are required to demonstrate the commitment of other private and public sources of funding to supplement HUD funding for the applicant's proposed counseling program relevant to the Homeownership Voucher Program.

#### I. Application Submission, Further Information and Technical Assistance

Application Kits. There is no application kit. Specific application submission requirements are outlined in Section VI of this NOFA.

Application Due Date. Completed applications must be submitted on or before June 25, 2003.

*Mailing.* See the General Section of the SuperNOFA for mailing instructions and procedures.

Application Submission Procedures. All applicants must submit an original and two copies of a complete application to 'Director, Program Support Division, Room 9266, Office of Single Family Housing, HUD Headquarters, 451 Seventh Street, SW., Washington, DC 20410.' The envelope should be clearly marked, "FY 2003 Homeownership Voucher—Housing Counseling Grant Application (Category 1/2/3/4.)" Please indicate the grant category for which you are applying.

Further Information. Local housing counseling agencies (LHCAs) and state housing finance agencies (SHFAs) should call the Homeownership Center (HOC) serving their area (See Appendix B for the contact information for the HOCs). National and Regional Intermediaries should contact HUD Headquarters, Program Support Division at (202) 708–0317 (this is not a toll-free number). Persons with hearing or speech impairments may access any of these numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

Satellite Broadcast. HUD will hold an informational broadcast via satellite for potential applicants to learn more about the program and the application. For more information about the date and time of the broadcast, consult the HUD Web site at http://www.hud.gov/grants.

#### **II. Amount Allocated**

Under this SuperNOFA, \$37.561 million of the \$39.74 million appropriated for Housing Counseling in FY 2003 is made available for eligible applicants. Specifically, \$2 million is available through this NOFA for counseling activities occurring in conjunction with HUD's Homeownership Voucher Program, and \$35.561 million is available for general counseling services through a separate NOFA found elsewhere in this SuperNOFA. Through that separate NOFA, up to \$250,000 is available for counseling services that specifically target Colonias, and \$2.7 million is available for counseling services addressing predatory lending. An allocation of \$1 million of the \$39.74 million appropriated is available for counseling in conjunction with the Home Equity Conversion Mortgage (HECM) Program, as provided in section 255(k) of the National Housing Act (12 U.S.C. 1715z-20).

With the balance of FY03 appropriation, and additional carry-over funding, an allocation of up to \$4 million has been set aside for housing counseling support such as training and tuition assistance for housing counselors, or other HUD counseling initiatives and activities, or both.

Grant Categories. HUD will award grants to qualified public or private nonprofit organizations to provide housing counseling services in conjunction with the Homeownership Voucher Program through four grant categories: (1) Local Housing Counseling Agencies (LHCA); (2) National Intermediaries; (3) Regional Intermediaries; and (4) State Housing Finance Agencies (SHFAs).

Category 1—Local Housing Counseling Agencies (LHCAs). \$750,000 is available from HUD to directly fund HUD-approved LHCAs.

Award: No individual LHCA may be awarded more than \$60,000.

*Category 2—National Intermediaries.* \$950,000 is available from HUD to directly fund HUD-approved national intermediaries.

Awards for HUD-approved national intermediaries may not exceed \$400,000. *Category 3—Regional Intermediaries.* \$150,000 is available from HUD to directly fund HUDapproved regional intermediaries.

Awards for HUD-approved regional intermediaries may not exceed \$150,000. Category 4—State Housing Finance Agencies (SHFA). \$150,000 is available to fund SHFAs that provide housing counseling services directly or serve as intermediaries to affiliates who offer housing counseling services.

*Award:* There is no cap on awards for SHFAs.

#### **III. Program Description/Eligibility**

(A) Eligible Service Recipients. Housing counseling services funded under this NOFA can only be provided to Homeownership Voucher recipients whom a PHA has indicated are eligible to participate in the Homeownership Voucher Program, having met programmatic requirements and additional PHA eligibility requirements, if applicable, and who will receive the benefit of homeownership voucher assistance should they purchase a home.

(B) *Eligible Activities*. Agencies selected as grantees and, if applicable, their sub-grantees, will only be reimbursed for activities that are eligible according to the criteria outlined in this Section.

According to the Final Rule on the Homeownership Voucher Program (FR-4427-F-02), suggested topics for the PHA-required pre-assistance counseling program include: how to negotiate the purchase price of a home; how to obtain homeownership financing and loan preapprovals, including a description of types of financing that may be available, and the pros and cons of different types of financing; alternative sources of mortgage credit; how to find a home, including information about homeownership opportunities, schools, and transportation in the PHA jurisdiction; advantages of purchasing a home in an area that does not have a high concentration of low-income families and how to locate homes in such areas; how to design features to provide accessibility for persons with disabilities; funding for modifications that will make housing accessible and available to clients and their family members with disabilities; advocating with lenders for non-traditional lending standards; information on fair housing, including fair housing lending and local fair housing enforcement agencies; information about the Real Estate Settlement Procedures Act (12 U.S.C.

2601 *et seq.*) (RESPA), state and federal truth-in-lending laws, and how to identify and avoid predatory loans with oppressive terms and conditions; home maintenance; budgeting and money management; and credit counseling.

Counseling services can be adapted to reflect local circumstances, fit the preand ongoing post-purchase needs of the individual families, and fulfill specific requirements established by the PHA. The PHA has the discretion to require ongoing counseling for all or select participants in the homeownership option.

For example, agencies may provide on-going counseling on issues such as home improvement and rehabilitation. This could include educating the client about: Their loan and grant options; the loan and/or grant application processes; what housing codes and housing enforcement procedures apply for the intended activity; accessibility codes; visitability and universal design; nondiscriminatory lending for persons who modify their dwellings to accommodate disabilities; how to identify and hire a construction contractor; how to specify and bid construction work; how to enter into construction contracts; and how to manage construction contracts, including actions to address the nonperformance of contractors.

Additional ongoing counseling needs may include default counseling and loss mitigation strategies such as debt restructuring, establishing reinstatement plans, seeking loan forbearance, and managing household finances. Counselors can also help program participants that are victims of predatory lending, provide referrals to emergency and social service providers, and assist clients with locating alternative housing.

All counseling must occur one-onone. These grant funds may not be used for any type of group sessions or workshops. Applications including group sessions as proposed activities will be evaluated only on proposed oneon-one counseling.

**Note:** For each activity you propose, you must be prepared to meet the needs of all individuals requesting services, including persons with disabilities, regardless of the complexity of the services involved. Additionally, services must be affirmatively marketed to persons with disabilities, including visual and hearing disabilities, as they would be to any other segment of the population not likely to apply for such services.

Intermediaries and SHFAs can directly provide the housing counseling services described above, or distribute and administer grant funds and provide technical assistance and other services to affiliates, who are eligible to undertake any or all of the eligible housing counseling activities outlined above.

Intermediaries and SHFAs have wide discretion to decide how to allocate their HUD Housing counseling and leveraged funding among their affiliates, with the understanding that a written record must be kept documenting and justifying funding decisions. This record must be made available to affiliates and to HUD. Intermediaries and SHFAs must also execute sub-grant agreements with their affiliates that clearly delineate the mutual responsibilities for program management, including appropriate time frames for reporting results to HUD.

(C) *Eligible Applicants.* Eligible applicants are: (1) HUD-approved local housing counseling agencies (LHCAs); (2) HUD-approved national intermediaries; (3) HUD-approved regional intermediaries; and (4) state housing finance agencies (SHFAs.)

HUD-approved LHCAs—Under this NOFA, HUD-approved LHCAs may apply for and receive a grant under Category 1 or one sub-grant from an Intermediary or SHFA under Categories 2, 3 and 4, but not both. HUD-approved LHCAs that apply directly under Category 1 are prohibited from also applying for or receiving a sub-grant under Categories 2, 3 and 4 of this NOFA. HUD-approved LHCAs that receive a sub-grant through an intermediary or SHFA under the other Housing Counseling NOFA in this SuperNOFA may receive a sub-grant under this NOFA with the same intermediary or SHFA, or they may apply directly as an LHCA.

HUD-approved national and regional intermediaries—HUD-approved National and Regional Intermediaries may apply for a grant under Categories 2 and 3, respectively.

SHFAs—SHFAs may only apply for grants under Category 4. Eligible SHFAs are entities that satisfy the definition in 24 CFR 266.5 of a "Housing Finance Agency." SHFAs and eligible subgrantees/affiliates do not need HUDapproval in order to receive these funds.

Eligible applicants under Categories 1–3 are private nonprofit and public organizations, including grass roots faith-based and other community-based organizations, that secure HUD-approval as an LHCA, or as a national or regional intermediary, as of the publication date of this SuperNOFA, and retain such approval through the term of any grant awarded. For information on securing HUD-approval visit HUD's Web site at http://www.hud.gov/offices/hsg/sfh/hcc/ hccprof13.cfm. Additionally, to be eligible to receive a grant directly from HUD under this Housing Counseling NOFA, all applicants (except SHFAs) must be (1) duly organized and existing as a nonprofit, (2) in good standing under the laws of the state of its organization, and (3) authorized to do business in the states where it proposes to provide counseling services. For example, applicable state licensing, corporate filing, and registering requirements must be satisfied.

An LHCA, national or regional intermediary, or SHFA may use branch offices to provide counseling funded through this NOFA. A branch office is an organizational and subordinate unit of the LHCA, intermediary, or SHFA, not separately incorporated or organized. LHCAs may maintain a main office and branch offices in no more that two states, which must be contiguous.

More typically, National and Regional Intermediaries and SHFAs provide subgrants to separately incorporated or organized affiliates. Eligible subgrantees are not required to be HUDapproved, although HUD-approved LHCAs may apply to an intermediary or SHFA as a sub-grantee. Intermediaries and SHFAs that award sub-grants to affiliates that are not HUD-approved must assure that said affiliates meet or exceed the standards, as specified in paragraph 2-1 of HUD Handbook 7610.1, Rev-4, CHG-1, for HUDapproved LHCAs. These organizations will be monitored by HUD, and intermediaries that do not ensure their affiliates'/branches' compliance with HUD standards could be prohibited from participating in the program.

To be eligible for a sub-grant under categories 2, 3 or 4, affiliates must not have directly applied for or received a grant under Category 1 of this NOFA, or another sub-grant from an Intermediary or SHFA under Categories 2, 3 or 4 of this NOFA.

Additionally, to be eligible for a subgrant, an affiliate must be (1) duly organized and existing as a nonprofit, (2) in good standing under the laws of the state of its organization, and (3) authorized to do business in the states where it proposes to provide counseling services. For example, applicable state licensing, corporate filing, and registering requirements must be met.

Written Commitment to Partner. To be eligible, applicants must also provide a written commitment to partner from one or more PHAs with which it has come to an agreement to provide housing counseling to participants of the PHA's Homeownership Voucher Program. Intermediaries and SHFAs proposing to make sub-grants to affiliates or branch offices must provide a separate written commitment to partner from a PHA for each affiliate or branch office covered by the proposal. There is no requirement that the PHA commit to partner with the applicant for the provision of all housing counseling services related to its Homeownership Voucher Program, although this would be acceptable.

Written commitments to partner from PHAs do not have to be ratified by the PHA Board, although a formal document, such as a Memorandum of Understanding (MOU) between the PHA and the applicant, is acceptable. The written commitment to partner must, however, be on PHA letter-head, must specifically mention the housing counseling agency/applicant, and must be signed by an authorized PHA official. Moreover, the written commitment to partner must indicate that the PHA is exercising its option to implement the Homeownership Voucher Program and agrees to refer Homeownership Voucher participants to the applicant to fulfill the housing counseling requirement specified in the Homeownership Voucher Program regulations. The written commitment to partner must clearly outline: the broad roles and responsibilities of the PHA and the housing counseling agency applying for funding under this NOFA; the estimated number of Homeownership Voucher Program participants, both pre-purchase and ongoing, to be referred by the PHA to the counseling agency during the grant period October 1, 2003 to September 30, 2004; specific PHA requirements for ongoing counseling; and outcome goals.

While no written commitment to partner is required from PHAs approved by HUD as housing counseling agencies, the PHA must estimate the number of voucher participants to be counseled in connection with the Homeownership Voucher Program, and describe the outcome goals to be achieved.

#### **IV. Requirements**

Agencies selected as grantees or subgrantees must comply with the following requirements:

(A) *Threshold Requirements*. The requirements listed in Section V of the General Section of the SuperNOFA apply to this program. Applications will be declared ineligible for any of the following reasons:

- —If you or any of your affiliates or branches do not meet the Civil Rights Threshold Requirements set forth in Section V(B) of the General Section of this SuperNOFA.
- —If you are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily

excluded from covered transactions from any federal department or agency.

-If you are not currently approved by HUD as an LHCA or as a National or Regional Housing Counseling Intermediary, and if you didn't secure approval by the publication date of this SuperNOFA. SHFAs need only satisfy the definition in 24 CFR 266.5 of a "Housing Finance Agency."

(B) *Program Requirements.* Program requirements are outlined in detail in HUD Handbook 7610.1, REV-4, CHG-1, dated October 27, 1997, which can be viewed on HUD's Web site at *http://www.hud.gov/offices/hsg/sfh/hcc/hccprof7.cfm.* 

Additionally, the following also apply:

(1) List of Agencies. Pursuant to section 106 (C)(5) of the Housing and Urban Development Act of 1968, HUD maintains a list of all HUD-approved and HUD-funded counseling agencies, including contact information, which interested persons can access. All grantees under Category 1, and subgrantees under Categories 2, 3, and 4 will be placed on this list and must accept subsequent referrals, or when they do not provide the services sought, refer the person to another agency in the area that does provide the services.

(2) Accessibility—All grant recipients and sub-recipients must make counseling offices and services reasonably accessible to persons with a wide range of disabilities and help persons locate suitable housing in locations throughout the applicant's community, target area, or metropolitan area, as defined by the applicant.

(3) All counseling services provided in conjunction with the Homeownership Voucher Program must be provided free of charge.

(C) Religious Discrimination. Grant recipients and sub-recipients are prohibited from discriminating on behalf of or against any segment of the population in the provision of services or in outreach, including those of other religious affiliations.

Additionally, organizations funded under this program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded under this program. If an organization conducts such activities, these activities must be offered separately, in time or location, from the programs or services funded under this part, and participation must be voluntary for the HUD-funded programs or services.

(Ď) *Code of Conduct.* Entities that are subject to 24 CFR parts 84 and 85 (most

nonprofit organizations and state, local and tribal governments or government agencies or instrumentalities who receive federal awards of financial assistance) are required to develop and maintain a written code of conduct (See §§ 84.42 and 85.36(b)(3)). Consistent with regulations governing housing counseling programs, your code of conduct must prohibit real and apparent conflicts of interest that may arise among employees, officers or agents; prohibit the solicitation and acceptance of gifts or gratuities by your officers, employees and agents for their personal benefit in excess of minimal value; and outline administrative and disciplinary actions available to remedy violations of such standards. Self-recusal shall not eliminate a potential or apparent conflict of interest. If awarded assistance under this SuperNOFA, prior to entering into a grant agreement with HUD you will be required to submit a copy of your code of conduct and describe the methods you will use to ensure that all officers, employees and agents of your organization are aware of your code of conduct.

(E) *Performance Measurement.* Grant recipients are required to complete and submit a form HUD–9902, Fiscal Year Activity Report (Appendix A). The information compiled from this report provides HUD with its primary means of measuring your program performance.

(F) Environmental Requirements. In accordance with 24 CFR 50.19(b)(9) and (12) of the HUD regulations, activities assisted under this program are categorically excluded from the requirements of the National Environmental Policy Act and are not subject to environmental review under the related laws and authorities.

(G) Financial Management Systems. Applicants selected for funding must provide documentation demonstrating that the applicant's financial management systems satisfy the requirements in the applicable regulations at 24 CFR 84.21(b) and 85.20. Consistent with the requirements of the Single Audit Act Amendments of 1996 (31 U.S.C. 7501-07), if the applicant expended \$300,000 or more in federal awards in its most recent fiscal year, such documentation must include a certification from, or most recent audit by, the applicant's Independent Public Accountant that the applicant maintains internal controls over federal awards; complies with applicable laws, regulations, and contract or grant provisions; and prepares appropriate financial statements. The applicant will have at least thirty (30) calendar days to respond to this requirement. If an applicant does not respond within the

prescribed time or responds with insufficient documentation, then HUD may determine that the applicant has not met this requirement and may withdraw the grant offer.

(H) Indirect Cost Rate. You must also submit documentation establishing your organization's indirect cost rate. Such documentation may consist of a certification from, most recent audit, or indirect cost rate agreement by, the cognizant federal agency or an Independent Public Accountant. If your organization does not have an established indirect cost rate, you will be required to develop and submit an indirect cost proposal to HUD or the cognizant federal Agency as applicable, for determination of an indirect cost rate that will govern your award. Applicants that do not have a previously established indirect cost rate with a federal agency shall submit an initial indirect cost rate proposal immediately after the applicant is advised that it will be offered a grant and, in no event, later than three months after the effective date of the grant. OMB Circular A-122 established the requirements to determine allowable direct and indirect costs and the preparation of indirect cost proposals, and can be found at www.whitehouse.omb.gov

#### V. Application Selection Process

(A) General. Applications will be evaluated competitively, and ranked against all other applicants that applied in the same funding category. All applicants will be rated and ranked in HUD Headquarters. The funding formula described below will be used to calculate award amounts.

(B) Factors For Award Used to Rate and Rank Applications. Section VI(B) of the General Section of the SuperNOFA contains information on the rating panels used to review and score applications. The Factors for Award, and maximum points for each factor, are outlined below.

These factors will be used to evaluate applications and the maximum number of points for each applicant is 102 points for LHCAs and 100 for all other applicants. LHCAs are eligible for 2 bonus points if they can demonstrate that at least 51% of their proposed services: (1) Will be provided to residents of federally designated Empowerment Zones (EZs), Enterprise Communities (ECs), Urban Enhanced Enterprise Communities (EECs), Strategic Planning Communities, or Renewal Communities (RCs); and (2) are certified to be consistent with the area's strategic plan. Section VI.C(1) of the General Section of this SuperNOFA, entitled "RC/EZ/EC," contains

additional information regarding these bonus points.

HUD may rely on information from performance reports, financial status information, monitoring reports, audit reports and other information available to HUD in making score determinations under any Rating Factor.

#### Rating Factor 1: Capacity—Readiness and Effectiveness (35 Points)

HUD uses responses to this Rating Factor to evaluate the readiness and ability of an applicant to immediately begin the proposed work program, as well as the potential for an applicant to cost-effectively and successfully implement the proposed activities indicated in response to Rating Factor 3.

(A) (6 points) *Knowledge and Experience.* In rating this sub-factor, HUD will consider the degree to which the applicant, and, if applicable, affiliates, has sufficient personnel with the relevant knowledge and experience to implement the proposed activities in a timely and effective fashion.

Specifically, for LHCAs, scoring will be based on the number of years of recent housing counseling experience of counselors. For intermediaries and SHFAs, scoring will be based on: the number of years of recent housing counseling experience of counselors in affiliates and branches; and the number of years, for key intermediary / SHFA personnel, of recent experience running a housing counseling program consisting of a network of multiple counseling agencies. Related experience, such as experience in mortgage lending, will also be considered, but will not be weighted as heavily as direct housing counseling or housing counseling program management experience.

Submit the names and titles of employees, including subcontractors and consultants, performing the activities proposed in Rating Factor 3. Clerical staff should not be listed. Describe each employee's, subcontractor's, or consultant's relevant professional background and experience. Experience is relevant if it corresponds directly to projects of a similar scale and purpose. Provide the number of years of experience for each position listed, and indicate when each position was held. Individual descriptions should be limited to one page. List recent and relevant trainings received.

(B) (4 points) Section 8 Homeownership Experience. In scoring this section, HUD will evaluate the degree to which, as compared to other applicants, the applicant and partnering PHA(s) have experience working with HUD's Homeownership Voucher Program.

Highlight counselors and key staff with experience related to counseling Homeownership Voucher families in the context of the homeownership option. Describe counseling activities and results performed in conjunction with the Homeownership Voucher Program, if applicable, including the number of families counseled by your agency that participated in Homeownership Voucher Program last year. Identify the sources and amount of funding used to support counseling in conjunction with the Homeownership Voucher Program.

Additionally, if applicable, provide detailed information regarding the Homeownership Voucher Programrelated experience of each PHA with whom you, or your affiliates or branch offices, have a written commitment to partner, including the number of families that participated in the PHA's Homeownership Voucher Program in the past year, and the number of current homeowners receiving voucher assistance to date, and other notable outcomes and information demonstrating the effectiveness of the existing program. If different from the applicant, explain what counseling agency or other organization provided the housing counseling related to the Program.

(Sections C and D pertain to the applicant's performance with their FY01 HUD grant, the most recent complete grant year. If you received no FY01 HUD grant, the five points available in Section C, and the twelve points available in Section D will be allocated to Section E (Impact-Leveraged Resources) for a total of 20 points.)

(C) (5 points) Quality and Complexity of Services. In scoring this Section, HUD will evaluate the quality of services provided, and level of effort and time required to provide the housing counseling services (in general, not just Homeownership Voucher-related), captured in the form HUD-9902 for the time period October 1, 2001 to September 30, 2002. Scoring will be based on the degree to which the applicant demonstrates that, for each type of counseling service delivered, and compared to other applicants, sufficient time and resources were devoted to ensure that clients received quality counseling. Additionally, scorers will evaluate the extent to which, as compared to other applicants, an agency encouraged and provided one-on-one counseling, which HUD views as the most effective form of housing counseling, instead of overrelying on homebuyer education

workshops and other forms of group sessions.

Applicants should carefully document the types and complexity of the services provided with FY01 HUD grant funds, and the outcomes for clients as a result of the counseling. Describe the level of effort and time required to provide the housing counseling services and to meet the needs of your clients. Indicate the average counseling time per client for all types of counseling performed. Also describe follow-up activities, if applicable.

Îndicate the number of clients that participated only in Homebuyer Education workshops or other group sessions. Indicate the number of clients that participated in Homebuyer Education workshops or other group session and also received one-on-one counseling.

(D) (12 points) Impact/Outcomes— HUD Grant. In scoring this Section, HUD will evaluate the applicant's, and if applicable, affiliates' and branches', clients served numbers and performance-related outcomes (in general, not just Homeownership Voucher-related) for the grant period October 1, 2001 to September 30, 2002. Clients served numbers will be scored based on the quantity of clients the applicant was able to serve compared to similar applicants providing similar services. Clients served numbers will be analyzed in the context of budget, costs, spending decisions, the types of services provided, level of effort expended, etc. Outcomes will be scored based on how well the applicant met performance goals.

Indicate the number of clients (in general) that you proposed to serve with your HUD grant in Factor 3 of your FY01 Housing Counseling NOFA application (submitted May 3, 2001), and compare it with the number attributed to the HUD grant appearing on the 9902 form submitted with this application, covering October 1, 2001– September 30, 2002, which corresponds to the FY01 application and resulting award. Explain any differences between goals and results, including differences in proposed and actual grant amounts. If you received no FY01 HUD grant

If you received no FY01 HUD grant covering October 1, 2001–September 30, 2002, characterize your performance at meeting your goals regarding activities for that time period, under other sources of funding, such as other federal, state or local grant awards. Explain any differences between goals and results.

While HUD values cost-effectiveness, we are not simply trying to identify and fund the lowest-cost service providers. We realize that costs vary depending on location and types of services provided, and can appreciate that strategic investments, such as investments in training, technology, or more qualified staff, may potentially be an efficient use of resources, but affect counseling volume in the short-term.

So HUD can evaluate your program results, provide a context for, or qualify, the number of clients, indicated on the form HUD–9902 submitted with this application, that were served with your HUD-grant. Describe the types of counseling conducted. Indicate how location, counseling and client type, spending decisions, and expenses may have affected client volume, and, if applicable, how they will impact client volume in the future.

Identify all specific uses of HUD grant funds, such as staff salaries, other staff costs, training, and travel expenses. Itemize the total costs for each use. Provide the average hourly labor rate for counselors. Justify your expenses and explain why they were reasonable, strategic, and appropriate for the counseling activities identified above.

Intermediaries and SHFAs that received an FY01 HUD award for the grant period October 1, 2001 to September 30, 2002 must also indicate what percentage of their award was passed through directly to affiliates and branches, and explain how funds not passed through were spent.

Provide the following performance outcomes for counseling activities covered by your FY01 HUD grant, for the grant period October 1, 2001 to September 30, 2002:

• The number of individuals receiving pre-purchase counseling that purchased a home;

• The number of individuals receiving pre-purchase counseling that are working toward becoming mortgage ready;

• The number of individuals receiving pre-purchase counseling that, after evaluating their unique financial situation and the costs of homeownership, elected not to purchase a home;

• The number of individuals receiving default counseling that successfully avoided foreclosure.

So HUD can evaluate these outcomes/ results, indicate the outcome goals that you had set for yourself prior to the grant period, October 1, 2001 to September 30, 2002, and characterize your performance at meeting those goals. Compares these outcome goals with your actual performance outcomes. Describe relevant market conditions and other circumstances that you believe affected reported outcome numbers. **Note:** The outcomes listed above correspond to the new form HUD–9902 (appendix A), from which these outcome results will be derived in future NOFAs. In future NOFAs, outcomes will be evaluated based on the degree to which the applicant was able to meet the outcome estimates it provided in Factor 5 of the relevant previous application. In other words, applicants will be held accountable for fulfilling performance-related promises made in NOFA applications.

If you received no FY01 HUD grant, provide these performance outcomes for counseling activities covering October 1, 2001–September 30, 2002, under other sources of funding, such as other federal, state or local grant awards. Indicate how each compares with the outcome goals that you had set for yourself for the activity period, and characterize your performance at meeting outcome goals.

(E) (3 points) *Impact—Leveraged Resources.* In scoring this Section, HUD will evaluate the applicant's non-HUD funded counseling activities and budget during the grant period October 1, 2001 to September 30, 2002. Scoring will be based on the quantity of clients the applicant was able to serve, compared to similar applicants providing similar services. Clients served numbers will be analyzed in the context of budget, costs, spending decisions, the types of services provided, level of effort expended, etc.

Provide all the information requested in Sections C and D above, except outcomes, relevant to the non-HUD funded activities recorded on the form HUD–9902 submitted with this application.

(F) (5 points) *Performance/Grant Requirements.* In scoring this Section, HUD will evaluate how well the applicant satisfied the requirements, including reporting, of their FY01 HUD housing counseling grant, for the grant period October 1, 2001 to September 30, 2002. If you did not receive a FY01 HUD grant, base your response on activities and requirements under other sources of funding, such as other federal, state or local grant awards.

• Characterize your performance with regards to the timeliness and completeness with which you satisfied reporting requirements (such as Form HUD 9902.)

• Also indicate whether or not you fully expended HUD and other grant awards during the grant period October 1, 2001 to September 30, 2002. If not fully expended, provide an explanation as to why the funds were not fully expended and the steps you have taken to ensure that future funding will be expended in a timely manner.

 Significant findings on biennial reviews conducted by HUD staff will be taken into consideration when scoring this Section. Explain how you have taken steps to address and correct any significant findings, if applicable.

# Rating Factor 2: Need/Extent of Problem (10 Points)

This factor addresses the extent to which there is a demonstrated need for the proposed activities described in your response to Rating Factor 3, and the degree to which proposed activities correspond to Departmental policy priorities.

(A) (3 points) *Demand for Homeownership Vouchers.* Provide an estimate by the PHA as to the volume of Homeownership Voucher Program participants it anticipates in general for the grant period October 1, 2003 through September 30, 2004. Explain in detail how the estimate was calculated. Estimates and explanations must be provided on PHA letterhead and signed by an authorized PHA official.

(B) (3 points) *Local Market*. Demonstrate that the local market will support affordable homeownership. For example, describe the income and wealth characteristics of Homeownership Voucher Program participants, such as average income as a percent of area median income, and average savings available for down payment, and then demonstrate the availability in the local market of homes affordable to these participants. Intermediaries and SHFAs must provide this information for each affiliate or branch included in their application.

(C) (4 points) *Departmental Policy Priorities.* The Departmental policy priorities are listed in Section II of the General Section of the SuperNOFA. Of those listed, the following 4 apply to the Housing Counseling Program for the purpose of this NOFA:

(1) Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency.

(2) Providing Full and Equal Access to Grass-Roots Faith-Based and Other Community-Based Organizations in HUD Program Implementation.

(3) Colonias.

(4) Participation of Minority Serving Institutions in HUD Programs.

You will receive one point (up to 4 total) for each of the Departmental policy priorities that your work plan substantively addresses.

#### Rating Factor 3: Scope of Housing Counseling Services / Soundness of Approach (40 Points)

This factor addresses the quality and effectiveness of your proposed housing counseling activities.

(A) (2 points) *Work Plan.* In scoring this Section, HUD will consider whether the applicant provided all of the information requested.

Describe the proposed housing counseling services and if applicable, intermediary activities, including training, you propose to undertake, and identify the geographic area your services will cover.

#### National and Regional Intermediaries and State Housing Finance Agencies must also provide the following additional information:

(a) Identify which affiliates will receive funding through this grant award. Applicants unable to identify which affiliates will receive sub-grants must explain why this is the case and what process will be used to select grantees. Pursuant to the applicable regulations at 24 CFR 84.82(d)(3)(iii) and 85.30(d)(4), grantees must receive HUD's prior written approval for subgrants.

(b) Describe the activities of those affiliates, explicitly stating the types of services to be offered.

(c) Describe your relationship with your affiliates (*i.e.* membership organization, field or branch office, subsidiary organization, etc.).

(d) Explain the process that will be used to determine affiliate funding levels, distribute funds, and monitor affiliate performance, including compliance with the civil rights requirements outlined in the General Section of the SuperNOFA.

(B) (5 points) *Employee Allocation/ Staff hours.* In scoring this Section, HUD will evaluate whether allocated staff and staff hours are appropriate and sufficient to perform all proposed tasks.

Indicate the names and titles of employees, including subcontractors and consultants, allocated to each proposed activity, as well as the corresponding staff hours for each task. Demonstrate that each employee's experience is related to the tasks they are to perform.

(C) (9 points) *Coordination*. In scoring this Section, HUD will consider the extent to which the applicant can demonstrate they will coordinate proposed activities with other organizations, and with other services and products offered by the applicant's organization, in a manner that benefits their clients.

Describe partnerships and efforts to coordinate proposed activities with other organizations, particularly lending organizations and nonprofit housing providers. Any written agreements or memoranda of understanding in place should be described and copies provided.

National and regional intermediaries should also highlight internal lending operations and loan products available to clients, as well as internal affordable housing programs that can be a resource for clients.

Describe plans to avoid conflicts of interest, such as methods for disclosing to participants that they are free to choose lenders, lending products, and homes, regardless of the recommendations made by counselors, and provide copies of relevant disclosure forms and materials.

(D) (12 points) Quality and *Complexity of Services.* In scoring this Section, HUD will evaluate the quality of the proposed housing counseling services, and the level of effort and time associated with providing the proposed counseling services to the number of clients you estimate you will serve in Section E. Scoring will be based on the degree to which the applicant demonstrates that, for each type of counseling service delivered, and compared to other applicants, sufficient time and resources will be devoted to ensure that clients receive quality counseling.

Applicants should carefully document the types and complexity of the services to be provided. Describe the level of effort and time you estimate is required to provide the proposed counseling services to, and meet the needs of, the number of clients you indicate in Section E that you will serve with the proposed grant. Estimate the average counseling time you, and if applicable your affiliates and branches, anticipate per client for all types of counseling offered. Also describe planned follow-up activities, if applicable.

(E) (12 points) *Efficient Use of Resources—Proposed HUD Grant Activities.* In scoring this Section, HUD will evaluate the number of clients that the applicant, and if applicable, affiliates and branches, estimate will be served under the proposed HUD grant, for the grant period October 1, 2003 to September 30, 2004. Scoring will be based on the quantity of clients the applicant proposes to serve, compared to similar applicants providing similar services. Proposed clients served numbers will also be analyzed in the context of budget, costs, spending decisions, the types of services provided, level of effort expended, etc.

Indicate the number of clients you project will be served by your organization, or, if applicable, affiliates and branch offices, under the proposed HUD grant. Do not provide ranges or percentages, but a specific number of clients. Estimates must be consistent with the number of clients, indicated in the required written commitment to partner, that the PHA indicates will be referred to the counseling agency/ applicant during the grant period October 1, 2003 to September 30, 2004, or differences should be explained clearly.

Provide a context for, or qualify the number of clients you project to serve with the proposed HUD grant. Indicate how location, counseling and client types, and expenses may affect client volume, and whether the impact will be short-term or long-term.

Itemize the costs associated with each specific proposed use of counseling funds, such as staff salaries, other staff costs, training and travel expenses. Provide the average hourly-labor rate for counselors. Justify your proposed expenses and explain why they are reasonable, strategic, and appropriate for the counseling activities identified above.

National and Regional Intermediaries and SHFAs must indicate what percentage of their proposed HUD grant will be passed through directly to affiliates or branches, and explain how funds not passed through will be spent.

#### **Rating Factor 4: Leveraging Resources** (10 Points)

Applicants will be evaluated based on their ability to provide evidence that they have obtained additional resources for their housing counseling activities (in general, not just Homeownership Voucher Program-related counseling), including: Direct financial assistance; in-kind contributions, such as services, equipment, office space; labor; etc. Resources may be provided by governmental entities, public or private nonprofit organizations, for-profit private organizations, or other entities committed to providing you assistance.

In order to obtain points under this factor, the applicant must demonstrate leveraging by providing letters from entities and/or individuals committing resources to the project that include:

- —The identity of the entity or individual committing resources to the project.
- —Dollar value of the resources to be committed.
- Types of resources to be committed.

- An indication that the resources will be available during the grant period pertaining to this NOFA, October 1, 2003–September 30, 2004.
- —An indication that the award, or a specific portion of it, is intended for housing counseling.
- The signature of an official of the entity legally able to make commitments on behalf of the entity.
  No conditions that would nullify the commitment. (It is, however, acceptable for the commitment to be conditional on HUD funding.)

Additionally, resources provided by the applicant itself, recorded as 'applicant match' and 'program income' on the form HUD–424, will count as leveraged resources.

Points for this factor will be awarded based on the satisfactory provision of evidence of leveraging and financial sustainability, as described above, and the ratio of requested HUD housing counseling funds to total housing counseling budget. Depending on organization type, the following scales will be used to determine scores for this factor:

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Percentage	Points			
LHCAs and SHFAs				
1–20	10			
21–35	9			
36–42	8			
43–50	7			
51–58	6			
59–65	5			
66–73	4			
74–80	3			
81–90	2			
91–99	1			

#### National and Regional Intermediaries

1–10	10
11–15	9
16–20	8
21–25	7
26–30	6
31–35	5
36–40	4
41–45	3
46–50	2
51–99	1

#### **Rating Factor 5: Achieving Results and Program Evaluation (5 Points)**

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and assess their performance to realize performance goals, and reflects HUD's goal to embrace high standards of ethics, management and accountability.

The purpose of this factor is for the applicant to identify program outputs and outcomes that will allow you and HUD to measure actual achievements against anticipated achievements. Outputs and outcomes must be objectively quantifiable.

Submission Requirements for Factor 5. Applicants must submit an effective, quantifiable, outcome-oriented evaluation plan for measuring performance and determining that output and outcome goals have been met. You must submit a program evaluation plan that demonstrates how you will measure your own program performance. Your Evaluation Plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes. Specifically, your plan must identify:

—Outputs. Outputs are the direct products of your program's activities that lead to the ultimate achievement of outcomes. Examples of outputs are the number of individual counseling sessions, and the number of group sessions to be provided. Identify interim and full grant term outputs, and timeframes for accomplishing these goals. Your plan must show how you will measure actual accomplishments against anticipated achievements.

-Work Plan Adjustments. Describe steps in place to make adjustments to your work plan if outputs are not met within established timeframes or if you begin to fall short of established outputs and timeframes. Intermediaries and SHFAs should indicate if and how the performance of affiliates and branch offices affects current and future sub-grant allocations.

-Outcomes. Outcomes are benefits accruing to the families as a result of participation in the program. Outcomes are performance indicators you expect to achieve or goals you hope to meet over the term of your proposed grant. In scoring this Section, HUD will consider the appropriateness of the proposed outcomes given the proposed HUD award and past performance, and evaluate proposed outcomes in comparison to similar applicants. For the period October 1, 2003–September 30, 2004, provide the following anticipated outcomes for clients as a result of the proposed grant:

• The number of individuals receiving pre-purchase counseling that will purchase a home

• The number of individuals receiving pre-purchase counseling that

are working toward becoming mortgage ready

• The number of individuals receiving pre-purchase counseling that, after evaluating their unique financial situation and the costs of homeownership, will elect not to purchase a home

• The number of individuals receiving default counseling that will successfully avoid foreclosure

(These specific outcomes correspond to the new form HUD–9902. The proposed outcomes you provide will be compared with the results captured in the HUD–9902 you submit in the FY05 NOFA, should you apply, to evaluate the impact you were able to achieve with this award, and the degree to which you were able to meet or exceed your proposed outcomes.)

–Information Collection. Describe your strategy for following-up with clients and collecting outcome information.

(C) Funding Methodology. Only applicants scoring 75 points or above are eligible for funding under Categories 1, 2, 3, and 4. However, because of the limited amount of funds available in relation to the potential number of applicants, all applicants scoring 75 points or above are not guaranteed funding, as described below.

All LHCAs will be ranked against each other nationally. Up to the top 30 scoring applicants nationwide with scores of 75 points or above will receive a base award of \$15,000. The total number of applicants receiving the base award will be multiplied by \$15,000 and that amount will be subtracted from the total amount available under the category. Then, the remaining balance (\$300,000 if 30 applicants score 75 points or above) will be divided by the total number of points each of those 30 applicants scores that are above the 75 point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point threshold will be multiplied by that dollar value. The result of that multiplication will be added to the \$15,000 base for the total award amount.

All National Intermediaries will be ranked against each other. Up to the top 4 scoring applicants with scores of 75 points or above will receive a base award of \$150,000. The total number of applicants receiving the base award will be multiplied by \$150,000 and that amount will be subtracted from the total amount available under the category. The remaining balance (\$350,000 if 4 national intermediaries score 75 points or above) will be divided by the total number of points each of those 4 agencies scores that are above the 75point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point threshold will be multiplied by that dollar value. The result of that multiplication will be added to the \$150,000 base for the total award amount.

All Regional Intermediaries will be ranked against each other. Up to the top 2 scoring applicants with scores of 75 points or above will receive a base award of \$60,000. The total number of applicants receiving a base award will be multiplied by \$60,000 and that amount will be subtracted from the total amount available under the category. Then, the remaining balance (\$30,000 if 2 regional intermediaries score 75 points or above) will be divided by the total number of points each of those 2 agencies scores that are above the 75point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point threshold will be multiplied by that dollar value. The result of that multiplication will be added to the \$60,000 base for the total award amount.

All SHFAs will be ranked against each other nationally. Up to the top 5 scoring applicants with scores of 75 points or above will receive a base award of \$20,000. The total number of applicants receiving a base award will be multiplied by \$20,000 and that amount will be subtracted from the total amount available under the category. The remaining balance (\$50,000 if 5 SHFAs score 75 points or above) will be divided by the total number of points each of those applicants scores that are above the 75 point cutoff. The division will result in a dollar value for each point. The number of points that each applicant scores above the 75 point threshold will be multiplied by that dollar value. The result of that multiplication will be added to the \$20,000 base for the total award amount.

All grantees will receive the lower of either the award amount determined with the formula, or the amount actually requested by the applicant.

(D) Reallocation of Unspent Funds. If funds designated for a specific grant Category remain unspent after the formula has been run and award recommendations determined, HUD may reallocate those funds to any other funding category in this NOFA, at its discretion, or may reallocate those funds to any category under the general Housing Counseling NOFA also issued with this SuperNOFA. Additionally, HUD may reallocate unspent funds for housing counseling support activities. (E) Applicant Debriefing. Applicants interested in a debriefing should consult the instructions in section XI(A)(4) of the General Section of the SuperNOFA. Requests should be submitted to the person or organization to which you were instructed, in section VI of this NOFA, to submit your application.

(F) Grant Period. Funds awarded shall be available for a period of twelve (12) calendar months. Applicants selected for award must receive prior HUD approval to incur costs prior to the date of the grant agreement. Grantees may incur pre-award costs ninety (90) calendar days prior to the effective date of the grant agreement. All pre-award costs are incurred at the applicant's risk and HUD has no obligation to reimburse such costs if the award is inadequate to cover such costs or the award offer is withdrawn because of the applicant's failure to satisfy the requirements of this NOFA.

(G) Award Instrument. HUD expects to use a grant agreement, but it reserves the right to use the award instrument it determines to be most appropriate. All Housing Counseling Program awards shall be made on a cost reimbursement basis in accordance with the requirements in OMB Circular A-87, Cost Principles for State and Local Governments and Indian Tribal Governments; or OMB Circular A-122, Cost Principles for Non-Profit Organizations, as applicable to your organization; and the administrative requirements established in OMB Circular A-102, which was implemented by 24 CFR part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and federally recognized Indian tribal governments); OMB Circular A-110, which was implemented by 24 CFR part 84 (Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations); and OMB Circular A-133 which was implemented by 24 CFR parts 84 and 85. If you receive an award you are also required to ensure that any sub-recipients also comply with the above requirements. OMB circulars can be found at: http:// www.whitehouse.gov/omb/.

#### VI. Application Submission

In addition to reviewing the instructions below, all applicants should consult the General Section of this SuperNOFA and review the procedures that affect application submission.

*Application.* Because applications will be handled by various staff members, they must be bound or secured in a binder, and tabbed. Use the checklist below to organize your application. Unless indicated below, all applicants must submit the following:

(1) The standard forms, certifications, and assurances listed in Section V(H) of the General Section of the SuperNOFA (collectively, referred to as the "standard forms").

(2) HUD-approval / Statutory Authority. Each applicant is required to submit a copy of their most recent approval letter or certificate of approval as a housing counseling agency from HUD, unless the applicant is a SHFA that satisfies the definition of a 'Housing Finance Agency' in 24 CFR 266.5. *SHFAs* must submit evidence of their statutory authority to operate as a SHFA, and apply for, and use, any funds awarded.

(3) Written Commitment to Partner. Provide a copy of a written commitment to partner from each PHA with which you or your affiliates and branches have entered into an agreement, as described in Section III of this NOFA.

(4) Form HUD–9902, Housing Counseling Agency Fiscal Year Activity Report, for fiscal year October 1, 2001 through September 30, 2002. In the space provided on the form, indicate the amount of the FY01 HUD grant you received that corresponds with this data. If you did not participate in HUD's Housing Counseling Program during the period October 1, 2001 through September 30, 2002, this report should be completed to reflect your counseling workload and budget during that period. A copy of this form is included in Appendix A of this NOFA.

(5) National and Regional Intermediaries must provide a list of, and certify to, the states in which they maintain offices, including the national office and all affiliates or branch offices.

(6) Narrative statements addressing the Rating Factors in section V(B) above. Responses to the rating factors should provide HUD with detailed quantitative and qualitative information and relevant examples regarding the housing counseling work of your organization.

Please be as specific and direct as possible. For LHCAs, responses to each factor must be limited to 10 doublespaced, size 12 font, single-sided pages. Additional submissions by LHCAs will not be read. These guidelines are also recommended for National and Regional Intermediaries and SHFAs, however, if you feel you need to include more information to make your case, you should feel free to do so.

### VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications. Applications will be declared ineligible for any of the following reasons:

- —If you do not meet the Civil Rights Threshold Requirements set forth in section V(B) of the General Section of this SuperNOFA.
- ---If you are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions from any federal department or agency.

### **VIII.** Authority

HUD's Housing Counseling Program is authorized by Section 106 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701x), and is generally governed by HUD Handbook 7610.1, REV-4, CHG-1, dated October 27, 1997.

The Homeownership Voucher Program and the Section 8 Homeownership Program refer to the homeownership option in the Housing Choice Voucher Program. The homeownership option is authorized by section 8(y) of the United States Housing Act of 1937, as amended by section 555 of the Quality Housing and Work Responsibility Act of 1998. The implementing regulations are found at 24 CFR 982.625 through 24 CFR 982.642.

### Appendix A—Form HUD-9902, Fiscal Year Activity Report

#### BILLING CODE 4210-32-P

# APPENDIX B

Hearing and speech challenged persons may access the telephone numbers listed below

by calling the Federal Information Relay Service at 1-800-877-8339.

Homeownership Center	<u>States</u>
PHILADELPHIA HOMEOWNERSHIP CENTER Mr. John Niebieszczanski Patrick V. McNamara Building SF Program Support Branch 4 477 Michigan Ave. Rm. 1600 Detroit, MI 48226 For technical questions Contact: Robert Wright (215) 656-0527 x3406	Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia
ATLANTA HOMEOWNERSHIP CENTER Ms. Gayle Knowlson 40 Marietta Street, 8th Floor Atlanta, GA 30303-2806 Contact: Fellece Sawyer- Coleman (404) 331-5001, x2675	Alabama, Puerto Rico, Florida, Georgia, Illinois, Indiana, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
DENVER HOMEOWNERSHIP CENTER Ms. Irma Devich Wells Fargo Building 633 17th Street Denver, CO 80202-3607 Contact: Irma Devich (303) 672-5216 x 1980	Arkansas, Colorado, Iowa, Kansas, Louisiana, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Utah, Wisconsin, Wyoming
SANTA ANA HOMEOWNERSHIP CENTER	Alaska, Arizona, California, Hawaii, Oregon, Idaho, Nevada, Washington

Mr. Jerrold Mayer	
1600 N. Broadway	
Suite 100	
Santa Ana, CA 92706-3927	
Contact: Rhonda J. Rivera,	
Chief	
1-888-827-5605	
(714) 796-1200 x 3210	

# Housing Counseling Agency Fiscal Year Activity Report

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner OMB Approval No. 2502-0261 (exp.04/30/2005)

Re	ad the Instructions and Public Reporting Statement on the back of this form.			
1.	Counseling agency name and address/telephone/fax/contact person/e-mail	eporting Year (yyyy)		
		fr	rom Oct 1,	
	Check here if any of thisis new information	to	Sep 30,	
			All Counseling Activities	HUD Grant Activities
3.	Ethnicity of Clients (select only one)			and the second second
	a. Hispanic			
	b. Not Hispanic			
4.	Race of Clients			
	Single Race			
	a. American Indian/Alaskan Native			
	b. Asian			
	c. Black or African American			
	d. Native Hawaiian or Other Pacific Islander			
	e. White	,		
	Multi-Race f. American Indian or Alaska Native and White			
	g. Asian and White			
	h. Black or African American and White			
	i. American Indian or Alaska Native and Black or African American			
	j. Other multiple race			
5	Income Levels			
<u> </u>	a. < 50% of Area Median Income (AMI)		S. Physics and States and S	
	b. 50 - 80% of AMI			
	c. 80 - 100% of AMI			
—	d. >100% AMI			
6.	Numbers of Clients Receiving Educational/Outreach Services (if client also receives counseling, please include in count below)			
	a. Completed Homebuyer Education Workshop			
	b. Completed Post-Purchase Homeowner Workshop			
	c. Sought Help with Fair Housing Issue			
	d. Sought Help with or Attended Workshop on Predatory Lending			
7.	Numbers of Clients Counseled, by Purpose of Visit and Results			
	a. Seeking Pre-Purchase Homebuyer Counseling			
	Purchased Housing			
	Client will be Mortgage Ready within 90 Days			
	Client will be Mortgage Ready after 90 Days; Receiving Long-Term Prepurchase Counseli	ng		
	Entered Lease Purchase Program			
	Decided Not to Purchase Housing; No Further Effort to Prepare Needed			
	Other			
	Total b. Seeking Help with Resolving or Preventing Mortgage Delinquency		A CONTRACTOR OF STREET	l Vieros
	Brought Mortgage Current			
	Mortgage Refinanced			
	Mortgage Modified			
	Received Second Mortgage			
	Initiated Forbearance Agreement/Repayment Plan			
	Executed a Deed-in-Lieu			
_	Sold Property/Preforeclosure Sale, Chose Alternative Housing Solution			
	Mortgage Foreclosed		1	<u></u>

. Numbers of Clients Counseled, by Purpose of Visit and Results (continued)	All Counseling Activities	HUD Grant Activities
Currently Receiving Foreclosure Prevention/Budget Counseling		
Partial Claim		
Other		
Total		
c. Seeking Help Converting Home Equity into Cash or Seeking Better Mortgage Loan Terms		
Obtained a Home Equity Conversion Mortgage (HECM)		
Received Home Equity or Home Improvement Loan		
Received Consumer Loan (Unsecured)		
Mortgage Refinanced		
Referred to Other Social Service Agency		
Sold House, Chose Alternative Housing Solution		
Counseled on HECM; Decided Not to Obtain Mortgage		
Currently Receiving Counseling		
Other		
Total		
d. Seeking Help in Locating, Securing, or Maintaining Residence in Rental Housing		
Received Housing Search Assistance		
Obtained Temporary Rental Relief		
Referred to Agency with Rental Assistance Program		
Advised on Recertification for HUD/Other Subsidy Program		
Referred to Other Social Service Agency		
Counseled or Referred to Legal Aid Agency for Eviction or Other Fair Housing Assistance		[
Found Alternative Rental Housing		
Decided to Remain in Current Housing Situation		
Entered Debt Management/Repayment Plan	and a second	
Currently Receiving Counseling		
Other		[
Total		
e. Seeking Shelter or Services for the Homeless		
Occupied Emergency Shelter		
Occupied Transitional Housing		
Occupied Permanent Housing with Rental Assistance		
Occupied Permanent Housing without Rental Assistance		[
Referred to other Social Service Agency		1
Remained Homeless		
Currently Receiving Counseling		1
Other		
Total	1	1

# 8. HUD Grant Activity - Summary Data

HUD Grant No.	HUD Grant Amount	Number of Clients	Amount Invoiced
	Total		

# 9. Name of Person Authorized to Sign this Report

# Title

Signature

Date

Previous editions are obsolete.

### Instructions for Form HUD-9902, Housing Counseling Agency Fiscal Year Activity Report

This **HUD Fiscal Year** Activity Report enables a HUDapproved housing counseling agency to report all of its housing counseling activity for clients with housing needs and problems.

1. Counseling Agency Name & Address - Enter the official name of your agency in the format you submitted to HUD. If the data you enter is new, check the box indicating this change.

2. Enter Report HUD Fiscal Year - This is an annual report covering the HUD Fiscal Year. Indicate the HUD Fiscal Year covered by the report. Even if your agency was approved by HUD for less than the full year report period, include clients counseling during the full report year.

**3.** Ethnicity of Clients Enter number of clients to whom you provided counseling during this period. If your client came in for homebuyer education or fair housing in addition to other types of counseling, do not count them twice.

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

### 4. Race of Clients Categories -

American Indian or Alaskan Native - A person having origins with any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition.

Asian - A person having origins with any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins with in of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. Income Levels - Enter the client's income level based on the percentage of the Area Median Income (AMI), adjusted for family size.

### 6. Number of Clients Receiving Educational or Outreach Services

**Homebuyer Education (6a)**. Enter data for clients who completed a homebuyer education course or workshop. Homebuyer education differs from counseling in that it is usually conducted in a group setting and is not tailored to the unique circumstance of the individual. Counseling goes beyond the general education, is more rigorous, and involves one-on-one and longer-tem relationships. Note that you will also count the client who receives or is receiving counseling under the prepurchase counseling heading.

**Post-Purchase Homeowner Workshop (6b).** Enter data for clients who completed a post-purchase homeowner education course or workshop. This includes topics such as budgeting and financial management, real estate taxes and insurance, and property maintenance. Please also count the client who supplements education with one-on-one counseling under the appropriate counseling heading.

Fair Housing (6c). Enter data for clients who, in addition to seeking other types counseling as described on this form, had issues affecting a protected class as defined under the Fair Housing Act, 42 USC 3601-3631. The law prohibits discrimination on basis of race, color, religion, sex, handicap, or familial status. Remember to include these clients under the appropriate type of counseling sought.

**Predatory Lending (6d).** Enter data for clients who attended a predatory lending workshop or outreach program. Please also count the client who supplements education with one-on-one counseling under the appropriate counseling heading.

# 7. Number of Clients Counseled, by Purpose of Visit and Results.

### General

Clients - Please remember that you report clients as the number of individual households you counseled. Examples:

a. A husband and wife or a brother and sister or three friends who are mortgagors under the same note count as one client.

b. Three renting families who experience the same problem with the same landlord and come to your agency together for assistance and receive the same problem resolution count as one client.

Columnar Entries - The report contains two data columns.

- c. All Counseling Activities Enter data covering all housing counseling activities, including those performed under one or more HUD housing counseling grant. Results of
- d. HUD Grant Activities Enter data covering only counseling provided under one or more HUD counseling grants during the report period. Include this data in the "All Counseling Activities" column.

**Other** - Throughout the form, "other" provides a general category into which you place clients who do not fall under any specific category on the form.

Previous editions are obsolete.

### Instructions for Form HUD-9902 continued

**Counseling (7a through 7e)** - Enter the number of clients to whom you provided counseling during the report period, by the purpose of their visit and results. This count might include clients who entered your workload the previous report period but who carried over into and received counseling during the current report period. Enter the client count in the box that best describes the status of the clients when they first entered your workload.

**Counseling (7a through 7e) continued** -For each of the five types of counseling sought, enter data for the appropriate results listed. NOTE: You might achieve more than one result for the same client during the report year. In the rare event that there is more than one result, **please report only one**. You should select the result that most closely relates to the counseling received. **Example:** A mortgagor in default enters into a **forbearance agreement** and later **sells the property**. You report the first result because the counseling enabled the client to seek and enter into forbearance. Also, in the Pre-Purchase Counseling outcomes, enter the client as mortgage ready after 90 days, if the client has entered a homebuyer savings plan, debt management plan, or some other type of long-term financial plan to prepare for homeownership.

8. HUD Grant Activity - Summary Data - Enter summary data from the "HUD Grant Activities" column for each grant under which you provided counseling during the report period. In the "Total" row, enter totals for the "No. of Clients" and the "Amount Invoiced" columns.

9. An authorized staff person must sign and date the report.

**Public reporting burden** for this collection of information is estimated to average 1.17 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collecton displays a valid OMB control number.

This information is collected in connection with HUD's Housing Counseling Program, and will be used by HUD to determine that the grant applicant meets the requirements of the Notice of Funding Availability (NOFA) and to assign points for awarding grant funds on a competitive and equitable basis. The information is required to obtain funding under Section 106 of the Housing and Community Development Act of 1974. The information is considered sensitive and is protected by the Privacy Act which requires the records to be maintained with appropriate administrative, technical and physical safeguards to ensure their security and confidentiality.

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# LEAD-BASED PAINT HAZARD CONTROL GRANT PROGRAM

Billing Code 4210-32-C

## Funding Availability for the Lead-Based Paint Hazard Control Grant Program

## PROGRAM OVERVIEW

Purpose of the Program. The purpose of the Lead-Based Paint Hazard Control Grant Program is to assist States, Native American Tribes and local governments in undertaking comprehensive programs to identify and control lead-based paint hazards in eligible privately owned housing for rental or owner-occupants in partnership with nonprofit organizations including grassroots faithbased and other community-based organizations.

*Available Funds.* Approximately \$96 million in Fiscal Year 2003 and approximately \$7 million in previous year recaptured funds.

*Eligible Applicants.* States, Native American Tribes or local governments. If you are a State or Tribal applicant, you must have a Lead-Based Paint Contractor Certification and Accreditation Program authorized by the Environmental Protection Agency (EPA).

Application Deadline. You, the applicant, must submit a completed application to HUD on or before the respective program's application due date. The application deadline is June 10, 2003

*Match.* A statutory minimum of 10% match in local funds.

### ADDITIONAL INFORMATION

#### Application and Submission Procedures

(1) Application Submission. See the General Section of this SuperNOFA for specific procedures concerning the form of application submission (*e.g.*, mailed applications, express mail or overnight delivery). Be advised that there is no Application Kit for this year's Lead-Based Paint Hazard Control Grant Program. All the information required to submit an application is contained in this Notice of Funding Availability (NOFA).

(2) Addresses. You, the applicant, must submit a complete application to: Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control, Attn: Lead Hazard Control Grant Program, 451 Seventh Street, SW, Room P3206, Washington, DC 20410.

For Further Information and Technical Assistance: You may contact Matthew E. Ammon, Director, Lead Hazard Control Grants Division, Office of Healthy Homes and Lead Hazard Control, at the address above; telephone (202) 755–1785, extension 158 (this is not a toll-free number). If you are a hearing-or speech-impaired person, you may reach the above telephone numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800– 877–8339.

#### I. Authority, Funding Amounts, and Amount of Funds Allocated

(A) Authority. The Lead-Based Paint Hazard Control Program is authorized by Section 1011 of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (Title X of the Housing and Community Development Act of 1992). HUD's authority for making funding available under this NOFA is the Consolidated Appropriations Resolution of 2003, Public Law 108–7, approved February 20, 2003.

(B) Funding Available and Eligibility. Approximately \$96 million in Fiscal Year 2003 and approximately \$7 million in previous year recaptured funds will be available for the Lead-Based Paint Hazard Control Grant Program. The maximum award amount shall be \$3 million per grant. Approximately 30 to 40 grants will be awarded. New applicants or those previously funded lead-based paint hazard control grantee applicants whose period of performance ended prior to the application deadline date will be evaluated and scored as a separate group and will not be in direct competition with applications from current grantee applicants that are eligible for a Performance-Based Renewal to their existing grant. A maximum of 35 percent of the funds will be made available to applicants eligible for a Performance-Based Renewal. The project duration shall be 42 months for new grant recipients and 36 months for Performance-Based Renewal grantees. HUD reserves the right to approve no-cost time extensions for a period not to exceed 24 months. For new applicants, a minimum score of 75 is required for award consideration. Current grantees with active grants at the application deadline date must meet specific performance criteria in their current grant to be eligible for a Performance-Based Renewal. Current grantees eligible for a Performance-Based Renewal must meet or exceed the specific work plan performance benchmark goals and objectives outlined below for the period ending March 31, 2003 to be eligible to receive up to \$3 million to continue grant program activities for an additional 36 months after their current period of performance ends. Current grantees that do not meet the performance criteria below are not eligible to submit an application under this NOFA. Current grantees with active grants at the application deadline date funded under

the Fiscal Year 1998 Lead-Based Paint Hazard Control Grant Program NOFA published in the **Federal Register** (FR) March 31, 1998 and grantees funded under the Fiscal Year 2002 Lead-Based Paint Hazard Control Grant Program NOFA published in the **Federal Register** (FR) March 26, 2002 are not eligible to apply.

## PERFORMANCE-BASED RENEWAL ELIGIBILITY CRITERIA

[For period ending March 31, 2003]

FY	Round	Percent- age of units com- pleted and cleared	Percentage of federal funds reim- bursed through the line of credit control sys- tem (LOCCS)
1999	7	80	55
2000	8	65	45
2001	9	50	35

By achieving the above-referenced level of performance, current grantees have demonstrated a clear competitive basis for eligibility in receiving additional funds without the need to submit a full application in response to the NOFA. The Performance-Based Renewal category reflects the intention of the Lead Hazard Control Grant Program to move towards more competitive performance-based awards. Applicants eligible to submit a Performance-Based Renewal will be required to submit a Total Budget (Federal Share and Matching), a work plan strategy with specific, measurable, and realistic benchmark performance objectives and any supporting materials prescribed in the NOFA for the entire Performance-Based Renewal period of performance. In addition, grantees awarded grant funds under this category will be required to meet the terms and conditions of their current grant agreement and any additional applicable requirements under this NOFA and subsequent grant agreement modification. HUD may terminate awards to grantees that fail to meet established milestones or benchmark performance standards established by this NOFA or the Award Agreement.

#### **II. Eligible Applicants and Activities**

(A) *Program Description.* The Lead-Based Paint Hazard Control Grant Program assists States, Native American Tribes and local governments in undertaking programs for the identification and control of lead-based paint hazards in eligible privatelyowned rental and owner-occupied housing units. Appendix B (Eligibility of HUD Assisted Housing) lists the HUD-associated housing programs that meet the definition of eligible housing under this program.

(1) Because lead-based paint is a national problem, these funds will be awarded to programs which:

(a) Maximize the combination of children protected from lead poisoning and housing units where lead-hazards are controlled;

(b) Target lead hazard control efforts at housing in which children are at greatest risk of lead poisoning;

(c) Stimulate cost-effective

approaches that can be replicated; (d) Emphasize lower cost methods of hazard control;

(e) Build local capacity to safely and effectively address lead hazards during lead hazard control, renovation, remodeling, and maintenance activities; and

(f) Affirmatively further fair housing and environmental justice.

(2) The objectives of this program include:

(a) Implementation of a national strategy, as defined in Title X of the Housing and

Community Development Act of 1992 (42 U.S.C. 4851 *et seq.*) (Title X), to build the community's capacity necessary to eliminate lead-based paint hazards in housing, as widely and quickly as possible by establishing a workable framework for lead-based paint hazard identification and control;

(b) Mobilization of public and private resources, involving cooperation among all levels of government, the private sector, and grassroots faith-based and other community-based organizations to develop cost-effective methods for identifying and controlling lead-based paint hazards;

(c) Development of comprehensive community approaches which result in integration of all community resources (governmental, grassroots faith-based and other community-based, and private businesses) to address lead hazards in housing;

(d) Integration of lead-safe work practices into housing maintenance, repair, weatherization, rehabilitation, and other programs that will continue after the grant period ends;

(e) Establishment of a public registry (listing) of lead-safe housing or inclusion of the lead-safe status of properties in another publicly accessible address-based property information system and affirmatively marketed to families with young children; and

(f) To the greatest extent feasible, promotion of job training, employment, and other economic opportunities for low-income and minority residents and businesses that are owned by and/or employ low-income and minority residents as defined in 24 CFR 135.5 (see 59 FR 33881, June 30, 1994).

(B) Eligible Applicants.

(1) To be eligible to apply for funding under this program, the applicant must be a State, Indian Tribe, or unit of local government. Multiple units of a local government (or multiple local governments) may apply as part of a consortium; however, you must identify a lead applicant that will be responsible for ensuring compliance with all requirements specified in this NOFA. You may submit only one application. In the event that multiple applications are submitted, this will be considered a curable (minor) defect and the application review process delayed until you notify HUD in writing which application should be reviewed. Your other applications will be returned unevaluated (see Section VIII of the General Section of this SuperNOFA).

(2) Threshold Requirements. As an applicant, you must meet all of the threshold requirements of the General Section of this SuperNOFA (Section V (B)) as well as any specific threshold requirements for applicants under the Lead Hazard Control Grant Program. Applications will not be rated or ranked if they do not meet the threshold requirements.

(3) Consolidated Plans. (This requirement does not apply to Native American Tribes.)

(a) If your jurisdiction has a current HUD-approved Consolidated Plan, you must submit, as an appendix, a copy of the lead-based paint element included in the approved Consolidated Plan.

(b) If your jurisdiction does not have a currently approved Consolidated Plan, but it is otherwise eligible for this grant program, you must include your jurisdiction's abbreviated Consolidated Plan, which includes a lead-based paint hazard control strategy developed in accordance with 24 CFR 91.235.

(4) Contracts or other formal arrangements with nonprofit grassroots faith-based and other community-based organizations. If selected for funding, local and State applicants must enter into contractual relationships or other formal arrangements with grassroots faith-based and other community-based organizations. Such relationships must be established prior to actual execution of the grant agreement. This requirement does not apply to Native American Tribes.

(5) EPA Authorization. If you are a State government or Indian (Native American) Tribal government, you must have an EPA-authorized Lead-Based Paint Training and Certification Program in effect on the application deadline date to be eligible to apply for Lead Hazard Control Grant funds. The approval date in the **Federal Register** notice published by the EPA will be used in determining the Training and Certification status of the applicant State or Indian (Native American) Tribal government.

(6) Current grantees with active grants at the application deadline date must meet specific performance criteria in their most recent grant to be eligible for a Performance-Based Renewal Grant. Current grantees that do not meet the performance criteria in Section II (B) for the period ending March 31, 2003 are not eligible for a Performance-Based Renewal grant. Current grantees funded under the Fiscal Year 1998 Lead-Based Paint Hazard Control Grant Program published in the Federal Register (FR) March 31, 1998 or funded under the Fiscal Year 2002 Lead-Based Paint Hazard Control Grant Program NOFA published in the Federal Register (FR) March 26, 2002 are not eligible to apply.

(7) The eligibility factors discussed in paragraphs (1) through (6) above are threshold requirements. If you do not satisfy the appropriate eligibility requirements stated in these paragraphs, HUD will not review your application.

(C) Eligible Activities. HUD is interested in promoting lead hazard control approaches that result in the reduction of this health threat for the maximum number of low-income families with children under six years of age, for the longest period of time, and that demonstrate techniques which are cost-effective, efficient, and replicable elsewhere. Activities must be conducted in compliance with HUD's Lead-Safe Housing Regulation, 24 CFR part 35, and with any applicable requirements of a Training and Certification Program that has been authorized by the EPA under the requirements of 40 CFR 745.320. Copies of HUD's Lead-Safe Housing Regulation, and the companion publication "Interpretive Guidance: The HUD Regulation on Controlling Lead-**Based Paint Hazards in Housing** Receiving Federal Assistance and Federally Owned Housing Being Sold," are available from the National Lead Information Clearinghouse at 1–800– 424–LEAD (this is a toll-free number). If you are a hearing- or speech-impaired person, you may reach the telephone number via TTY by calling the toll-free Federal Information Relay Service at 1-800-877-8339. Copies are also available from the Office of Healthy Homes and Lead Hazard Control website at: www.hud.gov/offices/lead.

(1) Direct Project Elements that you may undertake directly or through subrecipients, include:

(a) Performing dust testing, inspections, and risk assessments of eligible housing units constructed prior to 1978 to determine the presence of lead-based paint and/or lead hazards from paint, dust, or soil through the use of acceptable testing procedures. All test results must be provided to the owner of the unit, together with a notice describing the owner's legal duty to disclose the results to tenants and buyers.

(b) Conducting required pre-hazard control blood lead testing of children under the age of six years of age residing in units undergoing lead paint inspection/ risk assessment, or hazard control, unless reimbursable from Medicaid or another source.

(c) Conducting lead hazard control activities that may include any combination of the following:

(i) Interim control of lead-based paint hazards in housing (that must include specialized cleaning techniques to address lead dust);

(ii) Abatement. The complete abatement of all lead-based paint hazards or lead-contaminated soil in a unit or structure is acceptable. Abatement of lead-contaminated soil should be limited to areas with bare soil in the immediate vicinity of the structure, *i.e.* dripline or foundation of the unit being treated, and children's play areas. Abatement of all lead based paint is only acceptable in limited circumstances with prior HUD approval.

All lead hazards identified in a housing unit enrolled in the lead hazard control grant program must be controlled or eliminated by any combination of these strategies.

(d) Carrying out relocation of families and individuals during the period in which hazard control is conducted and until the time the affected unit receives clearance for reoccupancy.

(e) Performing blood lead testing and air sampling to protect the health of the hazard control workers, supervisors, and contractors.

(f) Undertaking minimal housing rehabilitation activities that are specifically required to carry out effective hazard control, and without which the hazard control could not be completed and maintained. These grant funds may be used for lead hazard control work done in conjunction with other housing rehabilitation programs. HUD strongly encourages integration of this grant program with housing rehabilitation, maintenance, weatherization, and other energy conservation activities. (g) Conducting clearance dust-wipe testing and laboratory analysis (laboratory must be recognized by the National Lead Laboratory Accreditation Program (NLLAP) as being capable of performing lead analyses of samples of paint, dust-wipes, and/or soil).

(h) Engineering and architectural activities that are required for, and in direct support of, lead hazard control.

(i) Providing resources to build capacity for lead-safe housing and lead hazard control, including free delivery of HUD-approved lead-safe work practices training courses for housing rehabilitation contractors, rehabilitation workers, homeowners, renters, painters, remodelers, maintenance staff, and others conducting renovation, rehabilitation, maintenance or other work in private housing; free delivery of lead sampling technician training, leadbased paint worker or contractor certification training; and subsidies for licensing or certification fees to lowincome persons seeking credentials as lead-based paint workers or contractors or lead sampling technicians.

(j) Providing instruction, training, and material supplies for dust control activities to grassroots faith-based and other community-based organizations, parent organizations, homeowners, and renters in low-income private housing.

(k) Conducting planning, coordination, and training activities to comply with HUD's Lead-Safe Housing Regulation (24 CFR Part 35) that became effective on September 15, 2000. These activities should support the expansion of a workforce properly trained in leadsafe work practices which is available to conduct interim controls on HUD assisted housing covered by these regulations. The regulation and interpretive guidance about the rule are available from the National Lead Information Center at 1-800-424-LEAD (this is a toll-free number). If you are a hearing-or speech-impaired person, you may reach the telephone number via TTY by calling the toll-free Federal Information Relay Service at 1-800-877–8339. Copies are also available from the HUD website at: www.hud.gov

(1) Conducting general or targeted community awareness, education or outreach programs on lead hazard control and lead poisoning prevention designed to increase the ability of the program to deliver lead hazard control services including educating owners of rental properties, tenants, and others on the Residential Lead-Based Paint Hazard Reduction Act, Lead-Safe Housing Regulation, and applicable provisions of the Fair Housing Act, and offering educational materials in languages other than English, when needed, and providing training on lead-safe maintenance and renovation practices and management. Upon request, this also would include making all materials available in alternative formats to persons with disabilities (*e.g.*, Braille, audio, large type).

(m) Procuring liability insurance for lead-hazard control activities.

(n) Supporting data collection, analysis, and evaluation of grant program activities. This includes compiling and delivering such information and data as may be required by HUD. This activity is separate from administrative costs.

(o) Participating in applied research, studies, or developing information systems to enhance the delivery, analysis, or conduct of lead hazard control activities, or to facilitate targeting and consolidating resources to further childhood lead poisoning prevention efforts.

(p) Purchasing or leasing equipment having a per unit cost under \$5,000.

(q) Purchasing or leasing no more than two (2) X-ray fluorescence analyzers for use by the Lead-Based Paint Hazard Control Grant Program, if not already available.

(r) Preparing a final report at the conclusion of grant activities.

(2) Support Elements.

(a) Administrative costs. There is a 10% maximum for administrative costs. Specific information on administrative costs is included in Appendix B.

(b) Program planning and management costs of sub-grantees and other sub-recipients.

(D) *Ineligible Activities.* You may not use grant funds for:

(1) Purchase of real property.

(2) Purchase or lease of equipment having a per unit cost in excess of \$5,000, except for the purchase of X-ray fluorescence analyzers.

(3) Chelation or other medical treatment costs related to children with elevated blood lead levels. Non-federal funds used to cover these costs may be counted as part of the required matching contribution.

(4) Lead hazard control activities in publicly owned housing, or projectbased Section 8 housing (This housing stock is not eligible under Section 1011 of the Lead-Based Paint Hazard Reduction Act, but other funds are available).

#### III. Requirements

(A) *Threshold Requirements*. In addition to the requirements listed in Section V. of the General Section of this SuperNOFA, the applicant must comply with the following:

(1) *Matching Contribution*. You must provide a matching contribution of at

least 10% of the requested grant sum. This may be in the form of cash, including private sector funding, or inkind (non-cash) contributions or a combination of these sources. With the exception of Community Development Block Grant (CDBG) funds, Federal Revenue Sharing programs, or other programs which by statute allow their funds to be considered local funds and therefore eligible to be used as matching funds, Federal funds may not be used to satisfy the statutorily required 10% matching requirement. Federal funds may be used, however, for contributions above the statutory requirement. If an applicant does not include the minimum ten percent match in the application, it will be considered a curable (correctable) technical deficiency (see Section VIII, Corrections to Deficient Applications in the General Section of this SuperNOFA for the specific details on how to correct this technical deficiency).

(B) *Program Requirements.* In addition to the threshold requirements, the applicant must also comply with the following:

(1) Work Activities. Conformance of proposed plans to Federal and State policies for Lead-Based Paint Hazard Control. All lead hazard control activities must be conducted in compliance with the applicable requirements of HUD's Lead-Safe Housing Regulation, 24 CFR Part 35, and as clarified in HUD's Interpretive Guidance about the rule. Activities must also comply with any additional requirements in effect under a State or Tribal Lead-Based Paint Training and Certification Program that has been authorized by the EPA pursuant to 40 CFR 745.320.

(2) Direct Lead Hazard Identification and Control Activities. The budget proposed must show a minimum of 60 percent of the total Federal amount requested identified for direct lead hazard control activities. Direct lead hazard control activities consist of dust testing, lead paint inspections, risk assessments, lead hazard control services, and clearance examinations. Direct hazard control activities do not include relocation, blood lead testing of residents or workers, housing rehabilitation, training, community education, applied research, purchase of supplies or equipment, or administrative costs.

(3) Lead-Safe Work Practice Training Activities. For most applicants, at least two percent of the total Federal amount in the budget proposal will be necessary to promote the expansion of a workforce properly trained in lead-safe work practices and which is available to

conduct interim controls and/or lead hazard abatement as well as follow leadsafe work practices while performing work on HUD assisted housing units per the provisions of the HUD Lead-Safe Housing Regulation 24 CFR part 35(1330(a)(4)(iii)(v), and to safely repair, rehabilitate, and maintain other privately-owned residential property. Any applicant that proposes to use less than two percent of the total Federal amount for this purpose shall present evidence that there is currently in place a workforce that is sufficient in size and is properly trained to carry out the work under the Lead Hazard Control grant and the HUD Lead-Safe Housing Regulation.

(C) Administrative Costs. There is a 10% maximum for administrative costs as specified in Section 1011 (j) of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (Title X of the Housing and Community Development Act of 1992, Public Law 102–550). Additional information about allowable administrative costs is provided in Appendix B of this NOFA.

(D) Period of Performance. The period of performance is 42 months for *new or prior grantee applicants*. The period of performance for current grantee applicants eligible for a Performance-Based Renewal is 36 months. HUD reserves the right to approve no cost time extensions for a period not to exceed 24 months.

(E) Certified and Trained Performers. Funded activities must be conducted by persons qualified for the activities according to 24 CFR part 35 (possessing certification as abatement contractors, risk assessors, inspectors, abatement workers, or sampling technicians, or others having been trained in a HUDapproved course in lead-safe work practices).

(F) Coastal Barrier Resources Act. Pursuant to the Coastal Barrier Resources Act (16 U.S.C. 3501), you may not use these grant funds for properties located in the Coastal Barrier Resources System.

(G) Flood Disaster Protection Act. Under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001–4128), you may not use these grant funds for lead-based paint hazard control of a building or manufactured home that is located in an area identified by the Federal Emergency Management Agency (FEMA) as having special flood hazards unless:

(1) The community in which the area is situated is participating in the National Flood Insurance Program in accordance with the applicable regulations (44 CFR parts 59–79), or less than a year has passed since FEMA notification regarding these hazards; and

(2) Where the community is participating in the National Flood Insurance Program, flood insurance on the property is obtained in accordance with section 102(a) of the Flood Disaster Protection Act (42 U.S.C. 4012a(a)). You are responsible for assuring that flood insurance is obtained and maintained for the appropriate amount and term.

(H) National Historic Preservation Act. The National Historic Preservation Act of 1966 (16 U.S.C. 470) and the regulations at 36 CFR part 800 apply to the lead-based paint hazard control activities that are undertaken pursuant to this program. HUD and the Advisory Council for Historic Preservation have developed an optional Model Agreement for use by grantees and State Historic Preservation Officers in carrying out activities under this program. The Model Agreement may be obtained from the HUD Web site at: www.hud.gov/utilities/intercept.cfm?/ offices/lead/grantfrm/pgi/95\_06.pdf

(I) Waste Disposal. You must handle waste disposal according to the requirements of the appropriate local, State and Federal regulatory agencies. You must handle disposal of wastes from hazard control activities that contain lead-based paint, but are not classified as hazardous in accordance with state or local law or the HUD Guidelines for the Evaluation and Control of Lead-Based Hazards in Housing (HUD Guidelines). The Guidelines are available from the HUD Web site at: www.hud.gov/offices/lead/ guidelines/hudguidelines/index.cfm.

(J) Worker Protection Procedures. You must observe the procedures for worker protection established in the HUD Guidelines, as well as the requirements of the Occupational Health and Safety Administration (OSHA) (29 CFR 1926.62, Lead Exposure in Construction), or the State or local occupational safety and health regulations, whichever are most protective. If other applicable requirements contain more stringent requirements than the HUD Guidelines, the more rigorous standards shall be followed.

(K) *Prohibited Practices.* You must not engage in the following prohibited practices:

(1) Open flame burning or torching;

(2) Machine sanding or grinding without a high-efficiency particulate air (HEPA) exhaust control;

(3) Uncontained hydro blasting or high-pressure wash;

(4) Abrasive blasting or sandblasting without HEPA exhaust control;

(5) Heat guns operating above 1,100 degrees Fahrenheit;

(6) Chemical paint strippers containing methylene chloride or other volatile hazardous chemicals in a poorly ventilated space; and

(7) Dry scraping or dry sanding, except scraping in conjunction with heat guns or around electrical outlets or when treating no more than two square feet in any one interior room or space, or totaling no more than 20 square feet on exterior surfaces.

(L) Written Policies and Procedures. You must have clearly established, written policies and procedures for eligibility, program marketing, unit selection, expediting work on homes occupied by children with elevated blood lead levels, and all phases of lead hazard control, including risk assessment, inspection, development of specifications, pre-hazard control blood lead testing, financing, relocation and clearance testing. Grantees, subcontractors, sub-grantees, subrecipients, and their contractors must adhere to these policies and procedures.

(M) Continued Availability of Lead-Safe Housing to Low-Income Families. Units in which lead hazards have been controlled under this program shall be occupied by and/or continue to be available to low-income residents as required by Title X (Section 1011). You must maintain a publicly available registry (listing) of units in which lead hazards have been controlled and ensure that these units are affirmatively marketed to agencies and families as suitable housing for families with children under six years of age. The grantee must also notify the owner of the information that is collected so that the owner will comply with disclosure requirements under 24 CFR part 35, subpart A.

(Ñ) *Testing.* In developing your application budget, include costs for lead paint inspection, risk assessment, and clearance testing for each dwelling that will receive lead hazard control, as follows:

(1) General. All testing and sampling shall conform to the current HUD Guidelines and Federal, state or tribal regulations developed as part of the appropriate contractor certification program whichever is more stringent. It is particularly important to provide this full cycle of testing for lead hazard control, including interim controls. Testing must be conducted according to the HUD Guidelines and the EPA lead hazard standards rule at 40 CFR part 745. All test results must be provided to the owner in a timely fashion, together with a notice describing the owner's legal duty to disclose the results to

tenants and buyers under 24 CFR part 35, subpart A.

(a) Lead-Based Paint and Lead-Based Paint Hazard Identification. A combined inspection and risk assessment is required. You should ensure that lead paint inspection and risk assessment reports are conducted in accordance with established protocols and sufficient to support hazard control decisions.

(b) Clearance Testing. Clearance testing shall be completed in accordance with Chapter 15 of the HUD Guidelines and the EPA lead hazards standards rule at 40 CFR part 745 for abatement projects and the Lead-Safe Housing Regulation (24 CFR part 35) for lead hazard control activities or other abatement. The clearance standards shall be the more restrictive of those set by the local jurisdiction or by EPA or HUD.

(c) Blood lead testing. Before lead hazard control work begins, each occupant who is under six years of age must be tested for lead poisoning within the six months preceding the housing intervention. Any child with an elevated blood lead level must be referred for appropriate medical followup. The standards for such testing are described in the Centers for Disease Control and Prevention (CDC) publications Preventing Lead Poisoning in Young Children (1991), and Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials (1997).

(O) Cooperation With Related Research and Evaluation. You shall cooperate fully with any research or evaluation sponsored by HUD, CDC, EPA or other government agency and associated with this grant program, including preservation of project data and records and compiling requested information in formats provided by the researchers, evaluators or HUD. This also may include the compiling of certain relevant local demographic, dwelling unit, and participant data not contemplated in your original proposal. Participant data shall be subject to Privacy Act protection.

(P) *Data collection.* You will be required to collect and maintain the data necessary to document the various lead hazard control methods used and the cost of these methods.

(Q) Section 3 Employment Opportunities. Please see Section V (E) of the General Section of this SuperNOFA. The requirements of Section 3 of the Housing and Urban Development Act of 1968 are applicable to the Lead-Based Paint Hazard Control Program. (R) *Replacing Existing Resources.* Funds received under this grant program shall not be used to replace existing community resources dedicated to any ongoing project.

(S) *Certifications and Assurances.* You must include the certifications and assurances listed in the General Section of this SuperNOFA with your application.

(T) *Davis-Bacon Act.* The Davis-Bacon Act does not apply to this program. However, if you use grant funds in conjunction with other Federal programs in which Davis-Bacon prevailing wage rates apply, then Davis-Bacon provisions would apply to the extent required under the other Federal programs.

(U) Conducting Business in Accordance with HUD Core Values and Ethical Standards. If awarded assistance under this NOFA, you will be required, prior to entering into a new or modified grant agreement with HUD, to submit a copy of your code of conduct and describe the methods you will use to ensure that all officers, employees and agents of your organization are aware of your code of conduct (see Section V (B)(3) of the General Section of this SuperNOFA for information about conducting business in accordance with HUD's core values and ethical standards).

(V) Ensuring the participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses. HUD is committed to ensuring that small businesses, small disadvantaged businesses and womenowned businesses participate fully in HUD's direct contracting and in contracting opportunities generated by HUD grant funds. Too often, these businesses still experience difficulty accessing information and successfully bidding on Federal contracts. HUD regulations at 24 CFR 85.36(e) require recipients of assistance (grantees and sub grantees) to take all necessary affirmative steps in contracting for purchase of goods or services to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible. Affirmative steps shall include:

(1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;

(2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;

(3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;

(4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises;

(5) Using the services and assistance of the Small Business Administration (SBA), and the Minority Business Development Agency of the Department of Commerce; and

(6) Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed in paragraphs (e)(2)(i) through (v) above.

#### **IV. Application Selection Process**

(A) Rating and Ranking. Please see Section VI (B) of the General Section of this SuperNOFA. Only those applications that meet the threshold review requirements will be rated and ranked. For new applicants, HUD intends to fund the highest ranked applications receiving a minimum score of 75 within the limits of funding.

A current grantee eligible to receive a Performance-Based Renewal Grant will be rated and ranked based on its demonstrated performance in terms of the number of housing units completed and cleared (as a percentage of units in current grant agreement), the cumulative Line of Credit Control System (LOCCS) drawdowns to date, and other work plan benchmarks or milestones achieved. Performance will be evaluated based upon the quarterly progress data submitted to HUD for the period ending March 31, 2003 and other data available to HUD.

In addition, the work plan and budget submitted in response to this NOFA will be evaluated as part of the rating and ranking process.

Current grantees that are eligible to submit a Performance-Based Renewal application and are successful applicants, will have their current grant agreement modified to allow for an additional 36-months grant. Eligible current grantee applicants are not to respond to the Factors for Award in this NOFA, but must submit the required budget forms included in this NOFA and develop a work plan strategy with benchmark standards for conducting lead hazard control program activities. A work plan and budget should be developed for the 36-month period. The submission requirements for the

Performance-Based Renewal grant can be found in Appendix C of this Program Section of the NOFA.

HUD intends to fund the highest ranked applicants within the limits of funding.

(1) Remaining Funds. See Section VI (E) (3) of the General Section of this SuperNOFA for HUD's procedures if funds remain after all selections have been made within a category of the Lead Hazard Control Grant Program.

(B) Factors for Award Used to Evaluate and Rate Applications. The factors for rating and ranking applicants, and maximum points for each factor, are stated below.

(1) Performance-Based Renewal applications will be evaluated based on the criteria below:

The maximum number of points to be awarded will be 40.

(a) Production (10 points). The number of units completed and cleared. Grantees whose percentage of units completed and cleared in their current agreement meets or exceeds the performance criteria below will be awarded points based on the chart below.

Percentage of units completed and cleared		Round 8 FY 2000	Round 9 FY 2001
			3
>55–60			4
>60–65			5
>65–70		6	6
>70–80		7	7
>80–85	8	8	8
>85–90	9	9	9
>90-100	10	10	10

(b) Cumulative LOCCS Drawdowns (10 Points). The cumulative drawdowns from LOCCS as a percentage of the Federal funds awarded in their current agreement. Grantees whose percentage of cumulative LOCCS drawdowns in their current agreement meet or exceed the performance criteria below will be awarded points based on the chart below.

Percentage of cumulative LOCCS drawdowns to date	Round 7 FY 1999	Round 8 FY 2000	Round 9 FY 2001
>35–40			3
>40-45			4
>45–50		5	5
>50–55		6	6
>55–60	7	7	7
>60-70	8	8	8
>70–75	9	9	9
>75–100	10	10	10

(c) Other Work Plan Achievements. (5 Points). A grantee will be awarded points for meeting or exceeding their community education, outreach, and training objectives that were outlined in their most recent approved work plan and reported to HUD. (d) Work Plan and Budget. (15 Points) The work plan and budget submitted by a grantee will be evaluated to ensure that there are specific and measurable performance objectives with benchmark milestones developed for the 36-month additional period of performance. (2) HUD is encouraging applicants to undertake specific activities that will assist the Department in implementing its policy priorities. HUD's Strategic Goals and Policy Priorities are outlined in Section II of the General Section of this SuperNOFA. For Lead Hazard

Control Grant Program applicants, activities that promote economic opportunities for low-income persons support HUD's policy priority for Improving the Quality of Life in Our Nation's Communities. A new applicant will be awarded one point under Rating Factor 3(A)(3): Economic Opportunities for activities undertaken that specifically address this policy priority. Activities that promote the participation of grassroots faith-based and community organizations support HUD's policy priority for: Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations. An applicant will be awarded one point under Rating Factor 3(A)(4): Lead Hazard Control Outreach and Community Private Sector Involvement for activities undertaken that specifically addresses this policy priority.

The maximum number of points to be awarded is 102. This maximum includes two bonus points as described in Section VI(C) of the General Section of this SuperNOFA. For new applicants, a minimum score of 75 is required for fundable applications.

Rating factor	Maximum points
<ol> <li>Capacity of the Applicant and Relevant Organizational Experience</li> <li>Needs/Extent of the Problem</li> <li>Soundness of Approach</li> <li>Leveraging Resources</li> <li>Achieving Results and Pro- gram Evaluation</li> <li>Empowerment Zone and Enter-</li> </ol>	20 20 40 10 10
prise Community Bonus Points	2
Total	102

### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 points)

This factor addresses your organizational capacity necessary to successfully implement the proposed activities in a timely manner. The rating of the "applicant" or the "applicant's staff" for technical merit or threshold compliance, unless otherwise specified, includes any grassroots faith-based and other community-based organizations, sub-contractors, consultants, subrecipients, and members of consortia that are firmly committed to your project. In rating this factor, HUD will consider:

(1) The applicant's recent, relevant and successful demonstrated experience (including governmental, parent groups, and grassroots faith-based and other community-based partners) to undertake

eligible program activities. The applicant must describe the knowledge and experience of the current or proposed overall project director and day-to-day program manager in planning and managing large and complex interdisciplinary programs, especially involving housing rehabilitation, public health, or environmental programs. The applicant must demonstrate that it has sufficient personnel or will be able to retain qualified experts or professionals, and be prepared to perform lead hazard evaluation, lead hazard control intervention work, and other proposed activities within 120 days of the effective date of the grant award. HUD reserves the right to terminate the grant if sufficient personnel or qualified experts are not retained within these 120 days. In the narrative response for this factor, you should include information on your program staff, their experience, their commitment to the program, salary information, and position titles. Resumes (for up to three key personnel) or position descriptions for those key personnel to be hired, and a clearly identified organizational chart for the lead hazard control grant program effort (and for the overall organization) must be included in an appendix. Indicate the percentage of time that key personnel will devote to your project (see Appendix A of this NOFA for Sample Worksheet 1-Key Personnel). The applicant's day-to-day program manager must be experienced in the management of housing rehabilitation or lead hazard control, childhood lead poisoning prevention, or similar work involving project management, and must be dedicated to the proposed program for a minimum of 75% of the time. Ideally, the program manager should be available at the inception of the program in order to implement this comprehensive program within the 120-day period after the effective date of the grant award. The applicant should provide a description of any previous experience in enrolling units and in completing lead hazard control work, housing rehabilitation or other work in a timely and effective manner. Describe how any other principal components of your agency, other public entities, or other organizations will participate in implementing or otherwise supporting or participating in the grant program. You may demonstrate capacity by thoroughly describing your prior experience in initiating and implementing lead hazard control efforts and/or related environmental,

health, or housing projects. You should

indicate how this prior experience will be used in carrying out your proposed comprehensive Lead-Based Paint Hazard Control Grant Program.

(2) If the applicant received previous HUD Lead-Based Paint Hazard Control Grant funding, this past experience will be evaluated in terms of cumulative progress and achievements under the previous grant(s). If the applicant has received multiple HUD Lead Hazard Control Grants, performance under the most recent grant award will be primarily evaluated. The applicant must provide a description of its progress and performance implementing the most recent grant award including the total number of housing units enrolled, assessed, and completed and cleared as a result of program efforts. The applicant must also describe outcomes, capacity building efforts and impediments experienced during a previous Lead Hazard Control Grant program. Other work plan activities and tasks associated with implementing HUD's Lead-Safe Housing Regulation, integrating lead-safe work practices into the private market, and promoting effective education, outreach, and other training activities should be described. The applicant should also describe specific instances where the program has contributed positive impacts in the community, and indicate what activities were undertaken to develop, enhance or expand the local infrastructure through collaboration.

HUD's evaluation process will consider an applicant's past performance record as reported to HUD in effectively organizing and managing their grant operations, in meeting performance and work plan benchmarks and goals, and in managing funds, including their ability to account for funds appropriately, the timely use of funds received either from HUD or other Federal, State or local programs, and meeting performance milestones. HUD may also use other information relating to these items from sources at hand, including public sources such as newspapers, Inspector General or **Government Accounting Office Reports** or Findings, hotline complaints, or other sources of information that have been proven to have merit.

# Rating Factor 2: Needs/Extent of the Problem (20 points)

This factor addresses the extent to which there is a need for the proposed program to address a documented problem related to lead-based paint and lead-based paint hazards in your identified target area(s). An applicant will receive a higher score in this rating factor based on their documented need as evidenced by thorough, credible, and appropriate data and information. The evaluation will be based on the applicant's documentation of the number of children with elevated blood lead levels, and/or number and proportion of pre-1978 housing units with deteriorating paint (*i.e.*, condition of housing stock) and the number of very low- and low-income families in the proposed target area(s).

(1) Document a critical level of need for your proposed activities in the geographical area where activities will be performed. Since an objective of the program is to prevent at-risk children from being poisoned, specific attention must be paid to documenting such need as it applies to the targeted area(s), rather than the entire locality or state.

(2) Document the following for the target area(s):

(a) Numbers and percentages of children less than six years of age (see Appendix A for Sample Worksheet 2— Blood Lead Level (BLL) Information).

(i) The number and percentage of children with elevated blood lead levels for the following categories:

(1) less than 10µg/dL;

(2) greater than or equal to  $10\mu g/dL$  and less than  $15\mu g/dL$ ;

(3) greater than or equal to  $15\mu g/dL$  and less than  $20\mu g/dL$ ; and

(4) greater than or equal to  $20\mu g/dL$ .

(ii) The total number and percentage of children tested for blood lead levels,

(b1) Housing market data relevant to the specified target area(s) (see Appendix A of this NOFA for Sample Worksheet 3–Housing Age and Condition).

(i) Housing Age for the following subcategories: Pre–1940, 1940–1949, 1950– 1959, 1960–1969, 1970–1977 and 1978 or newer;

(ii) Housing Condition for the following sub-categories: Pre-1940, 1940–1949, 1950–1959, 1960–1969, 1970–1977 and 1978 or newer.

(a) The number and percentage of very-low (income less than 50% of the area median) and low-(income less than 80% of the area median) income families, as determined by HUD (*www.huduser.org*), with adjustments for smaller and larger families (*see* Appendix A of this NOFA for Sample Worksheet 4—Very-Low and Low-Income Population);

(d) Poverty data relevant to the specified target area(s);

(e) Housing market data relevant to lead hazard conditions in housing available from HUD, or other data sources, including the Consolidated Plan/Analysis of Impediments, Public Housing Authority's Five-Year Comprehensive Plan, State or local Welfare Department's Welfare Reform Plan; and

(f) Other socio-economic. environmental, or demographic data relevant to the target area(s) or jurisdiction that demonstrate a need for lead-safe housing may be included. These data may include: the number of units that have been occupied by leadpoisoned children where the identified lead-based paint hazards have not been eliminated or controlled; the number of lead-based paint health and/or housing code violations; the number of pre 60 and pre-1978 housing units anticipated to undergo rehabilitation in the next 12 months; the proportion or number of units with lead dust hazards; information about the principal sources of exposure in your community, their prevalence, and the segments and/or characteristics of the housing most affected by these exposure sources; and/ or other information about housing conditions (including the condition of housing units noted during previous lead hazard control work). Relevant data for other socio-economic, environmental, or demographic information may be obtained from census data, special studies, the jurisdiction's Consolidated Plan/ Analysis of Impediments, the Public Housing Authority's Five-Year Comprehensive Plan, or the State or local Welfare Department's Welfare Reform Plan or local health, housing, or community development agencies.

(3) You also must provide documentation of the priority that the community's Consolidated Plan and Analysis of Impediments to Fair Housing Choice has placed on addressing the needs you described. (This section does not apply to Native American Tribes. However, a Native American Tribe applicant may use the Indian Housing Plan to document how the Indian Housing Plan addresses the need for lead hazard control grant activities.) If your application addresses needs that are in the Consolidated Plan, Analysis of Impediments to Fair Housing Choice, or the result of court orders or consent decrees, settlements, conciliation agreements, voluntary compliance agreements, Childhood Lead Poisoning Prevention Programs or other relevant local initiatives you will receive a higher score in this rating factor than applicants that do not relate their program to identified needs.

(4) For you to receive maximum points for this rating factor there must be a direct relationship between your proposed lead hazard control activities in the target area(s) and the documented community needs.

# Rating Factor 3: Soundness of Approach (40 points)

This factor addresses the quality and cost-effectiveness of your proposed work plan. Applicants should develop a work plan that includes specific, measurable and time-phased objectives for each major program activity. The applicant's work plan should reflect benchmark standards for production, expenditures and other activities that have been developed by the Office of Healthy Homes and Lead Hazard Control. These benchmark standards, as well as policy guidance on developing work plans have been included in Appendix A of this NOFA and are available at the HUD Web site at: www.hud.gov/offices/lead/lhc/pgi/ index.cfm. This policy guidance provides a sample format and outline for developing the Lead Hazard Control Grant Program Work Plan.

Applicants should describe the proposed activities and provide HUD with measurable outcome results to be achieved with the requested funds. Measurable outcome results should be stated in terms relevant to the purpose of the program funds as a direct result of the work performed within the performance period of the grant (*e.g.*, estimated number of units to be made lead-safe, estimated number of children living in units made lead-safe, estimated number of persons to be trained to perform lead hazard control activities, estimated number of educational programs to be presented and/or the number of persons to be served by such programs, and the basis for these estimates). Each proposed activity must be eligible as described in the NOFA and meet statutory requirements for assistance to low- and very low-income persons.

You should present information on your proposed lead-based paint hazard control program and describe how it will satisfy the need identified in Factor 2; Need and Extent of the Problem and protect young children and families from lead poisoning in the target area(s). To the extent possible, describe a comprehensive strategy to address the need to protect targeted neighborhoods rather than individual units or homes. Your response to this factor must include the elements described below:

(A) Lead Hazard Control Work Plan Strategy (32 points) Describe your work plan goals and specific time-phased strategy to complete work under the grant within the 42-month period of performance for your lead hazard control grant program. You should provide information on: (1) Implementing a Lead Hazard Control Program (13 of 32 points). Describe how you will implement the strategy for your proposed lead hazard control program. The description must include information on:

(a) How the project will be organized, managed and staffed. You must also identify the specific steps that will be taken to train and ensure the availability of enough lead-based paint contractors and workers to conduct lead hazard control interventions, and to perform other program activities. In addition, a detailed description of the selection process for sub-grantees, subcontractors or sub-recipients, and how assistance and funding will flow from the grantee to those who will actually perform the work under the grant.

(b) The overall number of eligible privately-owned housing units scheduled for lead hazard control intervention work and the strategy for their identification, selection, prioritization, and enrollment in the selected target area(s). Discuss the eligibility criteria for unit selection and how the program will identify units that meet these criteria. Explain how referrals of eligible units will be obtained from childhood lead poisoning prevention programs, other health care or housing agencies or health providers that serve children. Also discuss how referrals from the Section 8/Housing Choice Voucher programs and other agencies that provide housing assistance to low-income households with children including CDBG, HOME Investment Partnerships Programfunded housing programs or other sources. (Include as attachments any referral agreements, commitment letters or other documents from other entities that describe their participation recruiting eligible units in the lead hazard control grant program; see Rating Factor 4 Leveraging Resources for additional information regarding referral agreements). Provide estimates of the total number of owner-occupied and/or rental units that will receive lead hazard control (see Sample Worksheet 5-Housing Occupancy Projections). You should describe how the program will respond to the needs of children with elevated blood lead levels (EBLs) located outside the target area(s).

(c) The degree to which the work plan focuses on eligible privately-owned housing units occupied by low-income families with children under six years of age. Describe your planned approaches to control lead hazards in vacant and/ or occupied units before children are poisoned and your plans to ensure that the program will continue to affirmatively market and match these units made lead-safe with low-income families with children under six years of age in the future. Discuss strategies to control lead hazards in units where children have already been identified with an elevated blood lead level (EBL), including your process for referring and tracking children with EBLs for medical case management, and your capacity to rapidly complete lead hazard control work in their units. Provide estimates of the number of low-income children you will assist through this program.

(d) Discuss the lead hazard control financing strategy, including eligibility requirements, terms, conditions, dollar limits, and amounts available for lead hazard control work. Applicants must also describe how grant funds will be recaptured by the program in the event that a recipient of grant funds fails to comply with any terms and conditions of the financing arrangement (e.g. affordability, sale of property, etc.) You must discuss the way assistance from the grant funds will be administered to or on behalf of property owners (e.g. use of grants, deferred loans and/or forgivable loans and the basis and schedule for forgiveness), and the role of other resources, such as private sector financing). You should identify the entity that will administer the financing process and describe how coordination and payment between the program and contractors performing the work will be accomplished. Describe matching requirements, if any, proposed for assistance to rental property owners.

(e) You should describe how your proposed program will satisfy the stated needs in the Consolidated Plan or Indian Housing Plan, and eliminate impediments identified in the Analysis of Impediments (AI). Also describe how your proposed program will further and support the policy priorities of the Department: including promoting healthy homes and the quality of housing. In addition, describe how your strategy will provide long-term benefits to families with children under six years of age, and whether any of the proposed activities will occur in an Enterprise Zones/Enterprise Community/Renewal Communities (EZ/EC/RC) and how they will benefit the residents of those zones or communities. A list of EZ/EC/RC communities is available at www.hud.gov.

(2) Technical Approach/Performance (15 of 32 points). New and prior grantee applicants are to respond to the items below (see Appendix A of this NOFA for Sample Worksheet 6).

(a) Describe your process for the conduct of lead hazard evaluation (risk assessments and/or inspections) in units of eligible privately owned housing to confirm that there are lead-based paint hazards in the housing units where lead hazard control is undertaken.

(b) Describe your testing methods, schedule, and costs for performing blood lead testing, risk assessments, paint inspections and clearance examinations to be used. If you propose to use a more restrictive standard than the HUD/EPA thresholds (e.g., less than 0.5% or 1.0 mg/ square centimeter for lead in paint, or less than 40, 250, 400 µg/square foot for lead in dust on floors, sills and troughs, respectively); or 400 ppm in bare soil in children's play areas and 1200 ppm for bare soil in the rest of the yard), identify the standard(s) that will be used. All testing shall be performed in accordance with applicable regulations.

(c) Describe the lead hazard control methods and strategies you will undertake and the number of units you will treat for each method selected (interim controls or hazard abatement). Complete abatement of all lead painted surfaces in all units is generally not acceptable as a strategy. In cases where only a few surfaces have lead hazards in a specific unit and abatement is costeffective, the applicant must provide a detailed rationale for selecting complete abatement as a strategy. Provide an estimate of the per unit costs (and a basis for those estimates) for each lead hazard control method proposed and a schedule for initiating and completing lead hazard control work in the selected units. Discuss efforts to incorporate cost-effective lead hazard control methods. Explain your cost estimates, providing detail on how the estimates were developed, with particular references to cost effectiveness.

(d) Schedule. Provide a realistic schedule for completing key activities, by quarter, so that all activities can be completed within the period of performance of the grant. Key production activities include enrollment of units, paint inspections/risk assessments, and completion/clearance of units. When developing the application, the applicant shall take into consideration previous experience and performance in administering similar kinds of lead hazard control or rehabilitation programs.

(e) Timeframes. Describe the estimated elapsed timeframe for treating a typical unit that will receive lead hazard control, including referral/ intake, enrollment (qualification of the unit as eligible), combined paint inspection/risk assessments, preparation of specifications or work write-up, selection of the contractor, lead hazard control intervention work activities, quality control and monitoring of work activities, and clearance. The timeframe should include an estimate of the staff and contractor time required to treat a typical unit that will receive lead hazard control. Describe the schedule for emergency referrals (*e.g.*, unit occupied by a child under six years of age with an elevated blood lead level). List the type of unit (*e.g.*, owner-occupied, rental, or vacant) and the number of units projected in each of the following categories: lead-based paint inspections/ risk assessments; interim controls; hazard abatement and clearance inspections.

(f) Workflow and Production Control. Provide guidelines and/or flowcharts showing agency/partner responsibilities for each step in the process (from intake to clearance) and describe/show how coordination and hand-offs will be handled. Discuss how the actual production status of units, from intake to final clearance, will be monitored, and how and when production bottlenecks will be identified, remedied and monitored.

(g) Describe how you will integrate proposed lead hazard control activities with rehabilitation activities, including providing the training needed to create a workforce properly trained in leadsafe work practices for units assisted or rehabilitated under other HUD programs, and any collaboration with local housing or health departments, rehabilitation programs or community development corporations to stage lead hazard control and rehabilitation in the same units.

(h) Describe your contracting process, including development of specifications or adoption of existing specifications for selected lead hazard control methods. Describe the management processes you will use to ensure the cost-effectiveness of your lead hazard control methods. Your application must include a discussion of the contracting process for the conduct of lead hazard control activities in the selected units, and requirements for coordination among lead hazard control, rehabilitation, weatherization, and other contractors.

(i) Describe your plan for occupant protection or the relocation of the occupants of units selected for lead hazard control work. Describe any plan to avoid overnight relocation in small scale projects consistent with 24 CFR 35.1345(a)(2) and HUD's Interpretive Guidance of 24 CFR part 35, including J24, R18, and R19 (see Appendix B of this NOFA). Your work plan should address the use of safe houses and other temporary housing arrangements, storage of household goods, stipends, incentives, etc.

(3) Economic Opportunity (4 points).

(a) Describe the ways you will train individuals and contractors in housing related trades, such as painters, remodelers, renovators, maintenance personnel, rehabilitation specialists, and others in lead-safe work practices.

(b) Describe how you will help to integrate lead-safety into other housing activities, such as meeting the requirements of the HUD Lead-Safe Housing Regulation in housing units rehabilitated or assisted with Federal funds.

(c) Describe the methods to be used to provide economic opportunities for residents and businesses throughout the community within the target area. This discussion should include information on how you will promote training, employment, business development, and contract opportunities as part of your lead hazard control program. Grantees must comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and HUD's implementing rules at 24 CFR part 135. Describe how you will accomplish the requirement by (1) providing training and employment opportunities for low and very lowincome persons living within the grantee's jurisdiction, and by (2) providing business opportunities to businesses owned by low and very lowincome persons living within the grantee's jurisdiction. Applicants that provide training, employment or business opportunities for low and very low income persons will receive one point in this sub factor.

(4) Lead Hazard Control Outreach and **Community Private Sector Involvement** (6 points). Applicants are encouraged to solicit participation of grassroots faithbased and other community-based and private sector organizations to accomplish outreach and community involvement activities and to build long-term capacity to sustain accomplishments in the target area. Applicants that partner, fund, or subcontract with grassroots faith-based and other community-based organizations will receive one point in this sub-factor. Your application must describe:

(a) Proposed methods of community education. These may include community awareness, education, training, and outreach programs in support of the work plan and objectives. This description should include general and/or targeted efforts undertaken to assist your program in reducing lead exposure. Programs should be culturally sensitive, targeted, and linguistically appropriate. Upon request, this would include making materials available in alternative formats to persons with disabilities (*e.g.*, Braille, audio, large type), and in other languages common to the community to the extent possible.

(b) Strategy for involving neighborhood or grassroots faith-based and other community based organizations in your proposed activities. Your activities may include training (including training residents to screen houses through visual assessment and sampling), outreach, community education, marketing, inspection (including dust lead testing), and the conduct of lead hazard control activities. HUD will evaluate the proposed level of substantive involvement of such organizations during the review process.

(c) Strategies and methodologies that affirmatively further fair housing and increase access to lead-safe housing for all segments of the population: homeowners, owners of rental properties, and tenants. This outreach should address ways to avoid housing discrimination against families with young children, and ways to ensure that all families will have adequate, lead-safe housing choices in the future. These strategies could include your plans to develop and implement a registry (listing) of lead-safe housing that is available to the public, or to incorporate the inclusion of the lead-safe status of properties in another publicly accessible address-based property information system. The strategy could also include affirmatively marketing your services to those populations least likely to apply and who may not be served by any of the partner organizations working with you.

(5) Data Collection and other Program Support Activities (2 points).

(a) Identify and discuss the specific methods you will use (in addition to HUD reporting requirements) to document activities, progress, program effectiveness, and how changes necessary to improve performance will be implemented. Describe how you will obtain, document and report on information collected.

(b) Provide a detailed description of any proposed participation in research activities, studies, or development of information systems designed to enhance the delivery, analysis, or conduct of lead hazard control activities, or that will facilitate the targeting and pooling of resources to further childhood lead poisoning prevention efforts.

If you are proposing to participate in research activities, describe the objectives, methodology and impact at the local level of the proposed research activities.

# **Rating Factor 4: Leveraging Resources** (10 points)

This factor addresses your ability to obtain other community and private sector resources that can be combined with HUD's program resources to achieve program objectives. In evaluating this factor, HUD will consider the extent to which you have established working partnerships with other entities to get additional resources or commitments to increase the effectiveness of the proposed program activities (see Appendix A of this NOFA for Sample Worksheet 7 (Match Funding) and Worksheet 8 (Grant Partners)). Resources may include cash or in-kind contributions of services, equipment, or supplies allocated to the proposed program. Resources may be provided by governmental entities, public or private organizations, and other entities partnering with you. Leveraging arrangements with rental property owners may have the benefits of increasing the efficiency of public lead hazard identification and control expenditures and creating a financial stake for rental property owners in the quality of lead hazard control work. Contractual or other formal relationships with grassroots faith-based and other community-based organizations are a requirement for State and local government applicants. Documentation of relationships with grassroots faith-based and communitybased organizations must be provided in this application either in the form of signed agreements or commitment letters. This requirement does not apply to Native American Tribe applicants. You also may partner with other program funding recipients to coordinate the use of resources in your target area(s).

(1) You should detail any activities to increase the understanding of lead poisoning prevention in your community. This could include partnerships with childhood lead screening programs, collaboration with ongoing health, housing or environmental research efforts which could result in a greater availability of resources, and efforts to build capacity for lead-safe housing.

(2) Matching funds must be shown to be specifically dedicated to and integrated into supporting the leadbased paint hazard control program (see Appendix A of this NOFA for Sample Worksheet 7—Match Funding). You may not include funding from any Federally funded program (except the CDBG program) as part of your required 10% match. Other resources from the private sector or other sources

committed to the program that exceed the required 10% match will provide points for this rating factor. Contributions above the first 10% may include funds from other Federally funded programs, and/or State, local, charity, non-profit or for-profit entities. You must support each source of contributions, cash or in-kind, both for the required minimum and additional amounts, by a letter of commitment from the contributing entity, whether a public or private source. The letter must describe the contributed resources that you will use in the program and their designated purpose. The signature of the authorized official on the HUD Form-424 commits matching or other contributed resources of the applicant organization. A separate letter from the applicant organization is not required. Staff in-kind contributions should be given a monetary value based on the local market value of the staff skills. If you do not provide letters from contributors specifying details and the amount of the actual contributions, those contributions will not be counted. Contributions required of rental property owners may be included as part of your match. You should document and estimate the amount of the match from each resource.

Applicants will not receive full points under this rating factor if they do not submit evidence of a firm commitment and the appropriate use of leveraged resources under the grant program. Such evidence must be provided in the form of letters of firm commitment, memoranda of understanding, or other signed agreements to participate from those entities identified as partners in your application. Each letter of commitment, memorandum of understanding, or agreement to participate should include the organization's name, the proposed level of commitment and the responsibilities as they relate to your proposed program. The commitment must be signed by an official of the organization legally able to make commitments on behalf of the organization. Describe the role of grassroots faith-based and other community-based organizations in specific program activities, such as: hazard evaluation and control; monitoring; and awareness, education, and outreach within the community. Describe how you will ensure that commitments to sub-grantees specified in your proposal will be honored and executed, contingent upon an award from HUD.

#### **Rating Factor 5: Achieving Results and Program Evaluation. (10 Points)**

This factor emphasizes HUD's commitment to ensuring that applicants achieve the goals outlined in their work plan and other benchmark standards and assess their performance to ensure performance goals are met. Achieving results means you, the applicant, have clearly identified the benefits, or outcomes of your program. Outcomes are ultimate goals. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals.

Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your Evaluation Plan should identify what you are going to measure, how you are going measure it and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

This new rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability. Applicants are required to complete the HUD Logic Form included in Appendix B of the General Section of this SuperNOFA.

(1) An applicant is to identify and describe specific methods, measures, and tools that you will use (in addition to HUD reporting requirements) to measure progress, evaluate program effectiveness, and identify program changes necessary to improve performance. Describe how you will obtain, document and report the information. In evaluating this factor, HUD will consider how you have described outcome measures and benefits of your program including:

(a) The degree to which lead hazard control work will be done in conjunction with other housing-related activities (*i.e.*, rehabilitation, weatherization, correction of code violations, and other similar work), or your plan for the integration and coordination of lead hazard control activities into those activities in the future.

(b) Plans to develop public/private lending partnerships to finance lead hazard control as part of acquisition and rehabilitation financing such as the use of Community Reinvestment Act "credits" by lending institutions or other financing strategies.

(c) Results of any specific plans and objectives established to implement and/or maintain a registry (listing) of lead-safe housing that is available to the public, or to incorporate the inclusion of the lead-safe status of properties in another publicly accessible addressbased property information system. Results could include how the information would be managed and affirmatively marketed to the public so that families (particularly low-income families with children under six years of age) can make informed decisions regarding their housing options. Prior grantee applicants must address any registry (listing) of lead-safe housing developed during the prior grant period by specifically discussing the availability, amount of information contained, and its maintenance.

(d) The extent to which affirmatively furthering fair housing for all segments of the population is advanced by the proposed activities. (This section does not apply to Native American Tribes.) Detail how your proposed work plan will support the community's efforts to affirmatively further affordable housing and discuss the impact of prior activities that have contributed to enhanced lead-safe housing opportunities.

(e) The resulting impact of plans to adopt or amend statutes, regulations, or policies that will more fully integrate lead hazard control into community policies and priorities.

(f) Results of activities to coordinate and cooperate with other organizations that will lead to a reduction in lead risks to community residents. This could include documenting such activities as: free training to create a workforce properly trained in lead safe work practices; lead-safe repainting and remodeling; promotion of essential maintenance practices; and provision of lead dust testing to low-income, privately-owned homes which may not receive lead hazard control assistance under this grant program.

(g) How your program will be held accountable for meeting program goals, objectives, and the actions undertaken in implementing the grant program. Applicants should provide a description of the mechanism to assess progress and track performance in meeting the goals and objectives outlined in the work plan. Applicants should provide assurances that work plans and performance measures developed for the program will assist intended beneficiaries, and that work will be conducted in a timely and cost-effective manner.

*Note on Program Performance:* Grantees shall take all reasonable steps

to accomplish all lead hazard control activities outlined in an approved work plan within the approved period of performance. HUD will closely monitor grantee performance with particular attention placed on the completion of the number of units in the grant agreement, the expenditure of HUD grant funds as evidenced by drawdowns from the Line of Credit Control System (LOCCS), and other established community education, outreach and training objectives. HUD reserves the right to terminate the grant prior to the expiration of the period of performance if a grantee fails to meet established work plan benchmark milestones in implementing the approved program of activities.

#### Bonus Points (2 Points).

Applicants may also meet the requirements listed in Section VI (C) of the General Section of this SuperNOFA for a possible award of two bonus points.

#### V. Application Submission Requirements for New and Prior Grantee Applicants

(Grantee applicants eligible for a Performance-Based Renewal are to follow the submission requirements included in Appendix C of this Lead Hazard Control Grant Program NOFA)

#### (A) Applicant Information

(1) Application Format. The application narrative response from new and eligible prior grantees to the Rating Factors is limited to a maximum of 25 pages (excluding appendices and worksheets). Your response must be typewritten on one side only on  $8^{1/2}$ " x 11" paper using a 12-point (minimum) font with not less than 3/4" margins on all sides. Appendices should be referenced and discussed in the narrative response. Materials provided in the appendices should directly apply to the rating factor narrative.

(2) Application Checklist. Your application must contain all of the required information noted in this Program Section and the General Section of this SuperNOFA. These items include the standard forms, certifications, and assurances listed in the General Section of this SuperNOFA that are applicable to this funding (collectively referred to as the "standard forms"). The standard forms can be found in Appendix B of the General Section of this SuperNOFA. In addition, the following items are to be included in an application:

(a) Transmittal Letter. The applicant (or applicants) submitting the application, the dollar amount requested, the number of units to receive lead hazard control work, what the program funds are requested for, the nature of involvement with grassroots faith-based and other community-based organizations, and the name, mailing address, telephone number, and principal contact person of "the applicant."

(b) Checklist and Submission Table of Contents (see Appendix A of this NOFA).

(c) Abstract Summary. An abstract summary describing the goals and objectives of your proposed program (two page maximum). The abstract should briefly highlight the major goals and objectives established for the program.

(d) Section V Forms. All forms as required by Section V (H) of the General Section of this SuperNOFA.

(e) Budget. A detailed budget (total budget is the Federal share and matching contribution) with supporting cost justifications for all budget categories of your grant request. You must provide a separate estimate for the overall grant management element (Administrative Costs), which is more fully defined in Appendix B of this NOFA. The budget shall include not more than 10% for administrative costs and not less than 90% for direct project elements. A minimum of 60% of the total Federal amount requested must be dedicated to direct lead hazard control activities. A sufficient amount (two percent for most applicants) of the total Federal amount must be dedicated to activities to create a workforce properly trained in lead-safe work practices. If an applicant chooses not to include costs related to lead-safe work practices training in their work plan and budget, it must demonstrate that there is a workforce currently in place that is sufficient in size and is properly trained to carry out the work under the Lead Hazard Control Grant Program and the HUD Lead-Safe Housing Regulation. In the event of a discrepancy between grant amounts requested in various sections of the application, the amount you indicate on the HUD Form-424 will govern as the correct value.

(f) Matching Contribution. An itemized breakout (using the HUD 424) of your required matching contribution, including:

(i) Values placed on donated in-kind services;

(ii) Letters or other evidence of commitment from donors; and (iii) The amounts and sources of

contributed resources. (g) Application Forms. Standard

Forms SF–LLL and HUD Forms 2880, 2990, 2991, 2993, and 2994.

(h) Grant Partners. Contracts, Memoranda of Understanding or Agreement, letters of commitment or other documentation describing the proposed roles of agencies, local broadbased task forces, participating grassroots faith-based and other community or neighborhood-based groups or organizations, local businesses, and others working with the program.

(i) Consolidated Plan Element. A copy of the lead hazard control element included in your current program year's Consolidated Plan. (This does not apply to Native American Tribes) You should include the discussion of any lead-based paint issues in your jurisdiction's Analysis of Impediments, particularly as it addresses your target areas.

(j) Rating Factor Response. Narrative responses to the five rating factors.

(B) *Proposed Activities.* Unless otherwise noted in this NOFA, all applicants must, at a minimum, describe the proposed activities in the narrative responses to the rating factors. Your narrative statement must be numbered in accordance with each factor for award (Rating Factors 1 through 5). Please see Section V of the General Section of this SuperNOFA for additional requirements and submittal procedures.

(C) Applicant Debriefing. See Section XI(A)(d) of the General Section of this SuperNOFA for information about applicant debriefing.

#### **V. Corrections to Deficient Applications**

See Section VIII of the General Section of this SuperNOFA for information about corrections to deficient applications.

### VI. Environmental Requirements

(A) *Environmental Impact.* See Section IX of the General Section of this SuperNOFA for information about the Finding of No Significant Impact.

(B) Environmental Requirements. Recipients of lead-based paint hazard control grants must comply with 24 CFR Part 58—"Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities. Recipients are prohibited from committing or expending HUD and non-HUD funds on the project until HUD approves the recipient's Request for the Release of Funds (form HUD 7015.15) or the recipient has determined that the activity is either Categorically Excluded, not subject to the related Federal laws and authorities pursuant to 24 CFR 58.35(b) or Exempt pursuant to 24 CFR 58.34. For Part 58 procedures, see http://www.hud.gov/offices/cpd/ energyenviron/environment/index.cfm. For assistance, contact Karen Choi, the Office of Healthy Homes and Lead Hazard Control Environmental Officer at (213) 894-8000 x3015 (this is not a tollfree number) or the HUD Environmental Review Officer in the HUD Field Office serving your area. If you are a hearingor speech-impaired person, you may reach the telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339. Recipients of a grant under this funded program will be given additional guidance in these responsibilities.

#### VII. HUD Reform Act of 1989

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of this SuperNOFA at Section XI (A) Public Access, Documentation and Disclosure

#### Appendix A

Appendix A of this NOFA contains sample worksheets to assist you in your response to specific information requested in this NOFA. The submission of these worksheets are not mandatory, but have been developed to reduce the applicant's burden on providing this information.

#### Appendix B

The description of Administrative Costs, Eligibility of HUD Assisted Housing, and Work Plan Guidance are included in this section of the NOFA.

## Appendix C

The eligibility criteria and submission requirements for current grantees eligible to submit a Performance-Based Renewal are included in this section of the NOFA.

#### BILLING CODE 4210-32-P

# Appendix A.

# Checklist and Submission Table of Contents Lead Hazard Control Grant Program

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. You must include this checklist and submission table of contents with the proposal.

Transmittal LetterChecklist and Submission Table of ContentsApplicant Abstract (limited to a maximum of 2 pages)Application FormsHUD Form-424HUD Form-424BHUD Form-424CHUD Form-424CBW, Total Budget (Federal Share and Matching)HUD Form-2880 Disclosure and Update ReportHUD Form-2990 Certification of Consistency with the EZ/EC Strategic PlanHUD Form-2991 Certification of Consistency with the Consolidated PlanForm SF-LLL Disclosure of Lobbying Activities RequiredI Form SF-LLL Not Required	Cover page
Threshold Requirements Copy of Lead-Based Paint Element in Consolidated Plan 10 % Matching Contribution	
<ul> <li>Rating Factor Response (limited to a maximum of 25 pages)</li> <li>1. Capacity of the Applicant and Relevant Organizational Experience</li> <li>2. Needs/Extent of the Problem</li> <li>3. Soundness of Approach</li> <li>4. Leveraging Resources</li> <li>5. Achieving Results and Program Evaluation</li> </ul>	
Appendices Appendix A, Benchmark Standards, Sample Worksheets, Logic Model Form, and other Rating Factor related materials HUD Form-2993 Acknowledgment of Application Receipt HUD Form-2994 Client Comments and Suggestions (completion of this form is optional)	

## OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 1 - Key Personnel					
Name and Position Title (please include the organization position titles in addition to those shown)	Percent of Time Proposed for this Grant	Percent of Time to be spent on other LHC HUD grants	Percent of time to be spent on other activities		
	Note: The	ese three columns should	total 100%		
Overall Project Director					
Day-to-Day Program Manager					

OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 2	- Blood Lead Level (BLL) Inform	nation*						
Blood Lead Level for Name of TARGET AREA(S):	TARGET AREA(S)							
Total Number of Children < 6 Years (72 months)	Total Number of Children < 6 Years (72 months) of Age in Target Area:% of Total Population:							
Total Number of Children < 6 Years Tested for Bl	ood Lead Levels: % of Children <	6 years of age Tested:						
Blood Lead Level	Number of Children Under 6 Years (72 mo) of Age with following BLL Results	% of Total						
< 10 µg/dL								
$\geq$ 10 µg/dL and < 15 µg/dL								
$\geq$ 15 µg/dL and < 20 µg/dL								
≥ 20 µg/dL								
Total Tested		100%						
Source and Date of Estimate (Indicate Period Covered)								

\*State or Local Health Departments may be good reference sources for obtaining this information

## OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 2 - Blood Lead Level (BLL) Information*					
Blood Lead Level for	Name of JURISDICTION:	JURISDICTION			
Total Number of Children < 6 Years (72 months)	of Age in Target Area:% of T	'otal Population:			
Total Number of Children < 6 Years Tested for Bl	ood Lead Levels: % of Children < 6	years of age Tested:			
Blood Lead Level	Number of Children Under 6 Years (72 mo) of Age with following BLL Results	% of Total			
< 10 µg/dL					
$\geq 10 \mu$ g/dL and < 15 $\mu$ g/dL					
≥ 15 µg/dL and < 20 µg/dL					
≥ 20 µg/dL					
Total Tested		100 %			
Source and Date of Estimate (Indicate Period Covered)					

\*State or Local Health Departments may be good reference sources for obtaining this

information

# Sample Worksheet 3 - Housing Age and Condition TARGET AREA(S) Housing data for Name of TARGET AREA(S): % of Total Condition of Housing Stock Year Built Number Interior/Exterior 1 Pre-1940 1940-1949 1 1 1950-1959 1 1960-1969 1 1970-1977 1 1978 or newer 1 Total Source and Date of Estimate

#### OMB Approval Number 2539-0015 (exp 1/31/2006)

## OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 3 - Housing Age and Condition						
Housing data for JURISDICTION WIDE						
Name of JURISDICTION:						
Year Built	Number	% of Total	Condition of Housing Stock			
Pre-1940		Land and an				
1940-1949						
1950-1959		******				
1960-1969						
1970-1977						
1978 or newer						
Total						
Source and Date of Estimate						

OMB Approval Number 2539-0015 (exp 1/31/2006)

# Sample Worksheet 4 – Very Low- and Low-Income Population

Very Low- and Low Income Population for: **WIDE** 

JURISDICTION

Name of JURISDICTION: \_\_\_\_

Jurisdiction (City, County, State )	Number of Families ≤50% of AMI*	%	Number of Families ≥50% - < 80% of AMI*	%	Total Number of Families <80% of AMI*	%
Total						

\*AMI - Area Median Income

Sample Worksheet 4 – Very Low- and Low-Income Population				
Very Low- and Low Income Population for: AREA(S)	TARGET			
Name of TARGET AREA(S):				

Target Area (County, Municipality, Census Tract, Neighborhood, or Area )	Number of Families ≤50% of AMI*	%	Number of Families ≥50% - < 80% of AMI*	%	Total Number of Families <80% of AMI*	%
Total						
Source and Date of Estimate:		<u> </u>				I

\*AMI - Area Median Income

-

OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 5 - Housing Occupancy Projections						
Type of Unit	Number of Units Proposed	% of Total				
Owner-Occupied						
Rental						
Vacant						
Total		100 %				

## OMB Approval Number 2539-0015 (exp 1/31/2006)

Sample Worksheet 6 - Anticipated Lead Hazard Control Activities						
Activity	Who Will Perform This Activity? Identify (In-house, contractor, grassroots faith-based or community-based non- profit organization, etc.)	Number of Units	Estimated Time to Complete Work for each unit (hours, days, weeks)	Estimated Unit Cost		
Lead-Based Paint Inspections						
Lead-Based Paint Risk Assessments						
Interim Controls (Low Level Interventions,						
Specialized Cleaning, and Paint Stabilization)						
Hazard Abatement						
Clearance Inspections						

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Sample Worksheet 7 - Match Funding						
Source of Match	Work to be accomplished in support of the program using the matching funds	Value of In-kind or Cash Matching Contribution				
		Total Match Amount				

-

#### OMB Approval Number 2539-0015 (exp 1/31/2006)

Partner Name	Type of Organization or Program	Description of Commitment	Proposed Activities To Be Conducted by Partner	Resource and Match Commitment (\$ Value for Services Provided)

## **Sample Worksheet 8 - Grant Partners**

Partner Name: Name of organization or entity that will partner with applicant in conducting LHC activities.

**Type of Organization or Program**: Health, Housing, Environmental, Community Development Department, Grassroots faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institutions, Job Training and Economic Opportunity Organizations, etc.

Description of Commitment: Memorandum of Understanding/Agreement, Contract, Sub-grant, Letter, etc.

**Proposed Activities to be Conducted by Partner:** The type of activities that will be conducted by the grant partner in support of LHC efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.) **Resource and Match Commitment Contributed by Partner:** The value of any contributed resource by the grant partner (includes in-kind or cash in support of the grant program). The contributed resource should also be listed in Table 7 – Match Funding

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Grant Number:	Grantee Organization: Period of Pe								
	Q1 2003 Q2 2003 Q3 2003 Q4 2003 Q5 2004 Q6 2004 Q7 2004 Q8 2004 Q9 2004 Jan - Mar Apr - Jun Jul - Sep Oct - Dec Jan - Mar Apr - Jun Jul - Sep Oct - Dec Jan - Mar								
ACTIVITY	Jan - Mar	Apr - Jun	Jul-Sep	Oct -Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct-Dec.	Jan - Ma
Applicant Capacity (0-120 days) February 1- May 31,2003									
Staff Hired				1	1	1	1	1	ł
Approved Environmental Review and Release			1	1	1		1		
of Funds		•	1	1					
Written Policies and Procedures	1			[	1		1	t	
Lead Hazard Control Implementation Units In Grant Agreement = #									
Paint Inspections/Risk Assessments:	1				1			1	
Performance Standard	1	5%	15%	30%	45%	55%	65%	85%	95%
Work Plan Milestone	1	1			1	1	1	1	
% Planned	1	1			1		[	1	
Actual # Completed	1	1	[		T		1	1	
Actual % Completed	T	1			1				
** Units in Progress				[				I	
Units Completed and Cleared:									
Performance Standard		1	2%	5%	15%	30%	45%	55%	* 65%
Work Plan Milestone	1			[	T		Ι	I	
% Planned	1	1			1		T	1	
Actual # Completed	1						I	I	
Actual % Completed	T				I			1	
Cumulative LOCCS DRAWDOWNS Grant		Γ		l	1		T		
Award Amount = \$					†				
Performance Standard	T	Ι	[	5%	10%	15%	20%	30%	* 45%
LOCCS Drawdown Work Plan Milestone							I		
% Planned		I							
Actual LOCCS Drawdown	1	1			T				
Actual Cumulative LOCCS Drawdown %							1	I	
Community Outreach/Education/Training									
Community Outreach and Education Work Plan Milestone									
Community Outreach and Education Milestone Achieved									
Skills Training Work Plan Milestone									
Skills Training Milestone Achieved								<u> </u>	
Performance Measured Against Approved Work Plan Milestones	•••••			******					
Close-Out Feb 1 - Apr 30, 2006	ļ				ļ				
* Renewal Eligibility Milestone	<u> </u>	l	<u> </u>	<u> </u>	<u> </u>		<u> </u>		
** No bench mark standard	1	L	L	l	I	l	I	L	

Grant Number:	Grantee Organization:						
							Q7 200
ACTIVITY	Oct -Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - J
Applicant Capacity (0-180 days)						Î	
Staff Hired							<u> </u>
Approved Environmental Review and Release							
of Funds			T				
Written Policies and Procedures							
			1				
Lead Hazard Control Implementation Units							
in Grant Agreement = #							
Paint Inspections/Risk Assessments:							
Performance Standard			5%	15%	25%	35%	45%
Work Plan Milestone			0,0	10/0	2070		4570
% Planned			<b> </b>				
Actual # Completed							
Actual % Completed							
** Units in Progress							
Units Completed and Cleared:							
Performance Standard				2%	5%	15%	30%
Work Plan Milestone					0,0	.070	
% Planned			<u> </u>				
Actual # Completed							
Actual % Completed							
Cumulative LOCCS DRAWDOWNS Grant			<u> </u>				
Award Amount = \$							
Performance Standard					5%	109/	450/
LOCCS Drawdown Work Plan Milestone					3%	10%	15%
% Planned							
Actual LOCCS Drawdown							
Actual Cumulative LOCCS Drawdown %							
Community Outreach/Education/Training							
Community Outreach and Education Work Plan Milestone							
Community Outreach and Education							
Milestone Achieved							
Skills Training Work Plan Milestone							
Skills Training Milestone Achieved							
Performance Measured Against							
Approved Work Plan Milestones							
Close-Out March 30 - June 29, 2007							

#### Appendix B

This appendix to this NOFA contains the list of the standard forms, certifications and assurances used by the programs that are part of this NOFA. Listed forms are located in Appendix B of the General Section of the SuperNOFA.

The following forms are to be used for the Programs listed in this NOFA

- (1) Form HUD-424
- (2) Form HUD-424 B
- (3) Form HUD–424 C
- (4) Form HUD-424 CBW
- (5) Form HUD Logic Model Form

(6) Application Checklist and Submission

Table of Contents

(7) Ethnicity and Race Data

HUD has consolidated many of its application forms into a single HUD-424 form. The new HUD-424 consolidates budget-reporting forms for both construction and non-construction projects into a single form and eliminates having to have the following separate certifications: Certification for a Drug-Free Workplace (HUD-50070), the Certification of Payments to Influence Federal Transactions (HUD-50071), and the Certification Regarding Debarment and Suspension (HUD-2992).

New form HUD–424 replaces SF–424 and HUD–424 M

HUD–424 B replaces SF–424 B and D and HUD–50070, 50071 and 2992.

HUD–424 C and CB replaces SF–424 A and C

The HUD–424 CBW is added as a common detailed Budget Worksheet and replaces various budget worksheets used throughout the Department.

(A) *Administrative Costs.* Administrative costs that may be applicable to the programs included in this NOFA are discussed below:

#### I. Purpose

The intent of this HUD grant program is to allow the Grantee to be reimbursed for the reasonable direct and indirect costs, subject to a top limit, for overall management of the grant. In most instances the grantee, whether a State or a local government, principally serves as a conduit to pass funding to subgrantees, which are to be responsible for the conducting lead-hazard reduction work. Congress set a top limit of ten percent of the total grant sum for the grantee to perform the function of overall management of the grant program, including passing on funding to sub-grantees. The cost of that function, for the purpose of this grant, is defined as the "administrative cost" of the grant, and is limited to ten percent of the total grant amount. The balance of ninety percent or more of the total grant sum is reserved subgrantees or other direct-performers of leadhazard identification and reduction work. Lead hazard identification and reduction includes, but is not necessarily limited to outreach, training, enrollment, lead paint inspection/risk assessments, interim controls, hazard abatement, clearance documentation, blood lead testing, and public education.

#### II. Administrative Costs: What They Are Not

For the purposes of this HUD grant program for States and local governments to provide support for the evaluation and

reduction of lead-hazards in low- and moderate-income, private target housing, the term "administrative costs" should not be confused with the terms "general and administrative cost," "indirect costs," "overhead," and "burden rate." These are accounting terms usually represented by a government-accepted standard percentage rate. The percentage rate allocates a fair share of an organization's costs that cannot be attributed to a particular project or department (such as the chief executive's salary or the costs of the organization's headquarters building) to all projects and operating departments (such as the Fire Department, the Police Department, the Community Development Department, the Health Department or this program). Such allocated costs are added to those projects' or departments' direct costs to determine their total costs to the organization.

#### III. Administrative Costs: What They Are

For the purposes of this HUD grant are the program, "Administrative Costs' grantee's allowable direct costs for the overall management of the grant program plus the allocable indirect costs. The allowable limit of such costs that can be reimbursed under this program is ten (10) percent of the total grant sum. Should the grantee's actual costs for overall management of the grant program exceed ten percent of the total grant sum, those excess costs shall be paid for by the grantee. However, excess costs paid for by the grantee may be shown as part of the requirement for cost-sharing funds to support the grant.

#### **IV. Administrative Costs: Definition**

#### A. General

Administrative costs are the allowable, reasonable, and allocable direct and indirect costs related to the overall management of the HUD grant for lead-hazard reduction activities. Those costs shall be segregated in a separate cost center within the grantee's accounting system, and they are eligible costs for reimbursement as part of the grant, subject to the ten percent limit. Such administrative costs do not include any of the staff and overhead costs directly arising from specific sub-grantee program activities eligible under Section II (C) of this NOFA, because those costs are eligible for reimbursement under a separate cost center as a direct part of project activities.

The grantee may elect to serve solely as a conduit to sub-grantees, who will in turn perform the direct program activities eligible under NOFA Section II (C), or the grantee may elect to perform all or a part of the direct program activities in other parts of its own organization, which shall have their own segregated, cost centers for those direct program activities. In either case, not more than 10 percent of the total HUD grant sum may be devoted to administrative costs, and not less than 90% of the total grant sum shall be devoted to direct program activities. The grantee shall take care not to mix or attribute administrative costs to the *direct* project cost centers

#### B. Specific

Reasonable costs for the grantee's overall grant management, coordination, monitoring,

and evaluation are eligible administrative costs. Subject to the ten percent limit, such costs include, but are not limited to, necessary expenditures for the following goods, activities and services:

(1) Salaries, wages, and related costs of the grantee's staff, the staff of affiliated public agencies, or other staff engaged in grantee's overall grant management activities. In charging costs to this category the recipient may either include the entire salary, wages, and related costs allocable to the program for each person whose primary responsibilities (more than 65% of their time) with regard to the grant program involve direct overall grant management assignments, or the pro rata share of the salary, wages, and related costs of each person whose job includes any overall grant management assignments. The grantee may use only one of these two methods during this program. Overall grant management includes the following types of activities:

(a) Preparing grantee program budgets and schedules, and amendments thereto;

(b) Developing systems for the selection and award of funding to sub-grantees and other sub-recipients;

(c) Developing suitable agreements for use with sub-grantees and other sub-recipients to carry out grant activities;

(d) Developing systems for assuring compliance with program requirements;

(e) Monitoring sub-grantee and subrecipient activities for progress and

compliance with program requirements; (f) Preparing presentations, reports, and other documents related to the program for submission to HUD;

(g) Evaluating program results against stated objectives;

(h) Providing local officials and citizens with information about the overall grant program; however, a more general education program, helping the public understand the nature of lead hazards, lead hazard reduction, blood-lead screening, and the health consequences of lead poisoning is a direct project support activity);

(i) Coordinating the resolution of overall grant audit and monitoring findings; and

(j) Managing or supervising persons whose responsibilities with regard to the program include such assignments as those described in paragraphs (a) through (i).

(2) Travel costs incurred for official business in carrying out the overall grant management;

(3) Administrative services performed under third party contracts or agreements, for services directly allocable to grant management such as: legal services, accounting services, and audit services;

(4) Other costs for goods and services required for and directly related to the overall management of the grant program; and including such goods and services as telephone, postage, rental of equipment, renter's insurance for the program management space, utilities, office supplies, and rental and maintenance (but not purchase) of office space for the program.

(5) The fair and allocable share of grantee's general costs that are not directly attributable to specific projects or operating departments such as salaries, office expenses and other

related costs for local officials (*e.g.*, mayor and city council members, etc.), and expenses for a city's legal or accounting department which are not charged back to particular projects or other operating departments. If a grantee has an established burden rate, it should be used; if not, the grantee shall be assigned a negotiated provisional burden rate, subject to final audit. (B) Eligibility of HUD-Assisted Housing

Eligibility of HUD-associated "eligible" housing units to participate under HUD's lead-based paint hazard control grant program.

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	Eligible?	Program	Eligible?
Housing Components of Community Planning & Develo Programs	pment	Housing in Military Impacted Areas (Section 238)	Yes
Community Development Block Grants (Entitlement)	Yes	Single Family Home Mortgage Coinsurance (Section 244)	Yes
Community Development Block Grants (Non-Entitlement) for States and Small Cities	Yes	Graduated Payment Mortgages (Section 245)	Yes
Community Development Block Grants (Section 108 Loan Guarantee)	Yes	Adjustable Rate Mortgages (ARMs) (Section 251)	Yes
Special Purpose Grants	Yes	Manufactured Homes (Title I)	Yes
The Home Program: HOME Investment Partnerships	Yes	Housing - Multifamily Programs	
HOPE for Homeownership of Single Family Homes	Yes	Rent Supplements (Section 101)	No
Shelter Plus Care - Sponsor-based Rental Assistance	No	Multifamily Rental Housing (Section 207)	Yes
Shelter Plus Care - Tenant-based Rental Assistance	Yes	Cooperative Housing (Section 213)	Yes
Shelter Plus Care - Project-based Rental Assistance	No	Mortgage and Major Home Improvement Loan Insurance for Urban Renewal Areas (Section 220)	Yes
Shelter Plus Care - SRO Rental Assistance	No	Multifamily Rental Housing for Moderate-Income Families - Section 221(d)(3)	No
Single Family Property Disposition Homeless Initiative	No	Multifamily Rental Housing for Moderate-Income Families - Section 221(d)(4)	Yes
Emergency Shelter Grants	Yes	Existing Multifamily Rental Housing (Section 223(f))	Yes
Housing Opportunities for Persons With AIDS (HOPWA)	Yes	Supplemental Loans for Multifamily Projects (Section 241)	Yes
Surplus Properties (Title V)	No	Supportive Housing for Persons with Disabilities (Section 811)	No
Supportive Housing Demonstration Program Transitional Housing Component	Yes	HOPE 2: Homeownership of Multifamily Units (Title IV)	No
Supportive Housing Demonstration Program Permanent Housing Component	Yes	Low-Income Housing Preservation and Resident Homeownership (Title VI)	No
Supplemental Assistance for Facilities to Assist the Homeless (SAFAH)	Yes	Emergency Low-Income Housing Preservation (Title	No
Supportive Housing Program	Yes	Flexible Subsidy (Section 201)	No
Section 8 SRO Mod Rehab for Homeless Individuals	No	Public and Indian Housing	
Innovative Demonstration Program	Yes	Section 8 Project-Based Certificate Program	No
Housing - Single Family Programs		Section 8 Tenant Based Certificate and Voucher Program	Yes
One- to Four-Family Home Mortgage Insurance (Section 203(b) and (i))	Yes	Section 8 Moderate Rehabilitation Program	No
Rehabilitation Mortgage Insurance (Section 203(k))	Yes	Public Housing Development	No
Homeownership Assistance for Low- and Moderate- Income Families (Section 221(d)(2))	No	Public Housing Operating Subsidy	No
Homes for Service Member (Section 222)	Yes	Public Housing Modernization (Comprehensive Grant Program)	No
Housing in Declining Neighborhoods (Section 223(e))	Yes	Public Housing Modernization (Comprehensive Improvement Assistance Program)	No
Condominium Housing (Section 234)	Yes		

(C) Section 1011 of Title X Section 217 of Public Law 104–134 (the Omnibus Consolidated Rescissions and Appropriations Act of 1996, 110 Stat. 1321, approved April 26, 1996) amended Section 1011(a) of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (Title X) to read as follows:

#### Sec. 1011 Grants for Lead-Based Paint Hazard Reduction in Target Housing

(a) General Authority. The Secretary is authorized to provide grants to eligible applicants to evaluate and reduce lead-based paint hazards in housing that is not federally assisted housing, federally owned housing, or public housing, in accordance with the provisions of this section. Grants shall only be made under this section to provide assistance for housing which meets the following criteria—

(1) For grants made to assist rental housing, at least 50 percent of the units must be occupied by or made available to families with incomes at or below 50 percent of the area median income level and the remaining units shall be occupied or made available to families with incomes at or below 80 percent of the area median income level, and in all cases the landlord shall give priority in renting units assisted under this section, for not less than 3 years following the completion of lead abatement activities, to families with a child under the age of six years, except that buildings with five or more units may have 20 percent of the units occupied by families with incomes above 80 percent of area median income level:

(2) For grants made to assist housing owned by owner-occupants, all units assisted with grants under this section shall be the principal residence of families with income at or below 80 percent of the area median income level, and not less than 90 percent of the units assisted with grants under this section shall be occupied by a child under the age of six years or shall be units where a child under the age of six years spends a significant amount of time visiting; and

(3) Notwithstanding paragraphs (1) and (2), Round II grantees who receive assistance under this section may use such assistance for priority housing.

#### (D) Elements of a State Certification Program

To be eligible to receive a Lead-Based Paint Hazard Control grant, an applicant must be a State, tribal or local (city or county) government. State government and Native American tribal applicants must have an EPA approved State program for certification of lead-based paint contractors, inspectors, and risk assessors in accordance with 40 CFR 745.

#### Background

In October 1992, Congress passed the Residential Lead-Based Paint Hazard Reduction Act (Title X of the Housing and Community Development Act of 1992). Congress assigned Federal responsibility to the Environmental Protection Agency (EPA) for the definition, implementation, and oversight of State and Tribal Certification Programs for workers, contractors, and inspectors engaged in the detection and reduction of lead-based paint hazards. This legislation required EPA to develop regulations on accreditation of training programs, the certification of contractors and the training of workers engaged in lead-based paint activities. In addition, EPA was directed to issue work practice standards. Under the statute, lead-based paint activities are defined as:

• In the case of target housing: Risk assessment, inspection, and abatement; and

• In the case of any public building constructed before 1978, commercial building, bridge, or other structure or superstructure: identification of lead-based paint and materials containing lead-based paint, deleading, removal of lead from bridges, and demolition.

On August 29, 1996, EPA promulgated a final regulation that established requirements for lead-based paint activities in Target Housing and Child Occupied Facilities.

• 40 CFR part 745 Subpart L addressed the requirements for the certification of individuals and the accreditation of training programs as well as work practice standards.

• 40 CFR part 745 Subpart Q addresses the procedures and requirements for the approval of State programs that would be administered and enforced in lieu of the Federal Program in that State.

• 40 CFR 745.325 and 745.327 establishes the minimum programmatic and enforcement elements that a program must have in order to be authorized. States had until August 30, 1998 to receive authorization from the Agency. After that date, EPA will administer the Federal program in that State.

Any State or Tribe applying for a HUD Lead-Based Paint Hazard Control Grant must have implemented legislation and programs that fulfills the requirements of 40 CFR 745.325 and 327 and received EPA authorization for such a program. States and Tribes should be aware that HUD will not award grants for lead-based paint hazard evaluation or reduction to States without an EPA authorized program under section 404 of the Toxic Substances Control Act. An EPA administered, training and certification program established in the place of an approved state program *does not* satisfy the requirement for a State applicant to have a Federally-authorized State program. State or Tribal applicants must have received EPA authorization for their program as of the date the Lead-Based Paint Hazard Control Grant program applications are due at HUD. State and Tribal applicants should coordinate with the appropriate EPA Region to ensure their application for an authorized program is approved by the due date for the grant applications. All local government applicants will be required to use performers certified by their state or the EPA to perform lead hazard control work in their state.

Questions regarding the EPA authorization process should be directed to your EPA Regional Lead Coordinator.

#### (C) Work Plan Guidance

The work plan shall be submitted to the Government Technical Representative (GTR) and shall consist of the goals and specific time-phased objectives established for each of the major activities and tasks required to implement the program. These major activities and tasks are outlined in the Quarterly Progress Reporting System (Form-HUD–96006) and include: (1) Program Management and Capacity Building including data collection and program evaluation; (2) Community Education, Outreach and Training; and (3) Lead Hazard Activities including testing, interventions conducted, and relocation.

**Note:** Approval of the work plan by the GTR and HUD approval of the Release of Funds Request (HUD Form 7015.15) are required prior to conducting lead hazard control intervention work in homes.

- The work plan narrative shall include: □ The management plan that describes how the project will be managed, and the timeline for staffing the program, establishing a lead-based paint
- contractor pool, and obtaining HUD approval for the Release of Funds Request (HUD Form 7015.15);
   A detailed description of how assistance and funding will flow from the grantee
- and funding will flow from the grantee to the actual performers of the hazard reduction work;
- The selection process for sub-grantees, sub-contractors and/or sub-recipients;
   The identification, selection, and
- The identification, selection, and prioritization process for the particular properties where lead hazard control interventions are to be conducted;
- \* A description of the financing mechanism used to support lead hazard control work in units (name of administering agency, eligibility requirements, type of financing (grant, forgivable or deferred loans, private sector financing, etc), any owner contribution requirement, and the terms, conditions and amounts of assistance available (include affordability terms and forgiveness and recapture of funds provisions);
- □ The inspection/risk assessment testing procedures using EPA standards to identify lead hazards and to conduct clearance testing. (Dust wipe samples, soil samples and any paint samples to be analyzed by a laboratory must be analyzed by a laboratory recognized by the EPA National Lead Laboratory Accreditation Program (NLAPP));
- \* The process for developing work specifications and bids on properties selected for lead hazard control;
- □ The levels of intervention and clearance procedures to be conducted for units enrolled;
- □ The number of rental-occupied, vacant, and owner-occupied units proposed for each intervention level;
- □ The relocation plan that will be carried out for residents required to be out of their homes during hazard control activities;
- The education, outreach, and training activities to be undertaken by the program;
- □ The blood lead testing and other health measures to be undertaken to protect children and other occupants of units undergoing lead hazard control work; and
- □ The evaluation process used to measure program performance.

\* To be added as amendment to Work Plan Policy Guidance Issuance 2001–03

#### **Objectives and Milestones**

Specific and measurable performance objectives and milestones to be developed in support of the work plan narrative include:

- □ The overall objectives for lead hazard control activities including the total number of lead hazard evaluations, units projected to be completed and cleared, and the expenditure of Federal grant funds (HUD Agreement HUD-1044). Quarterly performance milestones are to be developed to achieve the overall objectives for these activities;
- □ The overall objectives for community education, outreach, and training activities. Quarterly performance milestones are to be developed to achieve the overall objectives for these activities;
- Performance benchmarks for 36-, and 42month grants have been developed. These benchmarks are included in Appendix A of this NOFA and can also be found on the HUD website at: http://www.hud.gov/offices/lead/ grantfrm/hudgrantee.cfm.

Development of your work plan should include and reflect these benchmark standards.

#### Appendix C

#### (1) General Instructions and Guidelines for Performance-Based Renewal Applicants

Current lead hazard control grantees that meet the eligibility requirements described below are eligible to submit an application for a Performance-Based Renewal to their current grant. If a current lead hazard control grantee does not meet these threshold requirements, they are not eligible to submit a Performance-Based Renewal application.

#### (2) Preparing Your Application

#### Transmittal Letter

Prepare a brief letter applying for the Performance-Based Renewal and signed by the Chief Executive or other authorized official. The transmittal letter should indicate the applicant agency, the amount of the grant requested for a Performance-Based Renewal, the amount of cash or in-kind matching contributions and the number of housing units in which lead hazard control will be conducted. Also include the name, telephone number, facsimile number, and e-mail address of the individual to contact for further information pertaining to the application.

#### Abstract Summary

Prepare a brief (two page maximum) abstract summary describing your jurisdiction, and the proposed lead-based paint hazard control project. Include the following items (be specific and concise):

• The total amount of the Federal request and the amount of the matching contribution for the entire period of performance (including your current grant period and up to 36-months additional period);

• The number of units in which lead hazard control activities will be conducted (include your current grant agreement and those to be treated during the 36-month modification period);

• The organization(s) that will participate in the program, either conducting lead hazard control activities or in other roles;

• Demographic, socio-economic and housing characteristics of neighborhood(s) selected for hazard control activities; • Your prior activities, experience and achievements in residential lead-based paint hazard control work or related work, including testing and treatment methods, and collaboration with other agencies;

• The scope and magnitude of the proposed lead hazard control project that details the area selected, number of housing units, intended beneficiaries, and the projected impact on the neighborhood/ jurisdiction; how the work will be accomplished;

• Any changes proposed in your work plan strategy for the 36-month proposed extension period.

#### **Required Forms**

Prepare and submit the following forms (found in this NOFA) as part of your application:

Current lead hazard control grantees applying for Performance-Based Renewal Grant are required to prepare and submit the following forms as part of their application package.

- HUD Form—424
- HUD Form-424B
- HUD Form—424C
- HUD Form-424CBW
- HUD Form-2993

\* These forms are found in the General Section of this SuperNOFA and are available as fillable Adobe Reader (PDF) or Word (DOC) formats from the HUD website at: www.hudclips.org.

Performance-Based Renewal applicants are encouraged to use the electronic version of the HUD Form 424CBW.

BILLING CODE 4210-32-P

# **Assistance Award/Amendment**

# U.S. Department of Housing and Urban Development Office of Administration

1. Assistance Instrument	2. Type of Action		
Cooperative Agreement Grant	Award Amendment		
3. Instrument Number 4. Amendment Number	5. Effective Date of this Action 6. Control Number		
7. Name and Address of Recipient	8. HUD Administering Office		
	8a. Name of Administrator 8b. Telephone Number		
10. Recipient Project Manager	9. HUD Government Technical Representative		
11. Assistance Arrangement 12. Payment Method	13. HUD Payment Office		
Cost Reimbursement			
Cost Sharing Advance Check			
Fixed Price			
14. Assistance Amount	15. HUD Accounting and Appropriation Data		
Previous HUD Amount \$	15a. Appropriation Number 15b. Reservation number		
HUD Amount this action \$			
Total HUD Amount \$	Amount Previously Obligated \$		
Recipient Amount \$	Obligation by this action \$		
Total Instrument Amount \$	Total Obligation \$		

16. Description

17. Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office		18. Recipient is not required to sign this document.			
19. Recipient (By Name)		20. HUD (By Name)			
Signature & Title	Date (mm/dd/yyyy)	Signature & Title	Date (mm/dd/yyyy)		
			form HUD-1044 (8/90)		

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ref. Handbook 2210.17

# Request for Release of Funds and Certification

U.S. Department of Housing and Urban Development Office of Community Planning and Development OMB No. 2506-0087 (exp. 11/30/2004)

This form is to be used by Responsible Entities and Recipients (as defined in 24 CFR 58.2) when requesting the release of funds, and requesting the authority to use such funds, for HUD programs identified by statutes that provide for the assumption of the environmental review responsibility by units of general local government and States. Public reporting burden for this collection of information is estimated to average 36 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Part 1. Program Description and Request for Release of Funds	(to be completed by Responsible Entity)
1. Program Title(s)	2. HUD/State Identification Number 3. Recipient Identification Number (optional)
4. OMB Catalog Number(s)	5. Name and address of responsible entity
6. For information about this request, contact (name & phone number)	
	7. Name and address of recipient (if different than responsible entity)
8. HUD or State Agency and office unit to receive request	
The recipient(s) of assistance under the program(s) listed above conditions governing the use of the assistance for the followin 9. Program Activity(ies)/Project Name(s)	requests the release of funds and removal of environmental grant g 10. Location (Street address, city, county, State)

11. Program Activity/Project Description

#### Part 2. Environmental Certification (to be completed by responsible entity)

With reference to the above Program Activity(ies)/Project(s), I, the undersigned officer of the responsible entity, certify that:

- 1. The responsible entity has fully carried out its responsibilities for environmental review, decision-making and action pertaining to the project(s) named above.
- 2. The responsible entity has assumed responsibility for and complied with and will continue to comply with, the National Environmental Policy Act of 1969, as amended, and the environmental procedures, permit requirements and statutory obligations of the laws cited in 24 CFR 58.5; and also agrees to comply with the authorities in 24 CFR 58.6 and applicable State and local laws.
- 3. After considering the type and degree of environmental effects identified by the environmental review completed for the proposed project described in Part 1 of this request, I have found that the proposal did did not require the preparation and dissemination of an environmental impact statement.
- 4. The responsible entity has disseminated and/or published in the manner prescribed by 24 CFR 58.43 and 58.55 a notice to the public in accordance with 24 CFR 58.70 and as evidenced by the attached copy (copies) or evidence of posting and mailing procedure.
- 5. The dates for all statutory and regulatory time periods for review, comment or other action are in compliance with procedures and requirements of 24 CFR Part 58.
- 6. In accordance with 24 CFR 58.71(b), the responsible entity will advise the recipient (if different from the responsible entity) of any special environmental conditions that must be adhered to in carrying out the project.

As the duly designated certifying official of the responsible entity, I also certify that:

- 7. I am authorized to and do consent to assume the status of Federal official under the National Environmental Policy Act of 1969 and each provision of law designated in the 24 CFR 58.5 list of NEPA-related authorities insofar as the provisions of these laws apply to the HUD responsibilities for environmental review, decision-making and action that have been assumed by the responsible entity.
- 8. I am authorized to and do accept, on behalf of the recipient personally, the jurisdiction of the Federal courts for the enforcement of all these responsibilities, in my capacity as certifying officer of the responsible entity.

Signature of Certifying Officer of the Responsible Entity	Title of Certifying Officer
	Date signed
X	

Address of Certifying Officer

#### Part 3. To be completed when the Recipient is not the Responsible Entity

The recipient requests the release of funds for the programs and activities identified in Part 1 and agrees to abide by the special conditions, procedures and requirements of the environmental review and to advise the responsible entity of any proposed change in the scope of the project or any change in environmental conditions in accordance with 24 CFR 58.71(b).

Signature of Authorized Officer of the Recipient	Title of Authorized Officer
	Date signed
X	

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

OMB Control No. 2539-0008 exp. (01/31/2004

U.S. Department of Housing and Urban Development

# Lead-Based Paint Hazard Control Grant Program

**Progress Reporting** 



Replaces forms 96001, 96002, 96003, 96004, & 96005

OMB Control No. 2539-0008 exp. (01/31/2004)

This information is designed to provide timely information to HUD regarding the progress of the grantees in carrying out the Lead-Based Paint Hazard Control Grant Program and to provide the Congress with status reports as required by statute - Title X of the Housing and Community Development Act of 1992 (PL 102-550).

Public reporting burden for this collection of information is estimated to be 12 hours per response.

This agency may not collect this information, and you are not required to complete this form packet, unless it displays a currently valid OMB control number.

This collection does not require the retention of confidential or sensitive material.

Replaces forms 96001, 96002, 96003, 96004, & 96005

# Dear Lead Hazard Control Grantee:

I am pleased to transmit to you an improved grantee reporting system. The Lead-Based Paint Hazard Control Grant Program Progress Reporting Form reflects the new set of reporting requirements that we believe will assist both HUD and grantees monitor and evaluate progress implementing lead hazard control grant program activities. This report is the result of the Office of Lead Hazard Control's continuing effort to develop more effective ways to obtain timely and useful qualitative and quantitative information. Staff from the Office of Lead Hazard Control as well as selected lead hazard control grantees provided input and feedback on the development of this report. Their valuable contributions and insights were appreciated.

This Quarterly Progress Report is designed for web-based reporting, but will be available in several formats for submission to the Office of Lead Hazard Control. These reporting requirements supersede previous requirements.

We believe that this report, coupled with a well-conceived work plan, creates a system to assist all parties in measuring grantee performance and fulfilling program management, monitoring, and oversight responsibilities.

Sincerely,

Alis Mellen

Ellis G. Goldman, Director Program Management Division

Replaces forms 96001, 96002, 96003, 96004, & 96005

# OFFICE OF LEAD HAZARD CONTROL GRANTEE QUARTERLY PROGRESS REPORT

1. Grant Agreement Number:		
2. Grantee Organization:		
3. Project Title:	an en	
4. Organization Address:		
5. Report Period:	Jan 1 – Mar 31	Jul 1 – Sep 30 Year 20
	Apr 1 – Jun 30	Oct 1 – Dec 31
6. Project Period of Performance: (Start - Expiration Date)		
<ol> <li>Cumulative Federal Grant Funds Drawn (LOCCS) Through End Date of Report Period:</li> </ol>		
8. Number of Projected Units per HUD Grant Agreement (HUD 1044):		

# Certification

9. Program Manager: (print name)	
10. Signature:	10a. Date:

If any items in this report require explanation or clarification, please address them in the PROGRAM NARRATIVE RESPONSE portion of the quarterly report.

# QUARTERLY PROGRESS REPORT

# PART 1 PROGRAM NARRATIVE RESPONSE

Discuss your progress and accomplishments in meeting the tasks and objectives outlined in your HUD-approved work plan. You should respond to each narrative item with a short paragraph. Work plan tasks that must be covered in this report include:

- A. Program Management and Capacity Building (including discussions of data collection and program performance activities)
- B. Community Education, Outreach and Training
- C. Lead Hazard Control Activities (including relocation)

Summarize your activities for this report quarter, and cumulatively if appropriate. In the discussion of these work plan tasks, highlight issues and/or activities that had a significant impact on the program. The narrative discussion is to complement the data submitted on these OMB-approved report forms.

If your narrative response to a particular question (such as A4.) remains unchanged from the previous quarterly report or no new information can be reported (i.e., changes to key personnel), you should reply by repeating your response from the previous report and indicating the date of the original response (i.e. Jan 1 - Mar 31, 1999).

# A. Program Management and Capacity Building

Within the context of the current work plan and grant agreement, summarize your progress in the overall grant program.

- A1. Describe any obstacles to performance and measures taken to overcome these obstacles.
- A2. Describe efforts to enhance the coordination and integration of lead hazard control work with other housing, health, and environmental programs (i.e., childhood lead poisoning prevention programs, health and housing code enforcement, housing rehabilitation, weatherization, etc.). Describe other services to be provided such as blood lead screening and community education and outreach; intra- and interagency partnerships, and public and private partnerships.
- A3. Describe the availability of lead-based paint contractors in your area. Describe activities you have taken to increase the number of contractors available to provide lead hazard control work as part of your grant.
- A4. Describe any changes in key personnel in the program, and among sub-grantees or other entities directly involved in your grant program and its impact. Provide information on any new program participants, including resumes of key individuals. (Include letters of commitments, MOU's, or other arrangements with community-based organizations and other partners.) Describe any significant changes to the work plan or budget that have occurred. Describe methods used to collect program data and what criteria were used to evaluate the performance of your grant program. Describe the effectiveness of the financing mechanisms used in enrolling property owners, including owners of rental properties, in the program. Describe any efforts undertaken to develop and utilize a lead-safe housing registry. (Include information on the number of units included, the public availability of the system, and examples of how the registry has been used.) Describe any proposed or actual changes in State or local laws, regulations, or policies which may affect your grant program.

# B. Community Education, Outreach and Training

- B1. Describe education and outreach activities and events completed this quarter. Discuss the expected results of your efforts. Describe your outreach efforts at reaching specific groups you have targeted (door-to-door, presentations, training, broadcast media, mailings) and the intended recipients of this outreach (tenants, landlords, parent groups, child-care providers). These activities should be included in Item B5 below.
- B2. Describe outreach techniques and/or particular methods, materials, and formats that have proved to be most effective (attach copies of any media coverage and materials, including press clippings, to this report).
- B3. Describe training efforts completed this quarter. Discuss the types of training provided and any certifications received. These efforts should correspond to Item B4 below.

34. Skills Training and Economic Opp Skills Training Conducted (For Report Quarter)	Number of Individuals Trained	Number of Individuals Employed as a Result of Training
Low-Income Individuals	B4a.	B4b.
Property Owners / Tenants / Remodelers / Renovators / Maintenance Workers	B4c.	
Lead-Based Paint Contractors	B4d.	
Grant Program & Partnering Entities Staff	B4e.	
Other (specify)	B4f.	

See instructions for completing this section of the report.

## B5. Community Education and Outreach Activities

Target Audiences	Activities Conducted (For Report Quarter)	Number of Individuals Reached
Health & Child Care Providers	B5a.	B5b.
Schools, Parent groups, Places of Worship	B5c.	B5d.
Landlords / Landlord Groups, Tenants / Tenant Groups, Housing Corporations	B5e.	B5f.
Community or Target Area Wide	B5g.	B5h.
Real Estate Professionals	B5i.	B5j.
Other (specify)	B5k.	B5I.

Replaces forms 96001, 96002, 96003, 96004, & 96005

# C. Lead Hazard Control Activities

- C1. Describe the extent to which lead hazard control activities were conducted in conjunction with other work (i.e., rehabilitation, code correction, weatherization, etc.).
- C2. Describe the lead hazard control methods or combination of methods used. To the extent possible, describe the number of housing units completed and cleared for the methods used (e.g., low-level interventions, interim controls, hazard abatement). Discuss the lead hazard control and rehabilitation costs for units completed this quarter.
- C3. Describe any post-hazard control maintenance plans for units where lead hazard control grant work has been completed.

# C4. Lead Hazard Evaluations and Units in Progress

Activity	Number Completed This Quarter		
Number of Units Receiving Lead Hazard Evaluations	C4a.		
Number of Units with Lead Hazards Identified	C4b.		
Number of Units in Progress or Under Contract	C4c.		

# C5. Lead Hazard Control – Unit Production

Number of Units Completed and Cleared	Number Completed and Cleared*	Number of Units With Other Rehab, Code work	Number of Units Where Occupants Were Relocated
Occupied Rental Units	С5а.	C5b.	C5c.
Vacant Units	C5d.	C5e.	
Owner-Occupied Units	C5f.	C5g.	C5h.
Total	C5i.	C5j.	C5k.

\* A Listing of Units Completed and Cleared during the Quarter by street address is to be attached to the Quarterly Report (see PART 2 – LISTING OF UNITS COMPLETED AND CLEARED)

Replaces forms 96001, 96002, 96003, 96004, & 96005

Age of	Pre-1940	1940 - 1959	1960 - 1977	Unknown
Housing (based on number of units completed and cleared)				
	C6a.	C6b.	C6c.	C6d.

## C7. Occupant Information of Units Completed

Number of Occupants Residing in Units when Lead Hazard Control Work was Initiated	Children under 6 Years of Age	Children under 6 Years of Age Receiving Medicaid	Occupants over 6 years of age (including adults)
	C7a.	C7b.	C7c.

# C8. Blood Lead Values of Children

Blood Lead Values of Children Under 6 of Age Residing in Units when Lead Hazard Control Work was Initiated	BLL under 10 µg/dL	BLL between 10-19 µg/dL	BLL ≥20 µg/dL	Not Tested or results not available
	C8a.	C8b.	C8c.	C8d.

In addition to the quarterly report, the HUD Office of Lead Hazard Control is always interested in the accomplishments of our Lead Hazard Control grantees and in sharing these with lead poisoning prevention advocates. If you have a particular "success story" which may reflect innovative approaches in implementing your program, or if you have overcome any obstacles that would be of interest or benefit to others, please submit the story with your quarterly report.

Replaces forms 96001, 96002, 96003, 96004, & 96005

# PART 2 LISTING OF UNITS COMPLETED AND CLEARED

Grant Agreement Number:			
Grantee Organization:			
Report Period:	Jan 1 – Mar 31	Jul 1 – Sep 30	Year 20
	Apr 1 – Jun 30	Oct 1 – Dec 31	

Please submit the following information for units that have undergone lead hazard control activities and subsequently cleared:

Unit Street Address	Apt #	City	State	Zip Code	LHC Intervention Costs	Relocation Costs	Rehab or other Work Costs
		ļ					
				<u> </u>			
							L <u></u>

Replaces forms 96001, 96002, 96003, 96004, & 96005

## PART 3 FINANCIAL REPORTING HUD Lead Hazard Control Grant Funds

Grant Agreement Number:			
Grantee Organization:			
Report Period:	Jan 1 – Mar 31	Jul 1 – Sep 30	Year 20
	Apr 1 – Jun 30	Oct 1 – Dec 31	

BUDGET CATEGORIES*	NEGOTIATED BUDGET	EXPENDED THIS PERIOD*	EXPENDED TO DATE*	AVAILABLE BALANCE
1. Personnel (Direct Labor)				
2. Fringe Benefits				
3. Travel				
4. Equipment				
5. Supplies and Materials				
6. Consultants				
7. Contracts / Sub-Grantees /	and the second second			
7a.				
7b.				
7c.				
7d.				
7e.				-
7f.				
7g.				
7h.				
7i.				
Subtotal Item 7				
8. Other Direct Costs				
9. Indirect Costs				
10. TOTALS*				
	10a.	10b.	10c.	10d.

\* Administrative costs included in totals expended are not to exceed 10-percent

Replaces forms 96001, 96002, 96003, 96004, & 96005

form HUD-96006 (8/2001)

### OFFICE OF LEAD HAZARD CONTROL

Instructions for Completing the Quarterly Progress Report

Cover Page

- 1. <u>Grant Agreement Number</u>. The Number Assigned in Block 3 of the HUD Grant Agreement (HUD 1044).
- 2. <u>Grantee Organization</u>. The State or local agency which was awarded the Lead Hazard Control Grant.
- 3. Project Title. The name of the Lead Hazard Control Grant Program.
- 4. **<u>Organization Address</u>**. The mailing address where the Lead Hazard Control Grant Program receives correspondence and other program materials.
- 5. *<u>Report Period</u>*. Check the appropriate box covering the period for the report.
- Project Period of Performance. The currently approved period of the HUD Grant Agreement (including any grant agreement modification). The period of performance is listed as a "clause" or in Block 16 of the HUD grant agreement (the expiration date is the date the grant is to conclude).
- Cumulative Federal Grant Funds Drawn (LOCCS) Through End Date of <u>Report Period</u>. The total Federal grant funds drawn down by the grantee. This amount should correspond to the total listed in Item 10 (c) of Part 3 -Financial Reporting.
- 8. <u>Number of Projected Units per HUD Grant Agreement (HUD 1044).</u> The number of units to have lead hazard control interventions as negotiated between HUD and the grantee.
- Program Manager. The manager of the Lead Hazard Control Grant Program. The person responsible for the completion and submission of the quarterly report.
- 10. <u>Signature.</u> The signature of the Program Manager. 10a. <u>Date.</u> The date the Program Manager signs and submits the quarterly report to HUD.

PART 1 - Program Narrative Response

<u>Items A1-A4, B1-B3, C1-C3.</u> Program Management and Capacity Building; Community Education, Outreach, and Training; and Lead Hazard Control Activities.

Instructions for the completion of this narrative section of the quarterly report are included with the forms and are self-explanatory. Grantees are expected to discuss progress and obstacles in implementing the Lead Hazard Control Grant Program. A response to each item is expected. Please note that responses to particular questions may remain unchanged from the previous quarter. In the event that the response does not change from the previously submitted quarterly report, follow the instructions outlined in the box immediately preceding the *Program Management and Capacity Building* Section of the report (Part 1). *Item B4. Skills Training and Economic Opportunities* 

Replaces forms 96001, 96002, 96003, 96004, & 96005

Responses to this item should relate to the activities described in the narrative reply to Item B4.

**B4 a.** The number of low-income individuals receiving training to obtain or enhance specific skills in lead related activities during the reporting period (e.g. inspection and testing; construction trade skills, lead hazard control work, conducting community education and outreach work, etc.).

**B4 b.** The number of low-income individuals employed as a result of receiving this skills training. This total should only include those low-income individuals trained and employed during this report period. However, low-income individuals who were first employed during this quarter, but who may have been trained in a previous quarter, should be included in the current reporting period.

**B4 c.** The number of property owners, tenants, remodelers, renovators, and maintenance workers receiving training in lead hazard control intervention methods (cleaning, paint stabilization, interim control techniques) during the current reporting period.

**B4 d.** The number of lead-based paint contractors trained and certified during the current reporting period (Includes all disciplines - inspection/testing, program design, supervisor, abatement work).

**B4 e**. The number of grantee or partner organization(s) staff receiving training this current reporting period. Training could be related to any program activity or task (e.g. management, supervision, inspection/testing, lead hazard control activities, community education and outreach, data collection, etc.).

**B4 f.** Any other training activities conducted which are not included in items B4 a.-e.

### Item B5. Community Education and Outreach Activities

**B5 a-I.** Responses to these items should relate to the narrative reply to Items B1-B2. You should list all activities undertaken to reach each target audience during the quarter. (e.g. meetings, presentations, mailings of educational materials and brochures, health fairs, media efforts, etc.). If no activity occurred during the report period, indicate "None" in the appropriate block(s). The number of individuals reached is the cumulative number of recipients who received community education and outreach (e.g. 25 real estate brokers/agents were informed of disclosure requirements at a meeting, with an additional 225 mailed information. The total number of real estate professionals reached during the period would be 250)

### Items C4. Lead Hazard Evaluations and Units in Progress

Responses to these items should pertain to the number of lead hazard control evaluations (hazard screens, paint inspections, and/or risk assessments) conducted during the quarter. These evaluations should only pertain to units either enrolled or considered for enrollment into the program.

**C4 a.** The number of lead hazard screens, lead-based paint inspections and/or risk assessments conducted during the current reporting period.

C4 b. The number of units in which lead-based paint hazards were identified.

**C4 c.** The number of units at the end of the current reporting period either under contract for lead hazard control work to be undertaken or units where actual lead hazard control work has begun, but the unit has not yet cleared.

### Item C5. Lead Hazard Control - Unit Production

**C5a., C5d., C5f., C5i.** The number of units, by occupancy status, in which lead hazard control work was completed and the unit cleared in accordance with HUD Guidelines during the current reporting period.

**C5b., C5e., C5g., C5j.** Of the number of units completed and cleared, the number of units, by occupancy status, in which other rehabilitation or code work was conducted.

**C5c., C5h., C5k.** Of the occupied units completed and cleared during the current reporting period, indicate in the appropriate block, the number of units in which the occupants were temporarily relocated while the unit was undergoing lead hazard control interventions.

### Item C6. Age of Units Completed and Cleared

**C6a.- d.** Of the total units completed and cleared during the current reporting period (Item C5i), indicate the number of units, by age of housing, in the appropriate block.

### Items C7-C8. Occupant Information of Units Completed

Of the units completed and cleared during the current reporting period (Item C5i), identify the number of occupants residing in these units at the time that lead hazard control work was initiated.

**C7a.** The total number of children *less than* 6 years of age occupying units at the time lead hazard control work was initiated.

C7b. The total number of children *less than* 6 years of age receiving Medicaid.

Replaces forms 96001, 96002, 96003, 96004, & 96005

**C7c.** The total number of occupants 6 years of age or older (including adults) residing in units at the time that lead hazard control work was initiated.

**C8.** Of the children <u>*less than*</u> 6 years of age identified in item C7a., indicate the number whose pre-hazard control blood lead values fall within the categories outlined in blocks C8a.-C8d.

### PART 2 - LISTING OF UNITS COMPLETED AND CLEARED

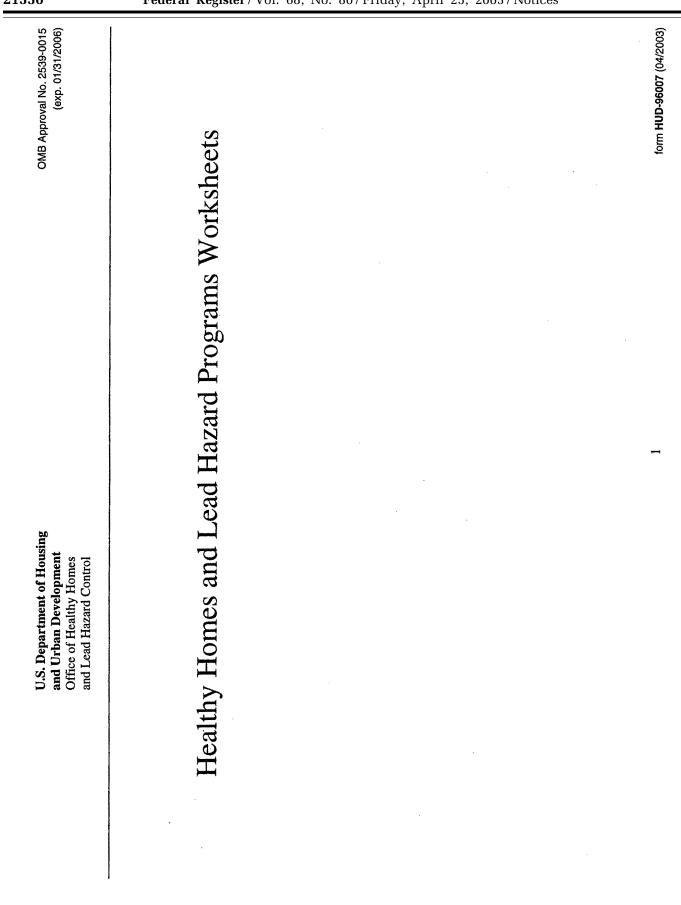
This section of the report is to provide additional information pertaining to the units in which lead hazard control work was completed and the unit achieved clearance during the current reporting period. Indicate the unit address, city, state, and zip code, for each unit listed. The total number of units included in this listing should equal the total number identified in Block C5i of Part 1.

Identify the lead hazard control, temporary relocation, and rehabilitation costs associated with the work conducted in each unit. Costs only related to the lead hazard control intervention measures used for treating units, (exterior, interior, common areas) clean up work, and waste handling and disposal are to be reported in the "<u>LHC Intervention Costs</u>" block. Relocation costs attributed to a unit should be reported in the "<u>Relocation Costs</u>" block. Rehabilitation, code correction or other work conducted in conjunction with HUD Lead Hazard Control Grant Program funds in a unit using Community Development Block Grant, HOME funds or other resources are to be included in the "<u>Rehabilitation or other Work Costs</u>" block.

A description of these costs is to be included in your narrative response to Item C2 Part 1.

### PART 3 - FINANCIAL REPORTING

**Items 1-10.** The financial information to be submitted for the current reporting period is based on the negotiated budget included in the HUD grant agreement (including any modifications). Expenditures are to reflect Voucher Payment Requests made through the LOCCS. Item 7 should list all sub-grantee organizations individually. If the program uses more than one abatement contractor, they all may be included in one sub-category (as abatement or lead hazard control contractors).



The information collection requirements contained in this	s notice of funding availa	bility will be used to rate app	in this notice of funding availability will be used to rate applications, determine eligibility, and establish grant amounts.
For the Healthy Homes and Lead Hazard Programs, the public reporting burden for this collection of information is estimated to average 80 hours per respons reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.	public reporting burden i athering and maintaining	for this collection of informat ; the data needed, and comple	For the Healthy Homes and Lead Hazard Programs, the public reporting burden for this collection of information is estimated to average 80 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.
The information submitted in response to these Notices of Funding Availability for Lead Hazard Control Grant Progr Housing and Urban Development Reform Act of 1989 (Pub.L. 101-235, approved December 15, 1989, 42 U.S.C. 3545).	f Funding Availability for ub.L. 101-235, approved l	r Lead Hazard Control Grant December 15, 1989, 42 U.S.C.	The information submitted in response to these Notices of Funding Availability for Lead Hazard Control Grant Programs is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Pub.L. 101-235, approved December 15, 1989, 42 U.S.C. 3545).
	Works	Worksheet 1 - Key Personnel	Iel
Name and Position Title (please include the organization position titles in addition to those shown)	Percent of Time Proposed for this Grant	Percent of Time to be spent on other LHC HUD grants	Percent of time to be spent on other activities
		Note: These thi	Note: These three columns should total 100%
Overall Project Director			
Day-to-Day Program Manager			
•			
		2	form HUD-96007 (04/2003)

Worksheet 2 - F	Worksheet 2 - Blood Level (BLL) Information*
Blood Lead Level for TA Name of TARGET AREA(S):	TARGET AREA(S)
Total Number of Children < 6 Years (72 months) of Age in Target Area:	:% of Total Population:
Total Number of Children < 6 Years Tested for Blood Lead Levels:	% of Children < 6 years of age Tested:
Blood Lead Level Number of Chile (72 mo) of Age with	Number of Children Under 6 Years         % of Total           (72 mo) of Age with following BLL Results         %
< 10 µg/dL	
≥ 10 μg/dL and < 15 μg/dL	
$\geq$ 15 µg/dL and < 20 µg/dL	
≥ 20 μg/dL	
Total Tested	100%
Source and Date of Estimate (Indicate Period Covered)	
*State or Local Health Departments may be good reference sources for obtaining this information	for obtaining this information

form HUD-96007 (04/2003)

	Worksheet 2 - Blood Lead Level (BLL) Information*	() Information*
Blood Lead Level for: JURISDICTION Name of JURISDICTION:		
Total Number of Children < 6 Years (72 months) of Age in Target Area:	.) of Age in Target Area:% of Total Population:	pulation:
Total Number of Children < 6 Years Tested for Blood Lead Levels:	Blood Lead Levels:% of Children < 6 years of age Tested:	of age Tested:
Blood Lead Level	Number of Children Under 6 Years (72 mo) of Age with following BLL Results	% of Total
< 10 µg/dL		
$\geq 10 \ \mu g/dL$ and $< 15 \ \mu g/dL$		
$\geq$ 15 µg/dL and < 20 µg/dL		
≥ 20 µg/dL		
Total Tested		100 %
Source and Date of Estimate (Indicate Period Covered)		
*State or Local Health Departments may	ay be good reference sources for obtaining this information	this information
	4	form HUD-96007 (04/2003)

		Vorkshoot 3 - Hon	Worksheet 3 - Housing Age and Condition	1334
Housing data for: TARGE	TARGET AREAS	norr - C 122Hev to A	sing Age and Condition	<u> </u>
Name of TARGET AREA(S):				
Year Built	Number	% of Total	Condition of Housing Stock Interior/Exterior	T
Pre-1940			1	<b>1</b>
1940-1949				1
1950-1959				T
1960-1969				1
1970-1977				1
1978 or newer				1
Total				T
Source and Date of Estimate				

form HUD-96007 (04/2003)

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	WG	orksheet 3 - Housir	Worksheet 3 - Housing Age and Condition	
Housing data for: JURISDICTION WIDE				
Name of JURISDICTION:			· · · · · · · · · · · · · · · · · · ·	
Year Built	Number	% of Total	Condition of Housing Stock	×
Pre-1940				
1940-1949				
1950-1959				
1960-1969				
1970-1977				
1978 or newer				
Total				
Source and Date of Estimate				
		• •		
		U	9	form HUD-96007 (04/2003)

	Worksh	eet ,	Worksheet 4 – Very Low- and Low-Income Population	w-Iı	ncome Populatio	R
Very Low- and Low Income Population for:		RISI	JURISDICTION WIDE		·	
Name of JURISDICTION:				ł		
Jurisdiction (City, County, State )	Number of Families <50% of AMI*	8	Number of Families ≥50% - < 80% of AMI*	%	Total Number of Families <80% of AMI*	%
Total						
Source and Date of Estimate:						
*AMI – Area Median Income						
			Ľ			form HUD-96007 (04/2003)

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	Worksł	heet	Worksheet 4 – Very Low- and Low-Income Population	ul-wo	ncome Populatio	5	<b></b>
Very Low- and Low Income Population for:	ulation for:		TARGET AREA(S)				
Name of TARGET AREA(S):							
Target Area (County, Municipality,		%	Number of Families	%	Total Number of Families	%	
Census Tract, Neighborhood, or Area )	≤50% of AMI*		≥50% - < 80% of AMI*		<80% of AMI*		
			4				
Total							
Source and Date of Estimate:							
*AMI – Area Median Income							
			∞			form HUD-96007 (04/2003)	003)

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	Worksheet 5 - Housing	Worksheet 5 - Housing Occupancy Projections
Type of Unit	Number of Units Proposed	% of Total
Owner-Occupied		
Rental		
Vacant		
Total		100 %
	мт Т	
		9 form HUD-96007 (04/2003)

	Worksheet 6	- Anticipated	Worksheet 6 - Anticipated Lead Hazard Control Activities	l Activities
Activity	Who Will Perform This Activity? Identify (In-house, contractor, grassroots faith-based or community-based non-profit organization, etc.)	Number of Units	Estimated Time to Complete Work for each unit (hours, days, weeks)	Estimated Unit Cost
Lead-Based Paint Inspections Lead-Based				
Paint Risk Assessments				
Interim Controls (Low Level Interventions, Specialized Cleaning, and Paint Stabilization)				
Hazard Abatement Clearance Inspections				

form HUD-96007 (04/2003)

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Federal	Register / Vol.	68, No.	80 / Friday,	April 25,	2003 / Notices

	1	I	I	T T	l de la companya de l	1
nding	Value of In-kind or Cash Matching Contribution					<u>Total Match Amount</u> S
Worksheet 7 - Match Funding	Work to be accomplished in support of the program using the matching funds					
	Source of Match					

form HUD-96007 (04/2003)

Resource and Match Commitment (\$ Value for Services Provided)			Partner Name:       Name of organization or entity that will partner with applicant in conducting LHC activities.         Type of Organization or Program:       Health, Housing, Environmental, Community Development Department, Grassroots faith-Based or Community-Based Organization, conducting LHC activities and Poisoning Prevention Program:         Hearther Name:       Name of organization or Program:         Health, Housing, Environmental, Community Development Department, Grassroots faith-Based or Community-Based Organization, conducted Poisoning Program.         Bescription of Commitment:       Menory of Difference, Sub-grant, Letter, etc.         Proposed Activities to be Conducted by Partner:       The type of activities that will be conducted by the grant partner in support of LHC efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.)         Resource and Match Commitment Contributed by Partner:       The value of any contributed resource by the grant partner (includes in-kind or cash in support of the grant partner (includes in-kind or cash in support of the grant partner (includes in-kind or cash in support of the grant program).         program).       The contributed resource should also be listed in Table 7 – Match Funding.
Grant Partners d Activities To fucted by	Fatuler		will partner with applicant in conducting LHC activities. us, Environmental, Community Development Department, G uncial Institutions, Job Training and Economic Opportunity ( derstanding/Agreement, Contract, Sub-grant, Letter , etc. The type of activities that will be conducted by the grant pantion, etc.) <b>y Partner:</b> The value of any contributed resource by the grasted in Table 7 – Match Funding.
Works Description of Commitment			Il partner with applican Environmental, Comm ial Institutions, Job Tra rstanding/Agreement, C te type of activities that n, etc.) Partner: The value of d in Table 7 – Match F
Type of Organization or Program			Partner Name:       Name of organization or entity that will partner with applicant in conducting LHC activities.         Type of Organization or Program:       Health, Housing, Environmental, Community Development Department, Grassroots faith-Ba         Childhood Lead Poisoning Prevention Program, Financial Institutions, Job Training and Economic Opportunity Organizations, etc.         Description of Commitment:       Memorandum of Understanding/Agreement, Contract, Sub-grant, Letter , etc.         Proposed Activities to be Conducted by Partner:       The type of activities that will be conducted by the grant partner in support of education and outreach, specification writing, relocation, etc.)         Resource and Match Commitment Contributed by Partner:       The value of any contributed resource by the grant partner (including).         program).       The contributed resource should also be listed in Table 7 – Match Funding.
Partner Name			Partner Name: Ne Type of Organizat Childhood Lead Po Description of Coi Proposed Activitie education and outre Resource and Mat program). The cont

form HUD-96007 (04/2003)

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r	Healthy H	lomes and L	ead Hazan	Programs							OMB A	pproval Nun	obar 2520.0	015 /ovp 1/	21(2006)
Grant Number:		Grantee O	rganizatio	វា:				Per	iod of Perf	ormance: S	September	30, 2003 -	March 29,	2007	
ACTIVITY	Q1 2003	Q2 2004 Jan - Mar		Q4 2004		Q6 2005	Q7 2005	Q8 2005	Q9 2005	Q10 2006	Q11 2006	Q12 2006	Q13 2006	Q14 2007	Q15 2007
Applicant Capacity(0-180 days)	Oci -Dec	Jan - Mai	Apr-Jun	Jui - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jui - Sep	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun
Staff Hired															
Approved Environmental Review and Release of Funds															
Written Policies and Procedures															
Lead Hazard Control			<u> </u>												
Implementation Units in Grant Agreement = #															
Paint Inspections/Risk Assessments:		1													
Performance Standard															
Work Plan Milestone			5%	15%	25%	35%	45%	55%	65%	75%	85%	95%	100%		
% Planned															
Actual # Completed															
Actual % Completed															***
** Units in Progress															***** <b>*</b> ****
Units Completed and Cleared:															•
Performance Standard				2%	5%	15%	30%	45%	55%	65%	75%	85%	95%	100%	
Work Plan Milestone															
% Planned															
Actual # Completed															
Actual % Completed															
Cumulative LOCCS DRAWDOWNS Grant Award Amount = \$															
Performance Standard					5%	10%	15%	20%	30%	40%	50%	60%	80%	95%	100%
LOCCS Drawdown Work Plan Milestone															
% Planned															
Actual LOCCS Drawdown															
Actual Cumulative LOCCS Drawdown %															
Community Outreach / Education / Training															
Community Outreach and Education Work Plan Milestone															
Community Outreach and Education Milestone Achieved															
Skills Training Work Plan Milestone															
Skills Training Milestone Achieved															
Performance Measured Against Approved Work Plan Milestones														100%	•
Close-Out March 30 - June 29, 2007															

#### WORK PLAN DEVELOPMENT WORKSHEET WITH MINIMUM BENCHMARK PERFORMANCE STANDARDS FOR 42-MONTH PERIOD OF PERFORMANCE

form HUD-96009 (04/2003)

#### WORK PLAN DEVELOPMENT WORKSHEET WITH MINIMUM BENCHMARK PERFORMANCE STANDARDS FOR 36-MONTH PERIOD OF PERFORMANCE

	Hea	atthy Homes	and Lead Ha	zard Program	)					OM	3 Approval Nu	mber 2539-00	15 (exp 1/31/2	2006)
Grant Number:	Grantee C	rganizatio	n:	Y	,				Period of F			003 - Janua		
	Q1 2003	Q2 2003	Q3 2003	Q4 2003	Q5 2004	Q6 2004	Q7 2004	Q8 2004	*Q9 2005	Q10 2005	Q11 2005	Q12 2005	Q13 2006	Q14 2006
ACTIVITY	Jan - Mar	Apr - Jun	Jul -Sep	Oct -Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr-Jun
Applicant Capacity (0-120 days)														
Staff Hired								<u> </u>						
Approved Environmental Review and Release of Funds														
Written Policies and Procedures		-												
Lead Hazard Control Implementation Units in Grant Agreement = #														
Paint Inspections/Risk Assessments:														
Performance Standard														
Work Plan Milestone		5%	15%	30%	45%	55%	65%	85%	95%	100%				
% Planned								<u> </u>						
Actual # Completed														
Actual % Completed														
** Units in Progress														VEN.
Units Completed and Cleared:														
Performance Standard			2%	5%	15%	30%	45%	55%	* 65%	85%	95%	100%		
Work Plan Milestone			£70	578	1,376	5076	4070	3376	0076	0.576	9075	100%		
% Planned														
Actual # Completed														
Actual % Completed					<del></del>									
Cumulative LOCCS DRAWDOWNS Grant Award Amount = \$													+	
Performance Standard							000/							
LOCCS Drawdown Work Plan Milestone				5%	10%	15%	20%	30%	* 45%	60%	80%	95%	100%	
% Planned														
Actual LOCCS Drawdown														
Actual Cumulative LOCCS Drawdown %														
Community Outreach / Education/ Training														
Community Outreach and Education Work Plan Milestone														
Community Outreach and Education Milestone Achieved														
Skills Training Work Plan Milestone														
Skills Training Milestone Achieved														
Performance Measured Against Approved Work Plan Milestones						•••••							100%	•
Close-Out Feb 1 - Apr 30, 2006														
* Renewal Eligibility Milestone														
** No bench mark standard														

torm HUD-96008 (04/2003)

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## HEALTHY HOMES AND LEAD TECHNICAL STUDIES

Billing Code 4210-32-C

#### Funding Availability for Healthy Homes and Lead Technical Studies

#### **Program Overview**

Purpose of the Program. To fund technical studies to improve methods for detecting and controlling lead-based paint and other residential health and safety hazards. The purpose of the Healthy Homes Technical Studies program is to improve our knowledge of housing-related health hazards, and to improve or develop new hazard assessment and control methods. The purpose of the Lead Technical Studies program is to improve methods for detecting and controlling residential lead-based paint hazards.

Available Funds. Approximately \$2 million for healthy homes technical studies in FY 2003 funds; and approximately \$3 million for lead technical studies, of which approximately \$1.25 million is FY 2003 funds, and approximately \$1.75 million is previous-year recaptured funds.

*Eligible Applicants.* Academic, notfor-profit and for-profit institutions located in the U.S., State and local governments, and federally recognized Native American tribes are eligible to apply. Historically Black Colleges and Universities (HBCUs) are also eligible to apply under a set-aside for technical studies on increasing the efficacy of lead hazard control (LHC) programs in lowincome urban minority communities. For-profit institutions are not allowed to earn a fee.

Application Deadline. June 10, 2003. *Match.* None required.

#### **Additional Information**

If you are interested in applying for funding under this program, please review carefully the General Section of this Notice of Funding Availability and the following additional information.

#### I. Addresses And Application Submission Procedures

#### (A) Application Submission

See the General Section of this SuperNOFA for specific procedures concerning the form of application submission (*e.g.*, mailed applications, express mail or overnight delivery). There is no Application Kit. All the information required to submit an application is contained in this NOFA.

#### (B) Address for Submitting Applications

You, the applicant, must submit a complete application to: Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control, ATTN: Lead and Healthy Homes Technical Studies Program, 451 Seventh Street, SW., Room P3206, Washington, DC 20410.

## (C) For Further Information and Technical Assistance

You may contact Dr. Peter Ashley, Office of Healthy Homes and Lead Hazard Control, at the address above; telephone (202) 755–1785, extension 115 (this is not a toll-free number) or via email at *Peter\_J.\_Ashley@hud.gov.* If you are a hearing-or speech-impaired person, you may reach the above telephone numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

# II. Authority, Funding Amounts, And Eligibility

#### (A) Authority

These grants are authorized under sections 1011(g)(1), 1011(o), 1051–1053 of the Residential Lead Based Paint Hazard Reduction Act of 1992, which is Title X of the Housing and Community Development Act of 1992; sections 501 and 502 of the Housing and Urban Development Act of 1970; and the Consolidated Appropriations Resolution of 2003, Public Law 108–7, signed February 20, 2003.

#### (B) Funding Available

(1) Healthy Homes Technical Studies. Approximately \$2 million from HUD's Fiscal Year (FY) 2003 Healthy Homes Initiative appropriation set-aside will be available to fund technical studies proposals. Grants or cooperative agreements will be awarded on a competitive basis according to the Rating Factors described in Section V(B). For technical studies under the Healthy Homes Initiative, HUD anticipates awarding three to six grants ranging from approximately \$200,000 to approximately \$1 million. The project duration may be up to 24 months, except for projects involving human subjects that require Institutional Review Board (IRB) approval and periodic monitoring, which cannot exceed 30 months. HUD reserves the right to approve no cost time extensions for a period not to exceed 12 months. The amounts included in this program are subject to change based on funds availability.

(2) Lead Technical Studies. Approximately \$3 million for lead technical studies, of which approximately \$1.25 million is from the FY 2003 lead technical assistance setaside under the lead hazard reduction appropriation, and approximately \$1.75 million is previous-year recaptured funds, will be available to fund lead technical studies proposals in FY 2003.

Of this amount, \$2.25 million is setaside for HBCUs. The remaining funds are available to fund technical studies applications from all eligible applicants. Grants or cooperative agreements will be awarded on a competitive basis according to the Rating Factors described in Section V(B) of this program section of this NOFA. For lead technical studies, HUD anticipates awarding between three and 30 grants ranging from approximately \$100,000 to approximately \$1 million. The project duration may be up to 24 months, except for projects involving human subjects that require Institutional Review Board (IRB) approval and periodic monitoring, which cannot exceed 30 months. HUD reserves the right to approve no cost time extensions for a period not to exceed 12 months. The amounts included in this program are subject to change based on funds availability.

#### (C) Eligible Applicants

Academic and not-for-profit institutions located in the U.S., State and local governments, and federally recognized Native American tribes are eligible under all existing authorizations. For-profit firms also are eligible; however, they are not allowed to earn a fee (*i.e.*, no profit can be made from the project). HBCUs, that is, educational institutions which satisfy the requirements of 34 CFR 608.2, are eligible to apply under the set-aside for the Lead Technical Studies Program, as described in sections III.A.3 and III.C.2(a), as well as under the general provisions of this NOFA for both the Healthy Homes Technical Studies Program and Lead Technical Studies Program. HBCUs should identify whether each application is being submitted under the set-aside or the general provisions. Federal agencies and federal employees are not eligible to submit applications. The General Section of this SuperNOFA provides additional eligibility requirements.

## III. Program Description And Eligible Activities

#### (A) Program Description

(1) General Goals and Objectives. The overall goal of the Healthy Homes and Lead Technical Studies grant program is to gain knowledge to improve the efficacy and cost-effectiveness of methods for evaluation and control of lead and other health and safety hazards in the home.

Through the Healthy Homes Technical Studies Program, HUD is funding studies to improve our knowledge of housing-related health hazards, and to improve or develop new hazard assessment and control methods, with a focus on the key hazards described in Appendix A of this program section of the NOFA.

Through the Lead Technical Studies Program, HUD is helping "develop the capacity of eligible applicants \* \* \* to carry out activities under" lead hazard control grant programs, by advancing the technology and increasing the effectiveness of workers on LHC projects, in fulfillment of the requirements of Section 1011(g)(1) of Title X, and is "conduct[ing] research to develop improved methods for evaluating (and) reducing lead-based paint hazards in housing," and related topics, in fulfillment of the requirements of sections 1051 and 1052 of Title X.

HUD encourages applicants to consider using the "community based participatory research" approach, where applicable, in the design and implementation of both healthy homes and lead technical studies (see *e.g.*, *http://www.niehs.nih.gov/translat/cbpr/ cbpr.htm*).

À table of examples of current Healthy Homes and Lead Technical Studies projects being funded by HUD can be found in Appendix C.

(2) Healthy Homes Initiative. The Healthy Homes Initiative (HHI), which includes the Healthy Homes Technical Studies Program, departs from the more traditional approach of attempting to correct one hazard at a time. In April 1999, HUD submitted to Congress a preliminary plan containing a full description of the HHI. The preliminary plan (Summary and Full Report) and a description of the HHI are available on the HUD Web site at www.hud.gov/ offices/lead/hhi/index.cfm.

In addition to deficiencies in basic housing facilities that may impact health, changes in the U.S. housing stock and more sophisticated epidemiological methods and biomedical research have led to the identification of new and often more subtle health hazards in the residential environment (e.g., asthma and moldinduced illness). While such hazards will tend to be found disproportionately in housing that is substandard (e.g., structural problems, lack of adequate heat, etc.), such housing-related environmental hazards may also exist in housing that is otherwise of good quality. Appendix A of this program section of the NOFA briefly describes the housing-associated health and injury hazards HUD considers key targets for intervention. Appendix B of this program section of the NOFA lists the references that serve as the basis for the

information provided in this program section.

HUD is interested in promoting approaches that are cost-effective and efficient and that result in the reduction of health threats for the maximum number of residents for the long run, and, in particular, low-income children. The overall goals and objectives of the HHI are to:

(a) Mobilize public and private resources, involving cooperation among all levels of government, the private sector, grassroots organizations, particularly including faith-based, and other community-based, non-profit organizations to develop the most promising, cost-effective methods for identifying and controlling housingbased hazards; and

(b) Build local capacity to operate sustainable programs that will continue to prevent and, where they occur, minimize and control housing-based hazards in low- and very low-income residences when HUD funding is exhausted.

With this NOFA, HUD hopes to advance the recognition and control of residential health and safety hazards and more closely examine the link between housing and health.

The overall objectives of Healthy Homes technical studies projects to be funded through this NOFA include, but are not limited to:

(i) Investigation of the epidemiology of housing-related hazards and illness and injury;

(ii) Development and assessment of low-cost test methods and protocols for identification and assessment of housing-related hazards;

(iii) Development and assessment of cost-effective methods for reducing or eliminating housing-related hazards;

(iv) Evaluation of the effectiveness of housing interventions and public education campaigns, and barriers and incentives affecting future use of the most cost-effective strategies; and

(v) Investigation of the health effects on children living in deteriorated housing and the impact on their development and productivity.

HUD has also developed resource papers on a number of topic areas of importance under the Healthy Homes Initiative, including mold, environmental aspects of asthma, carbon monoxide, and unintentional injuries. These papers can be downloaded from the HUD Web site at *www.hud.gov/offices/lead/hhi.* 

(3) Lead Technical Studies.
(a) General. HUD has been actively engaged in a number of activities relating to lead-based paint as a result

of the Lead-Based Paint Poisoning Prevention Act of 1971, as amended, 42 U.S.C. 4801-4856. Sections 1051 and 1052 of the Lead-Based Paint Hazard Reduction Act of 1992 (Title X) (42 U.S.C. 4854 and 4854a) state that the Secretary of HUD, in cooperation with other federal agencies, shall conduct technical studies on specific topics related to the evaluation and subsequent mitigation of residential lead hazards. Section 1053 of Title X authorized HUD to spend funds to conduct these studies, under the Lead Hazard Control Grant Program's funding authorization in Section 1011(o). The HUD-sponsored technical studies program also responds to recommendations by the Task Force on Lead-Based Paint Hazard Reduction and Financing, which was established pursuant to section 1015 of Title X. The Task Force presented its final report to HUD and the Environmental Protection Agency (EPA) in July 1995. The Task Force Report, entitled "Putting the Pieces Together: Controlling Lead Hazards in the Nation's Housing' (see Appendix B of this program section of this NOFA), recommended that research be conducted on a number of key topics to address significant gaps in our knowledge of lead exposure and hazard control.

The findings of technical studies will be used in part to update HUD's Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing (Guidelines), which were published in June 1995 and partly amended in September 1997. The Guidelines include state-of-the-art procedures for all aspects of lead-based paint hazard evaluation and control. The *Guidelines* reflect the Title X framework for LHC, which distinguishes two types of control measures: interim controls and abatement of lead-based paint hazards. Interim controls are designed to address hazards quickly, inexpensively, and temporarily, while abatement is intended to produce a permanent solution. While the Guidelines recommend procedures that are effective in identifying and controlling lead hazards while protecting the health of abatement workers and occupants, HUD recognizes that targeted technical studies and field experience will result in future changes to the Guidelines. For availability of the Guidelines, see Appendix B.

HUD is especially interested in the following lead technical studies topics:

(i) Evaluation of interior and exterior LHC methodologies, especially novel approaches;

(ii) The effectiveness of ongoing maintenance activities in controlling lead-based paint hazards; and (iii) Other areas of focus that are consistent with the overall goals of HUD's lead technical studies program.

(b) HBCU set-aside. As noted in the Program Overview, above, HBCUs are defined as those listed in 34 CFR 608.2 (see, for example, www.ed.gov/offices/ ope/hep/idues/hbculist.html). The lead technical studies program includes a set-aside of \$2.25 million for HBCUs. This set-aside is established for HBCUs to expand their role and effectiveness in addressing community development needs, specifically for conducting technical studies focused on increasing the efficacy of LHC programs in lowincome, minority communities, consistent with the purposes of title I of the Housing and Community Development Act of 1974 in addressing critical social, economic, and environmental problems facing Nation's urban communities (see 42 U.S.C. 5301). Low-income, minority children in these communities are at highest risk of suffering of exposure to lead-based paint hazards and subsequently developing lead poisoning (Morbidity and Mortality Weekly Report, 1997; Jacobs et al., 2002). The Department is aware that HBCUs are often involved in projects that address problems such as lead poisoning, that disproportionately affect low-income, minority populations. The goal of this set aside is to encourage HBCUs to apply their unique perspective on community issues and the community relationships that they have established, to design and implement technical studies to increase the efficacy of LHC programs in their communities and in additional communities, in accordance with section 1011(g)(1) of Title X, which requires HUD to "develop the capacity of eligible applicants \* \* \* to carry out activities under" LHC grant programs.

HBCU applications should understand that the ultimate goal of these LHC grant programs is to reduce the incidence of childhood lead poisoning by identifying and eliminating lead hazards in target, privately owned, housing (see FY 2003 NOFA for LHC grants). Important aspects of the HUD LHC grants include:

(i) Working cooperatively with other governmental and community-based organizations;

(ii) Identifying target housing and recruiting owners into the program;

(iii) Identifying lead-based paint hazards and developing work specifications for contractors;

(iv) Awarding contracts and ensuring that work is completed;

(v) Conducting outreach and education to residents and the community; and (vi) Promotion of job training, employment, and other economic opportunities for low-income and minority residents and businesses.

LHC grantees are encouraged to employ hazard control interventions that are effective in eliminating lead hazards while minimizing (*e.g.*, using interim controls instead of complete abatement) cost so that the largest number of housing units can be treated. HUD conducted an evaluation of the effectiveness of lead hazard interventions conducted by the initial recipients of the Department's leadhazard control grants and these were found to be effective in reducing dustlead levels (preliminary results were reported by Galke *et al.* 2001).

#### (B) Eligible Activities

(1) Healthy Homes Technical Studies.(a) Evaluation of residential health

and safety hazard assessment and control methodologies and approaches (including both existing methods and the evaluation of improved or novel approaches). Areas of particular interest to HUD include:

(i) Improving indoor air quality, such as through cost-effective approaches to upgrading residential ventilation or improving control/management of combustion appliances. Applicants should discuss how proposed approaches might affect residential energy costs (*e.g.*, increasing air exchange rates resulting in an increase in heating costs);

(ii) Improving or assessing the efficacy of current methods for residential Integrated Pest Management (IPM). IPM approaches focus on the use of economical means for managing pests, which incorporate information on the life cycles of pests and their interaction with the environment, while minimizing hazards to people, property, and the environment. HUD is particularly interested in IPM methods for reducing cockroach and/or rodent populations in multifamily housing;

(iii) Controlling excess moisture and dust control measures (*e.g.*, preventing track-in of exterior dust and soil, improved methods for interior dust cleaning) have been identified as key areas in the HHI Preliminary Plan;

(iv) Evaluate the effectiveness of education and outreach methods designed to provide at-risk families with the knowledge to adopt self-protective behaviors with respect to housingrelated health hazards; and

(v) Additional ideas will be considered with an open mind toward novel techniques and applications.

(b) Analysis of existing data or generation of new data to improve

knowledge regarding the prevalence and severity of specific hazards in various classes of housing, with a focus on lowincome housing. Specific examples include:

(i) The prevalence of carbon monoxide and other indoor air quality hazards;

(ii) The prevalence and patterns of moisture problems and biological contaminants associated with excess moisture (*e.g.*, fungi, bacteria, dust mites);

(iii) The prevalence of specific childhood injury hazards in housing; and

(iv) Improved understanding of the relationship between a residential exposure and childhood illness or injury.

(c) Low-cost analytical techniques for the rapid, on- and off-site determination of environmental contaminants of concern (*e.g.*, bioaerosols, pesticides, allergens).

(i) Establish and validate any necessary procedures (*e.g.*, such as extraction and/or digestion) that would work well with the field device/ procedure;

(ii) Improve old technology (*e.g.*, colorimetric tests, titrimetric procedures) as well as examine and improve newer techniques; and

(iii) Consider the safety, environmental impacts, and cost of the procedure, particularly as used in the field.

(d) In proposing technical studies within the broad topic areas discussed in III.C.1(a) and III.C.1(b), applicants should consider:

(i) The "fit" of the proposed hazard assessment and/or control methods within the overall goal of addressing "priority" health and safety hazards in a cost-effective manner;

(ii) The efficacy of the proposed methods for hazard control and risk reduction (*e.g.*, how long is effective hazard reduction maintained?);

(iii) Consider where and how these methods would be applied and tested, and/or perform demonstration activities; and

(iv) The degree to which your study will help develop practical, widely applicable methods and protocols or improve our understanding of a residential health hazard.

Although HUD is soliciting proposals for technical studies on these broad topics, HUD will also consider funding applications for technical studies on topics that are relevant under the overall goals and objectives of this program, as described above. In such instances, the applicant should describe how the proposed project activity addresses these overall goals and objectives.

Applicants should consider the efficiencies that might be gained by working cooperatively with some of the recipients of HUD's Healthy Homes and Lead Hazard Control grants, which are widely distributed throughout the U.S. Information on current grantees is available at www.hud.gov/offices/lead.

You may address one or more of the technical studies topic areas within your proposal, or submit separate applications for different topic areas.

2) Lead Technical Studies.

(a) Set-Aside for Historically Black Colleges and Universities for Technical Studies on Increasing the Efficacy of Lead Hazard Control Programs in Low-Income, Urban Communities.

Conduct studies focused on evaluating and improving the efficacy of LHC programs as conducted in lowincome, urban communities. You are encouraged to focus on one or more important components of a LHC program, as discussed in section III.A.3, above, with the goal being to increase the effectiveness of that component (e.g., selection and recruitment of units, design of interventions, contracting, promotion of job training, outreach and education). You are encouraged to work with the organizations that are currently administering LHC programs as well as with the community in the design and implementation of your study. As noted in section III.A.1(i), above, you are encouraged to use the "communitybased participatory research" approach, where applicable, in the design and implementation of your studies.

In order that your studies can be relied upon for use in other communities and programs, it is important that your findings be statistically and programmatically verifiable. You are encouraged to use a study design that incorporates objective, quantitative measures of performance, and that assesses hypotheses that can be evaluated statistically based on the data obtained by your studies.

Some examples of design options are: (i) Evaluate one or more components of an existing HUD LHC grant, propose a revised approach that reflects the findings of the evaluation, and evaluate the application of the revised approach;

(ii) Compare the effectiveness of a component across two or more existing HUD LHC grants, propose a revised approach that reflects the findings of the evaluation, and evaluate the application of the revised approach; or

(iii) Compare the effectiveness of one or more components among two or more jurisdictions, some of which have HUD LHC grants and some which do not, propose how jurisdictions without control grants could better achieve some of the goals of control grants, and evaluate the application of the proposed method in jurisdictions without LHC control grants.

(b) Evaluation of Interior and Exterior Lead Hazard Control Methodologies, Especially Novel Approaches. Identify and evaluate new methods and/or techniques for lead-based paint hazard control. Identify materials and/or procedures that may be used for abatement or for interim controls. Show the potential utility of these methods for LHC and risk reduction. Evaluate critical elements and potential weaknesses of the methods or techniques, and address how to minimize the effect of each critical element and/or eliminate or mitigate each weakness. Demonstrate where and how these methods have been applied and tested, and/or perform demonstration activities. Illustrate the results obtained, and the costs involved. Recommend cost-effective changes to the program for inclusion in future HUD LHC grants, and for possible inclusion in future revisions to the Guidelines.

(c) The Effectiveness of Ongoing Maintenance Program Activities in Controlling Lead-Based Paint Hazards. While a variety of lead abatement and interim control techniques have been evaluated for their effectiveness in controlling lead-based paint hazards at and after their implementation, there are few studies directly assessing the effectiveness of ongoing lead-based paint maintenance programs. Evaluate the effectiveness and feasibility of developing and implementing ongoing lead-based paint maintenance programs, identify program components for which particular implementation difficulties exist, and evaluate proposed measures for overcoming those difficulties. Such quantitative evaluation of program components could address whether and how technically-acceptable and costeffective work practices are selected and implemented, how effective supervisors are in monitoring work activities to ensure that lead-based paint hazards are controlled and that dust and debris are contained and cleaned up during work, and how well clearance procedures (including necessary re-cleaning) are integrated into the maintenance program, among other factors.

(d) Other Focus Areas that are Consistent with the Overall Goals of HUD's Lead Technical Studies Program. Additional ideas will be considered with an open mind toward novel techniques and applications. Although HUD is soliciting proposals for technical studies on some specific topics, HUD will also consider funding applications for technical studies on topics which are relevant under the overall goals and objectives of the LHC technical studies program, as described above. In such instances, the applicant should describe how the proposed activity addresses these overall goals and objectives.

#### (C) Ineligible Activities

(1) Purchase or lease of equipment having a per unit cost in excess of \$5,000, unless prior written approval is obtained from HUD.

(2) Medical treatment costs.

#### **IV. Program Requirements**

In addition to the requirements listed in Section V of the General Section of this SuperNOFA, the applicant must comply with requirements of this Section IV.

#### (A) Administrative Costs

There is a 10% maximum for administrative costs for successful applicants. Additional information about allowable administrative costs is provided in Appendix E of this program section of the NOFA.

#### (B) Period of Performance

The period of performance cannot exceed 24 months from the time of award, except for projects involving human subjects that require Institutional Review Board (IRB) approval and periodic monitoring, which cannot exceed 30 months. The additional time is allowed for obtaining approval for such studies, under HUD regulation (24 CFR part 60), which incorporates the Department of Health and Human Services' regulation of studies involving human subjects. In addition, HUD reserves the right to approve no cost time extensions for a total period not to exceed 12 months.

#### (C) Program Performance

Grantees shall take all reasonable steps to accomplish all grant-funded activities within the approved period of performance. HUD reserves the right to terminate the grant prior to the expiration of the period of performance if the grantee fails to make reasonable progress in implementing the approved program of activities.

#### (D) Certifications and Assurances

In addition to the certifications mentioned in the Section V(H) of the General Section of this NOFA, you must comply with:

(1) All relevant State and Federal regulations regarding exposure to and proper disposal of hazardous materials;

(2) Any blood lead testing, blood lead level test results, and medical referral

and follow-up for children under six years of age will be conducted according to the recommendations of the Centers for Disease Control and Prevention (CDC), *Preventing Lead Poisoning in Young Children* (see Appendix B of this program section of the NOFA);

(3) HUD technical studies grant funds will not replace existing resources dedicated to any ongoing project;

(4) Laboratory analysis covered by the National Lead Laboratory Accreditation Program (NLLAP) will be conducted by a laboratory recognized under the program;

(5) Human research subjects will be protected from research risks in conformance with Federal Policy for the Protection of Human Subjects, codified by HUD at 24 CFR part 60; and

(6) The requirements of OSHA (*e.g.*, 29 CFR part 1910 and/or 1926, as applicable) or the State or local occupational safety and health regulations, whichever are most stringent, will be met;

(7) If an individual researcher or a research team submits the application, the institution administering the grant will meet the civil rights threshold in Section V of the General Section of this NOFA.

#### (E) Conducting Business in Accordance with HUD Core Values and Ethical Standards

If awarded assistance under this NOFA, prior to entering into a grant agreement with HUD, you will be required to submit a copy of your code of conduct and describe the methods you will use to ensure that all officers, employees, and agents of your organization are aware of your code of conduct. See Section V of the General Section of the SuperNOFA for information about conducting business in accordance with HUD's core values and ethical standards.

#### (F) Participation in HUD-Sponsored Program Evaluation

As a condition of the receipt of financial assistance under this NOFA, you will be required to cooperate with all HUD staff or contractors performing HUD-funded research and evaluation studies pertaining to the subject of the grant.

#### (G) HUD Reform Act of 1989

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of the NOFA at section XI.

#### V. Application Selection Process

#### (A) Threshold Requirements

Applications that meet all of the threshold requirements will be eligible to be scored and ranked, based on the total number of points allocated for each of the rating factors described below in Section V (B) of this NOFA. Your application must receive a total score of at least 75 points to remain in consideration for funding.

#### (B) Rating and Ranking

Awards will be made separately in rank order for Healthy Homes Technical Studies applications and for each category of Lead Technical Studies applications, within the limits of funding availability for each program.

(1) Award Factors. Applications will be reviewed by a Source Evaluation Board which will assign each application a numerical score based on the rating factors presented below (see also section V(B) of the NOFA). Each factor is weighted as indicated by the number of points that are attainable for it. The maximum score that can be assigned to an application is 102 points. Applicants should be certain that these factors are adequately addressed in the project description (see Section 2) and accompanying materials. The five rating factors are listed below.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (30 points)

*Rating Factor 2:* Need/Extent of the Problem (10 points)

*Rating Factor 3:* Soundness of Approach (45 points)

*Rating Factor 4:* Leveraging Resources (5 points)

*Rating Factor 5:* Achieving Results and Program Evaluation (10 points)

RC/EZ/EC Bonus Points (2 points)

TOTAL: 102 points

Applicants are eligible to receive two bonus points for projects located within federally designated Renewable Communities (RC)/Employment Zones (EZ)/Enterprise Communities (EC) (RC/ EZ/ECs) and which will serve the residents of these communities (see Section VI of the General Section of this NOFA.

You will receive one point under Rating Factor 3(1) for each of the applicable FY 2003 policy priorities that are adequately addressed in your application, up to a maximum of three points (see Section II of the General Section of this NOFA). Policy priorities that are applicable to the Lead and Healthy Homes Technical Studies NOFA are: (1) Improving our Nation's Communities (focus on distressed communities); (2) Providing Full and Equal Access to Grass-Roots Faith-based and other Community-based Organizations in HUD Program Implementation; and (3) Colonias.

Within each of the two technical studies program areas, you may address more than one of the technical study topic areas within your proposal (e.g., a healthy homes technical studies applicant can address multiple topics consistent with the HHI program objectives) or submit separate applications for different topic areas. You are encouraged to plan projects that can be completed over a short time period (e.g., 12 to 24 months from the date of award (plus up to six months to accommodate approval by an IRB for human subjects research)), so useful information generated from the technical studies can be available for policy or program decisions and disseminated to the public as quickly as possible.

Regarding the amount to be awarded to the selected applicants, please refer to the Negotiation section VI(D) in the General Section of this NOFA.

(2) *Partial Funding.* In the selection process, HUD reserves the right to offer partial funding to any or all applicants. If you are offered a reduced grant amount, you will have a maximum of 14 calendar days to accept such a reduced award. If you fail to respond within the 14-day limit, you shall be considered to have declined the award.

(3) *Remaining Funds.* See section VI of the General Section of this NOFA for HUD's procedures if funds remain after all selections have been made within a category of the Lead Technical Studies Program.

#### (C) Rating Factors

The factors for rating and ranking applicants, and maximum points for each factor, are provided below. The factors or their assigned points differ somewhat from those used for most program areas included in this NOFA because they have been amended for rating the unique aspects of technical study applications. The maximum number of points to be awarded is 102.

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (30 Points)

This factor addresses the extent to which you have the ability and organizational resources necessary to successfully implement your proposed activities in a timely manner. The rating of you, the "applicant," will include any sub-grantees, consultants, subrecipients, and members of consortia that are firmly committed to the project (generally, "subordinate organizations"). In rating this factor, HUD will consider the extent to which your application demonstrates:

(1) The capability and qualifications of the principal investigator and key personnel (20 points). Qualifications to carry out the proposed study as evidenced by academic background, relevant publications, and recent (within the past 10 years) relevant research experience. Publications and research experience are considered relevant if they required the acquisition and use of knowledge and skills that can be applied in the planning and execution of the technical study that is proposed under this program section of this NOFA; and

(2) Past performance of the study team in managing similar projects (10 points). Demonstrated ability to successfully manage various aspects of a complex technical study in such areas as logistics, study personnel management, data management, quality control, community study involvement (if applicable), and report writing, as well as overall success in project completion (*i.e.*, projects completed on time and within budget). You should also demonstrate that your project would have adequate administrative support, including clerical and specialized support in areas such as accounting and equipment maintenance.

## Rating Factor 2: Need/Extent of the Problem (10 Points)

This factor addresses the extent to which there is a need for your proposed technical study. In responding to this factor, you should document in detail how your project would make a significant contribution towards achieving some or all of HUD's stated goals and objectives for one or more of the topic areas described in Sections III (A) and (C)(1)-(2). You should demonstrate how your proposed study addresses a need associated with an important housing-related health hazard, with an emphasis on children's health. Specific topics to be addressed for this factor include:

(1) Provide a concise review of the health hazard that is addressed in your study and why you consider it a "high priority" hazard. If appropriate, include documented rates of illness or injury associated with the hazard, including local, regional, and national data;

(2) Discuss how your proposed project would significantly advance the current state of knowledge for your focus area, especially with respect to the development of practical solutions; and

(3) Discuss how you anticipate your study findings will be used to improve current methods for assessing or mitigating the hazard that your study addresses. Indicate why the method/ protocol that would be improved through your study would be widely adopted (*e.g.*, low cost, easily replicated, lack of other options).

## Rating Factor 3: Soundness of Approach (45 Points)

This factor addresses the quality of your proposed technical study plan. Specific components include:

(1) Soundness of the study design (25 points). The project description/study design must be thorough and feasible, and reflect your knowledge of the relevant scientific literature. You should clearly describe how your study builds upon the current state of knowledge for your focus area. If possible, your study should be designed to address testable hypotheses, which are clearly stated. Your study design should be statistically based, with adequate power to test your stated hypotheses. The study design should be presented as a logical sequence of steps or phases, with individual tasks described for each phase. You should identify any important "decision points" in your study plan and you should discuss plans for data management, analysis and archiving.

Indicate if you will address any of the Department's FY 2003 policy priorities that are applicable to this program (see Section II of the General Section of this NOFA for a description of these policy priorities). You will receive one point for each of the applicable policy priorities that are addressed in your application. Policy priorities that are applicable to the Healthy Homes and Lead Technical Studies programs are: (1) Improving the Quality of Life in Our Nation's Communities (focus on distressed communities); (2) Providing Full and Equal Access to Faith-Based and Other Community-Based **Organizations in HUD Program** Implementation; and (3) Colonias (improving housing conditions for families living in Colonias).

(2) *Quality assurance mechanisms* (10 points). You must describe the quality assurance mechanisms that will be integrated into your project design to ensure the validity and quality of the results.

(a) Areas to be addressed include acceptance criteria for data quality, procedures for selection of samples/ sample sites, sample handling, measurement and analysis, and any standard/nonstandard quality assurance/control procedures to be followed. Documents (*e.g.*, government reports, peer-reviewed academic literature) that provide the basis for your quality assurance mechanisms should be cited.

(b) If your project involves human subjects in a manner which requires Institutional Review Board (IRB) approval and periodic monitoring, address how you will obtain such approval and your monitoring plan (before you can receive funds from HUD for activities that require IRB approval, you must provide an assurance that your study has been reviewed and approved by an IRB and evidence of your organization's "institutional assurance;" see Section VI(A)(6)). Describe how you will provide informed consent (e.g., from the subjects, their parents or their guardians, as applicable) to help ensure their understanding of, and consent to, the elements of informed consent, such as the purposes, benefits and risks of the research. Describe how this information will be provided and how the consent will be collected. For example, describe your use of "plain language" forms, flyers and verbal scripts, and how you plan to work with families with limited English proficiency or primary languages other than English, and with families including persons with disabilities.

(3) Project management plan (8 points). The proposal should include a management plan that provides a schedule for the completion of major activities, tasks and deliverables, with an indication that there will be adequate resources (e.g., personnel, financial) to successfully meet the proposed schedule. You are encouraged to plan a project with a duration of 24 months or less (or 30 months or less for projects requiring IRB approval). You should include preparation of one or more articles for peer-reviewed academic journals and submission of the draft(s) to the journal(s) after HUD acceptance during the period of performance of your grant.

(4) Budget Proposal (2 points). (a) Your budget proposal should thoroughly estimate all applicable direct and indirect costs, and be presented in a clear and coherent format in accordance with the requirements listed in the General Section of this NOFA. HUD is not required to approve or fund all proposed activities. Your budget should be submitted in the format provided in Appendix D (an electronic spreadsheet is available on HUD's Web site, www.hud.gov/offices/lead). You must thoroughly document and justify all budget categories and costs (Part B of Standard Form 424A) and all major tasks, for yourself, sub-recipients, partners, major subcontractors, joint

venture participants, or others contributing resources to the project (especially those proposed to receive more than 10% of the federal budget request). Your budget proposal should be activity- and task-related.

(b) Your narrative justification associated with these budgeted costs should be included as an attachment to the Total Budget (Federal Share and Matching), but does not count in the 25page limit for this submission.

(c) The application will not be rated on the proposed cost; however, cost will be considered in addition to the rated factors to determine the proposal most advantageous to the Federal government. Cost will be the deciding factor when proposals ranked under the listed factors are considered acceptable and are substantially equal.

## **Rating Factor 4: Leveraging Resources** (5 Points)

Your proposal should demonstrate that the effectiveness of HUD's Healthy Homes and Lead Technical Studies grant funds is being increased by securing other public and/or private resources or by structuring the project in a cost-effective manner, such as integrating the project into an existing study. Resources may include funding or in-kind contributions (such as services, facilities or equipment) allocated to the purpose(s) of your project. Staff and in-kind contributions should be given a monetary value.

You should provide evidence of leveraging/partnerships by attaching to your application the following: letters of firm commitment; memoranda of understanding; or agreements to participate from those entities identified as partners in the project efforts. Each letter of commitment, memorandum of understanding, or agreement to participate must include the organization's name, proposed level of commitment (with monetary value) and responsibilities as they relate to specific activities or tasks of your proposed program. The commitment must also be signed by an official of the organization legally able to make commitments on behalf of the organization.

#### **Rating Factor 5: Achieving Results and Program Evaluation (10 Points)**

This factor emphasizes HUD's commitment to ensuring that applicants keep promises made in their applications and assess their performance to ensure performance goals are met. Achieving results means you, the applicant, have clearly identified the benefits or outcomes of your program. Outcomes are ultimate goals. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals.

Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your evaluation plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

This new rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability. In evaluating this factor, HUD will consider how you have described outcome measures and benefits of your program.

In your response to this Rating Factor you are to discuss the performance goals for your project and identify specific outcome measures. You are also to describe how the outcome information will be obtained, documented, and reported. You must complete and return the Logic Model Form included in Appendix B of the General Section of the SuperNOFA showing your proposed project long-term, mid-term, short-term and final results, and how they support HUD's departmental goals and objectives. Information about developing a Logic Model is available at www.hud.gov.

Also, in responding to this factor, you should:

(a) Identify benchmarks that you will use to track the progress of your study;

(b) Identify important study milestones (*e.g.*, the end of specific phases in a multiphased study), which should also be clearly indicated in your study timeline;

(c) Identify milestones that are critical for achieving study objectives (*e.g.*, recruitment of study participants, developing a new analytical protocol), potential obstacles in meeting these objectives, and how you would respond to these obstacles;

(d) Identify how your program will be held accountable for meeting program goals, objectives, and the actions undertaken in implementing the grant program.

This new rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability.

#### VI. Application Submission Requirements

#### (A) Applicant Data

Your application must contain the items listed in this Section (VI(A)). These items include the standard forms, certifications, and assurances listed in the General Section of this NOFA that are applicable to this funding (collectively referred to as the "standard forms"). The standard forms can be found in Appendix B to the General Section of the SuperNOFA. The remaining application item required with your application is a non-standard form (*i.e.*, excluding such items as narratives) that can be found as Appendix D to this is NOFA. The items are:

(1) A transmittal letter, signed by the chief executive or other authorized official, that identifies what the technical study program funds are requested for (you should clearly specify that you are applying for funds under either the HHI technical studies program or the LHC technical studies program), the dollar amount requested, and the applicant(s) submitting the application. The name, mailing address, telephone number, and principal contact person of the prime applicant. If you have consortium associates, subgrantees, partners, major subcontractors, joint venture participants, or others contributing resources to your project, similar information must be provided for each of these entities. If two or more organizations are working together on the project, a primary applicant must be designated.

(2) Application Abstract Summary. An abstract describing the project title, the names and affiliations of all investigators, and a summary of the objectives, expected results, and study design (two-page maximum) must be included in the proposal.

(3) Checklist and Submission Table of Contents (see Appendix D).

(4) All forms as required by Section V(H) of the General Section of this SuperNOFA. A Certification of Consistency with the Consolidated Plan is not required for this application.

(5) A project description/narrative statement addressing the rating factors for award of funding under this program section of the NOFA. The narrative statement must be numbered in accordance with each factor for award (Rating Factors 1 through 5). The project description can either be included in the responses to the rating factors or provided separately. The response to the rating factors should not exceed a total of 25 pages (10- to 12-point font with at least <sup>3</sup>/<sub>4</sub> inch margins on 8<sup>1</sup>/<sub>2</sub>" by 11" pages) for each technical study topic area. Any pages in excess of this limit will not be read.

(6) In conformance with the Common Rule (Federal Policy for the Protection of Human Subjects, codified by HUD at 24 CFR Part 60), if your research involves human subjects, your organization must provide an assurance (*e.g.*, a letter signed by an appropriate official) that the research has been reviewed and approved by an IRB before you can receive funds from HUD for activities that require IRB approval. Before receiving such funds, you must also provide the number for your organization's assurance (*i.e.*, an

"institutional assurance") that has been approved by the Department of Health and Human Service's Office of Human Research Protections (OHRP). For additional information on what constitutes human subject research or how to obtain an institutional assurance see the OHRP Web site at *http:// ohrp.osophs.dhhs.gov/.* 

(7) Within Appendix 1, the resumes of the principal investigator and other key personnel. Resumes shall not exceed three pages each, and are limited to information that is relevant in assessing the qualifications of key personnel to conduct and/or manage the proposed technical studies. This information will not be counted towards the page limit.

(8) Within Appendix 3, a detailed total budget with supporting cost justification for all budget categories of the federal grant request. Use the budget format discussed in Section V(B) Rating Factor 3(5), above. In completing the budget forms and justification, you should address the following elements:

(a) Direct Labor costs should include all full- and part-time staff required for the planning and implementation phases of the project. These costs should be based on FTE (full time equivalent) or hours per year (hours/ year) (*i.e.*, one FTE equals 2,080 hours/ year);

(b) You should budget for two trips to HUD Headquarters in Washington, DC, planning each trip for two people, assuming a stay of one or two days, depending on your location;

(c) A separate budget proposal should be provided for any subrecipients receiving more than 10% of the total federal budget request;

(d) You should be prepared to provide supporting documentation for salaries and prices of materials and equipment upon request;

(e) Organizations that have a federally-negotiated indirect rate should use that rate and the appropriate base. Other organizations should use their current overhead rate; and (f) You should submit the negotiated rate agreements for fringe benefits and indirect costs, if applicable, as an attachment to the budget sheets.

(9) Any important attachments, appendices, references, or other relevant information may accompany the project description, but must not exceed 20 pages for the entire application, although mandatory materials (budget detail and justification, organizational chart, resumes, job descriptions, letters of commitment and memoranda of agreement from participating organizations) are not included in this page limit. Any pages in excess of this limit will not be read.

#### (B) Quality Assurance Plan (QAP)

Successful applicants will be required to submit a Quality Assurance Plan to HUD prior to initiating work under the grant. This is a streamlined version of the format used by some other federal agencies, and is intended to help ensure the accuracy and validity of the data that you will collect under the grant. You should plan for this and include it in your study work plan. (See the HUD Office of Healthy Homes and Lead Hazard Control's Internet site, *www.hud.gov/offices/lead.*)

#### (C) Applicant Debriefing

See Section the General Section of this NOFA for information about applicant debriefing.

#### VII. Corrections to Deficient Applications

The General Section of this SuperNOFA provides the procedures for corrections to deficient applications.

#### VIII. Environmental Requirements

In accordance with 24 CFR 50.19(b)(1) and (b)(5) of the HUD regulations, activities assisted under this program are categorically excluded from the requirements of the National Environmental Policy Act of 1969 (42 U.S.C. 4321) and are not subject to environmental review under the related laws and authorities.

#### Appendix A

The following briefly describes the residential health and injury hazards HUD considers key targets for intervention:

Allergens and asthma: Experts estimate that 14 million Americans have asthma, with an associated annual cost of \$14 billion. Asthma is now recognized as the leading cause of school and work absences, emergency room visits and hospitalizations. For sensitized children, exposure to antigens from dust mites, certain pets, and cockroaches has been associated with more severe asthma. There is a preponderance of evidence showing a dose-response relationship between exposure and prevalence of asthma and allergies; some evidence also indicates that exposure to antigens early in life may predispose or hasten the onset of allergies and asthma. Dust mites have been identified as the largest trigger for asthma and allergies. Cockroach allergens appear to be excessive in 30–50 percent of inner-city housing and affect 5–15 percent of the population, whereas dust mites appear to be the dominant allergen in other environments.

Interventions known to have beneficial effects include the installation of impervious mattress and pillow covers, which can reduce allergen exposure by 90 percent. Other dust mite control measures include dehumidification, laundering bedding, and removal of carpets and other materials that accumulate dust and are difficult to clean (*e.g.*, dust sinks). Cleaning carpets with tannic acid solution has also been demonstrated to greatly reduce dust mites. Asthma prevention program costs have been estimated at about \$500 per unit, which includes about \$150 for educational interventions.

Asbestos: Asbestos is a mineral fiber that has been used commonly in a variety of building construction materials and household products for insulation and as a fire-retardant. The Environmental Protection Agency (EPA) and the Consumer Product Safety Commission (CPSC) have banned most asbestos products. Manufacturers have also voluntarily limited uses of asbestos. Today, asbestos is most commonly found in older homes in pipe and furnace insulation materials, asbestos shingles, millboard, textured paints and other coating materials, and floor tiles. Elevated concentrations of airborne asbestos can occur when asbestoscontaining materials (ACMs) are disturbed by cutting, sanding or other remodeling activities. Improper attempts to remove these materials can release asbestos fibers into the air in homes, increasing asbestos levels and endangering the people living in those homes. The most dangerous asbestos fibers are too small to be visible. After they are inhaled, they can remain and accumulate in the lungs. Asbestos can cause lung cancer, mesothelioma (a cancer of the chest and abdominal linings), and asbestosis (irreversible lung scarring that can be fatal). Most people with asbestos-related diseases were exposed to elevated concentrations on the job; some developed disease from exposure to clothing and equipment brought home from job sites. As with radon, doseresponse extrapolations suggest that lower level exposures, as may occur when asbestoscontaining building materials deteriorate or are disturbed, may also cause cancer.

Intact asbestos-containing materials are not a hazard; they should be monitored for damage or deterioration and isolated if possible. Repair of damaged or deteriorating ACMs usually involves either sealing (encapsulation) or covering (enclosure) it. Repair is usually cheaper than removal, but it may make later removal of asbestos more difficult and costly. Repairs should be done only by a professional trained and certified to handle asbestos safely and can cost from a few hundred to a few thousand dollars; removal can be more expensive.

Combustion products of heating and cooking appliances: Burning of oil, natural gas, kerosene, and wood for heating or cooking purposes can release a variety of combustion products of health concern. Depending upon the fuel, these may include carbon monoxide (a chemical asphyxiant), oxides of nitrogen (respiratory irritants), polycyclic aromatic hydrocarbons (e.g., the carcinogen benzo[a]pyrene), and airborne particulate matter (respiratory irritants). Carbon monoxide, an odorless gas, can be fatal. Nitrogen dioxide can damage the respiratory tract, and sulfur dioxide can irritate the eyes, nose and respiratory tract. Smoke and other particulates irritate the eyes, nose and throat, and can cause lung cancer.

Improper venting and poor maintenance of heating systems and cooking appliances can dramatically increase exposure to combustion products. Experts recommend having combustion heating systems inspected by a trained professional every year to identify blocked openings to flues and chimneys, cracked or disconnected flue pipes, dirty filters, rust or cracks in the heat exchanger, soot or creosote build-up, and exhaust or gas odors. Installing a carbon monoxide detector is also recommended; however, such a detector will not detect other combustion by-products.

Insect and Rodent pests: The observed association between exposure to cockroach antigen and asthma severity has already been noted above. In addition, cockroaches may act as vehicles to contaminate environmental surfaces with certain pathogenic organisms. Rodents can transmit a number of communicable diseases to humans, either through bites, arthropod vectors, or exposure to aerosolized excreta. In addition, humans can become sensitized to proteins in rodent urine, dander and saliva. Such sensitization may contribute to asthma severity among children. Insect and rodent infestation is frequently associated with substandard housing that makes it difficult to eliminate. Treatment of rodent and insect infestations often includes the use of toxic pesticides that may present hazards to occupants (see below). Integrated pest management (IPM) for rodents and cockroaches, which reduces the use of pesticides, is estimated to cost approximately \$150 per unit. IPM control measures include sealing holes and cracks, removing food sources and use of traps.

*Lead:* Exposure to lead, especially from deteriorating lead-based paint, remains one of the most important and best-studied of the household environmental hazards to children. Although blood lead levels have fallen nationally, a large reservoir of lead remains in housing. The most recent national survey, conducted from 1991-94, showed that nearly one million U.S. preschoolers still have elevated blood lead levels. Overall, the prevalence rate among all children under six vears of age is 4.4 percent. Among lowincome children living in older housing where lead-based paint is most prevalent, the rate climbs to 16 percent; and for African-American children living in such housing, it reaches 21 percent.

HUD estimates that 38 million dwellings have some lead-based paint, and that 26

million have significant lead-based paint hazards. Of those, about 5.7 million have young children and of those, about 1.6 million have household incomes under \$30,000 per year. LHC costs can range anywhere from \$500 to \$15,000 per unit. Corrective measures include paint stabilization, enclosure and removal of certain building components coated with lead paint, and cleanup and "clearance testing," which ensures the unit is safe for young children.

Mold and moisture: An analysis of several pulmonary disease studies estimates that 25 percent of airways disease, and 60 percent of interstitial lung disease may be associated with moisture in the home or work environment. Moisture is a precursor to the growth of mold and other biological agents, which is also associated with respiratory symptoms. An investigation of a cluster of pulmonary hemosiderosis (PH) cases in infants showed PH was associated with a history of recent water damage to homes and with levels of the mold Stachybotrys atra (SA) in air and cultured surface samples. Associations between exposure to SA and "sick building" symptoms in adults have also been observed. Other related toxigenic fungi have been found in association with SAassociated illness and could play a role. For sensitive individuals, exposure to a wide variety of common molds may also aggravate asthma. Addressing mold problems in housing requires coordination among the medical, public health, microbiological, housing, and building science communities.

The cost of mold/moisture-related intervention work (*e.g.*, IPM, clean and tune furnace, remove debris, vent clothes dryer, cover dirt floor with impermeable vapor barrier) is a few hundred dollars, unless major modification of the ventilation system is needed. For example, in Cleveland, mold interventions, including repairs to ventilation systems and basement flooring, in the most heavily contaminated homes range from \$500-\$5,000, with some costs also being dedicated to LHC simultaneously through its lead and asthma program.

Pesticide residues: According to the EPA, 75 percent of U.S. households used at least one pesticide product indoors during the past year. Products used most often are insecticides and disinfectants. Another study suggests that 80 percent of most people's exposure to pesticides occurs indoors and that measurable levels of up to a dozen pesticides have been found in the air inside homes. The amount of pesticides found in homes appears to be greater than can be explained by recent pesticide use in those households; other possible sources include contaminated soil or dust that migrates in from outside, stored pesticide containers, and household surfaces that collect and then release the pesticides. Pesticides used in and around the home include products to control insects (insecticides), termites (termiticides), rodents (rodenticides), molds and fungi (fungicides), and microbes (disinfectants). In 1990, the American Association of Poison Control Centers reported that some 79,000 children were involved in common household pesticide poisonings or exposures. In households with children under five years

of age, almost half stored at least one pesticide product within the reach of children. Exposure to chlorpyriphos (CP), a commonly used organophosphate insecticide, in the prenatal and early postnatal period may impair neurological development. While CP is a biodegradable pesticide, substantial persistence of CP in house dust has been demonstrated. Exposure to high levels of cyclodiene pesticides, commonly associated with misapplication, has produced various symptoms, including headaches, dizziness, muscle twitching, weakness, tingling sensations, and nausea. In addition, the EPA is concerned that cyclodienes might cause long-term damage to the liver and the central nervous system, as well as an increased risk of cancer.

There are available data on hazard evaluation methods and remediation effectiveness regarding pesticide residues in the home environment.

Radon progeny: The National Academy of Sciences estimates that approximately 15,000 cases of lung cancer per year are related to radon exposure. Epidemiologic studies of miners exposed to high levels of radon in inhaled air have defined the dose response relation for radon-induced lung cancer at high exposure levels. Extrapolation of these data has been used to estimate the excess risk of lung cancer attributable to exposure to radon gas at the lower levels found in homes. These estimates indicate that radon gas is an important cause of lung cancer deaths in the U.S. Excessive exposures are typically related to home ventilation, structural integrity and location.

Radon measurement and remediation methods are well developed, and the Environmental Protection Agency (EPA) recommends that every home be measured for radon. EPA estimates that materials and labor costs for radon reduction in an existing home are \$800-\$2,500. Including radon resistant techniques in new home construction costs \$350-\$500, and can save up to \$65 annually in energy costs, according to the EPA.

Take-home hazards from work/hobbies and work at home: When the clothing, hair, skin, or shoes of workers become contaminated with hazardous materials in the workplace, such contaminants may inadvertently be carried to the home environment and/or an automobile. Such "take-home" exposures have been demonstrated, for example, in homes of leadexposed workers. In addition, certain hobbies or workplaces located in the home may provide an especially great risk of household contamination.

Control methods include storing and laundering work clothes separately, and showering and changing clothes before leaving work or immediately after arriving home. Once a home becomes contaminated, cleaning floors and contact surfaces and replacing furnishings may be necessary to reduce exposures.

Unintentional injuries/fire: Unintentional injury is now the leading cause of death and disability among children younger than 15 years of age. In 1997, nearly 7 million persons in the U.S. were disabled for at least one full day by unintentional injuries received at home. During the same year, 28,400 deaths were attributable to unintentional home injuries, of which 1800 occurred among children 0–4 years of age. Among young children, three types of events accounted for more than 75 percent of deaths: fires/ burns; drowning; and mechanical suffocation. Falls and poisoning are the next most common causes of death.

Home visitation protocols have been shown to be effective in reducing exposure to such hazards. The "add-on" cost of injury prevention measures, when combined with other housing interventions are estimated at about \$100 per unit. This includes the cost of some injury prevention devices (*e.g.*, smoke alarms, electrical socket covers, etc.).

## Appendix B—Relevant Publications and Guidelines

To secure any of the documents listed, call the telephone number provided. If you are a hearing-or speech-impaired person, you may reach the telephone numbers via TTY by calling the toll-free Federal Information Relay Service at 1-800-877-8339. A number of these references are provided on HUD's CD, "Residential Lead Desktop Reference, 3rd Edition." This CD can be obtained at no charge by calling the National Lead Information Clearinghouse's (NLIC's) toll free number, 1-800-424-LEAD. Several of these references can be downloaded from the Internet without charge from the HUD Office of Healthy Homes and Lead Hazard Control's Internet site, www.hud.gov/offices/lead.

#### Regulations

1. Worker Protection: The two Occupational and Safety Administration (OSHA) publications listed below can be purchased by calling either OSHA Regulations at 202–693–1888 (OSHA Regulations) (this is not a toll free number) or the Government Printing Office (GPO) at 202–512–1800 (this is not a toll-free number). If you are a hearing-or speech-impaired person, you may reach these telephone numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800– 877–8339.

(a) General Industry Lead Standard, 29 CFR 1910.1025 (Document Number 869022001124). This document can be downloaded without charge from the OSHA Web site at: www.osha-slc.gov/OshStd\_data/ 1910 1025.html;

(b) Lead Exposure in Construction, 29 CFR 1926.62, and appendices A, B, C, and D (Document Number 869022001141). This document can be downloaded without charge from the OSHA Web site at: www.oshaslc.gov/OshStd data/1926 0062.html.

2. Waste Disposal. A copy of the EPA regulations at 40 CFR parts 260–268 can be purchased by calling 1–800–424–9346, or, from the Washington, DC, metropolitan area, 1–703–412–9810 (not a toll-free number). If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–

877–8339. The regulations can also be downloaded without charge from the EPA Web site at www.epa.gov/docs/epacfr40/ chapt-I.info/subch-I/htm.

#### 3. Lead.

(a) Requirements for Lead-Based Paint Activities in Target Housing and Child-Occupied Facilities; Final Rule: 40 CFR part 745 (EPA) (Lead Hazard Standards, Work Practice Standards, EPA and State Certification and Accreditation Programs for those engaged in lead-based paint activities) can be purchased by calling the Toxic Substances Control Act (TSCA) Hotline at 202–554–1404 (this is not a toll-free number). If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1-800-877-8339. The rule and guidance can be downloaded from the Internet without charge at www.epa.gov/lead/.

(b) Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance; Final Rule: 24 CFR part 35, subparts B through R, published September 15, 1999, at **Federal Register** pages 50201 through 50231(HUD) can be purchased by calling NLIC's toll-free number (800–424–LEAD) or downloaded without charge from the HUD Web site at *www.hud.gov/offices/lead.* 

(c) Requirements for Disclosure of Information Concerning Lead-Based Paint in Housing, 24 CFR Part 35, Subpart A (HUD, Lead-Based Paint Disclosure Rule) by calling the NLIC's toll free number (800–424-LEAD). If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800– 877–8339. The rule, guidance, pamphlet and disclosure formats can be downloaded from the HUD Web site at *www.hud.gov/offices/ lead*.

(d) U.S. Environmental Protection Agency. Lead; Identification of Dangerous Levels of Lead; Final Rule at 66 FR 1205–1240, January 5, 2001. This rule and guidance can be obtained without charge by calling the NLIC's toll free number (800–424–LEAD) or by calling the TSCA at: 202–554–1404 (not a toll-free number). The rule and guidance can be downloaded from the EPA Web site at *www.epa.gov/lead/leadhaz.htm*.

#### Guidelines

1. Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing; HUD, June 1995, and amended September 1997. These guidelines can be purchased by calling 800–245–2691 toll-free. If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800– 877–8339. The Guidelines can be downloaded from the HUD Web site without charge at *www.hud.gov/offices/lead*. 2. Preventing Lead Poisoning in Young Children; Centers for Disease Control, October 1991. These guidelines can be obtained without charge by calling the CDC toll free number at 888–232–6789. If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339. The guidelines can also be downloaded from the HUD Web site without charge at *www.hud.gov/offices/ lead*.

3. Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, November 1997; Centers for Disease Control and Prevention (CDC). These guidelines can be obtained without charge by calling the CDC toll free number at 888–232–6789 or they can be downloaded from the HUD Web site at *www.hud.gov/offices/lead.* 

#### **Reports and Articles**

1. Putting the Pieces Together: Controlling Lead Hazards in the Nation's Housing, (Summary and Full Report); HUD, July 1995. A copy of this summary and report can be purchased by calling 800–245–2691 toll free or downloaded from the HUD Web site without charge at www.hud.gov/offices/lead.

2. The Healthy Homes Initiative: A Preliminary Plan (Summary and Full Report); HUD, July 1995. A copy of this summary and report can be downloaded from the HUD Web site without charge at *www.hud.gov/ offices/lead.* 

3. Institute of Medicine. Indoor Allergens. Assessing and Controlling Adverse Health Effects. National Academy Press. Washington, DC 1993.

4. Mott L., Our Children at Risk. Natural Resources Defense Council. Washington, DC 1997. Can be ordered from the Internet from www.nrdc.org.

5. Rom W.N., Ed. Environmental and Occupational Medicine. Little, Brown and Co., Boston. 1992.

6. President's Task Force on Environmental Health Risks and Safety Risks to Children. Asthma and The Environment: An Action Plan to Protect Children. Washington, DC 1999. Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards. Washington, DC 2000. Can be downloaded from the Internet without charge from www.epa.gov/children.

7. Morbidity and Mortality Weekly Report (MMWR). Update: Blood Lead Level—United States, 1991–1994. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. February 21, 1997. Vol. 46, No 7.

8. Jacobs, D.E., R.P. Clickner, J.Y. Zhou, *et al.*, 2002. Prevalence of Lead-Based Paint in U.S. Housing. Env. Health Persp. 110(10): A599–A606.

9. Galke, W., S. Clark, J. Wilson, *et al.*, 2001. Evaluation of the HUD lead hazard control grant program: Early overall findings. Env. Res. 86, 149–156. BILLING CODE 4210–32–P

<b>E</b> xam	Examples of Healury notifies nesearch	
No.	Title	Description
	Urban Mold and Moisture Control	Assess the efficacy of low cost interventions to address mold and moisture problems as measured by subsequent reductions in fungal levels in environmental samples and reduction in asthma morbidity. Also includes development and validation of a visual assessment tool.
7	Improving the Lead Dust Final Clean Protocol to Reduce Cockroach Allergen Exposure	Determine effectiveness of modified cleaning protocols in reducing household contamination by cockroach allergen; evaluate polyclonal immunoassay for measuring cockroach allergens.
3	Healthy Public Housing	Document environmental health and safety hazards affecting public housing residents; evaluate remedial measures and quantify economic benefits of interventions
4	Head Start Healthy Homes Initiative	Evaluate home visitation with low cost interventions to Head Start families as a means of reducing health risks for asthma, lead poisoning and injury.
5	Baseline Study of Fungi in Urban Homes With No Known Moisture Problems	Identify fungal species and concentrations in samples of air and settled dust in homes with no known mold and moisture problems.
6	Use of GIS Predictive Modeling to Identify Homes at High Risk for Environmental Health Hazards	A GIS-based predictive modeling approach, built on an ongoing GIS modeling project for lead hazards, will be used to identify homes that are likely to have multiple environmental health hazards.
Ĺ	A Portable Instrument to Detect, Identify and Quantify Mold in Homes	The objective is to develop a relatively low cost, portable instrument to perform on- site evaluation of airborne concentrations of specific fungal species as well as estimates of total fungal concentration.
×	Evaluation of a Low Cost Method for Identification and Assessment of Mold Problems in Housing	The objective is to conduct laboratory and field testing of a new instrument for measuring the release of mold spores from surfaces.
6	Novel Markers of Fungal Exposure in Homes and Their Relationship to Respiratory Symptoms in Children in New York City	This research is evaluating the utility of fungal exposure assessment through immunoassay measurement of fungal extracellular polysaccharides (EPS) in house dust and fungal EPS specific immunoglobulin G (IgG) in the serum of participants to identify relationships between mold exposure and respiratory symptoms.

**APPENDIX C - Healthy Homes and Lead-Related Research** 

**Examples of Healthy Homes Research** 

Research	
Lead	
<b>Examples of NOFA-Funded</b>	

N0.	Title	Description
	Cleaning Lead Contaminated Dust from Hard Surfaces	The purpose of this research is to determine the effectiveness of various detergents in cleaning lead-contaminated dust from hard surfaces under varying conditions of wear and dust loading.
7	Monitoring HEPA Vacuum Dust Pick-up with an Aerosol Photometer	The objective of this research is develop a dynamic reading instrument that will indicate when a surface is sufficiently "clean".
3	Developing a Method for Collecting and Analyzing Vacuum Dust Samples for Lead Using Field Portable XRF	This research involves the development and assessment of a field method for collecting residential dust samples and analyzing them for lead using a field portable XRF analyzer.
4	The Use of Biosolids to Reduce Soil-lead Hazards	The study involves the application of treated biosolids to lead-contaminated urban yards with subsequent assessment of the effectiveness of the treatment in reducing lead concentration and bioavailability.
5	Assessing the Effectiveness of a State Law Requiring Lead Hazard Control Treatments in pre-1950 Rental Housing	The project is assessing the effectiveness of low cost treatments in reducing residential dust-lead hazards in rental housing.

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### APPENDIX D CHECKLIST AND SUBMISSION TABLE OF CONTENTS HEALTHY HOMES AND LEAD TECHNICAL STUDIES GRANT PROGRAM

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. You must include this checklist and submission table of contents with your application.

	Transmittal Letter (one-page limit)	Cover page
	Applicant Abstract (limited to 2-pages; does not count towards 25-page limit)	
	Checklist and Submission Table of Contents	
	Application Forms (to be included in Appendix 3)	
	HUD Form 424	
	Standard Form 424B (Assurances/Non-Construction Programs)	
	HUD 424C (Budget Summary for Competitive Grant Programs)	
	Budget Summary (Federal Share and Matching)	
	HUD 2880 (Disclosure and Update Report)	
	HUD 2990 (Certification of Consistency with the EZ/EC Strategic Plan)	
	HUD 2992 (Certification regarding Debarment and Suspension)	
	HUD 50070 (Certification for a Drug-Free Workplace)	
	HUD 50071 (Certifications of Payments to Influence Federal Transactions)	
	Form SF-LLL (Disclosure of Lobbying Activities) (Required) Form SF-LLL (Not required; see Appendix B of the General Section of the	
	SuperNOFA) HUD Logic Model Form	
	Race and Ethnicity Form	
	Rating Factor Response (25-page limit on entire narrative)	
	1. Capacity of the Applicant and Relevant Organizational Experience	
H	2. Need/Extent of the Problem	
H	3. Soundness of Approach	
Ħ	4. Leveraging Resources	<u></u>
Ħ	5. Achieving Results and Program Evaluation	
L	Appendices	<u> </u>
	Appendix 1 – Required materials in support of the Rating Factors (e.g., resumes of key personnel, organizational chart, letters of commitment) arranged in order by Rating Factor (three-page limit on resumes; these resumes do not count as part of the page	
	limit)). Appendix 2 – Optional materials in support of the Rating Factors, arranged in order by Rating Factors (e.g., maps, letters of support, etc.) (20-page limit).	
	Appendix 3 – Materials relating to the forms or budget materials (see Application Forms, above).	
$\square$	HUD 2993 (Acknowledgment of Application Receipt)	
$\square$	HUD 2994 (Client Comments and Suggestions) (Optional)	******

# Appendix E

This appendix to this NOFA lists the standard forms, certifications and assurances used by the programs that are part of this NOFA. Listed forms are located in Appendix B of the General Section of the SuperNOFA.

The following forms are to be used for the Programs listed in this NOFA

- (1) Form HUD-424
- (2) Form HUD-424 B
- (3) Form HUD-424 C
- (4) Form HUD–424 CBW
- (5) Form HUD Logic Model Form

(6) Application Checklist and Submission Table of Contents

(7) Ethnicity and Race Data

HUD has consolidated many of its application forms into a single HUD-424 form. The new HUD-424 consolidates budget-reporting forms for both construction and non-construction projects into a single form and eliminates having to have the following separate certifications: Certification for a Drug-Free Workplace (HUD-50070), the Certification of Payments to Influence Federal Transactions (HUD-50071), and the Certification Regarding Debarment and Suspension (HUD-2992).

New form HUD–424 replaces SF–424 and HUD–424 M

HUD–424 B replaces SF–424 B and D, and HUD–50070, 50071 and 2992.

HUD–424 C and CB replaces SF–424 A and C

The HUD–424 CBW is added as a common detailed Budget Worksheet and replaces various budget worksheets used throughout the Department.

Administrative costs that may be applicable to the programs included in this NOFA are discussed below:

#### Administrative Costs

# I. Purpose

The intent of this HUD grant program is to allow the Grantee to be reimbursed for the reasonable direct and indirect costs, subject to a top limit, for overall management of the grant. In most instances the grantee, whether a State or a local government, principally serves as a conduit to pass funding to subgrantees, which are to be responsible for the conducting lead-hazard reduction work. Congress set a top limit of ten percent of the total grant sum for the grantee to perform the function of overall management of the grant program, including passing on funding to sub-grantees. The cost of that function, for the purpose of this grant, is defined as the "administrative cost" of the grant, and is limited to ten percent of the total grant amount. The balance of ninety percent or more of the total grant sum is reserved subgrantees or other direct-performers of leadhazard identification and reduction work. Lead hazard identification and reduction includes, but is not necessarily limited to outreach, training, enrollment, lead paint inspection/risk assessments, interim controls, hazard abatement, clearance documentation, blood lead testing, and public education.

### II. Administrative Costs: What They Are Not

For the purposes of this HUD grant program for States and local governments to

provide support for the evaluation and reduction of lead-hazards in low- and moderate-income, private target housing, the term "administrative costs" should not be confused with the terms "general and administrative cost," "indirect costs," 'overhead," and "burden rate." These are accounting terms usually represented by a government-accepted standard percentage rate. The percentage rate allocates a fair share of an organization's costs that cannot be attributed to a particular project or department (such as the chief executive's salary or the costs of the organization's headquarters building) to all projects and operating departments (such as the Fire Department, the Police Department, the Community Development Department, the Health Department or this program). Such allocated costs are added to those projects' or departments' direct costs to determine their total costs to the organization.

# III. Administrative Costs: What They Are

For the purposes of this HUD grant program, "Administrative Costs" are the grantee's allowable direct costs for the overall management of the grant program plus the allocable indirect costs. The allowable limit of such costs that can be reimbursed under this program is ten (10) percent of the total grant sum. Should the grantee's actual costs for overall management of the grant program exceed ten percent of the total grant sum, those excess costs shall be paid for by the grantee. However, excess costs paid for by the grantee may be shown as part of the requirement for cost-sharing funds to support the grant.

### **IV. Administrative Costs: Definition**

### A. General

Administrative costs are the allowable, reasonable, and allocable direct and indirect costs related to the overall management of the HUD grant for lead-hazard reduction activities. Those costs shall be segregated in a separate cost center within the grantee's accounting system, and they are eligible costs for reimbursement as part of the grant, subject to the ten percent limit. Such administrative costs do not include any of the staff and overhead costs directly arising from specific sub-grantee program activities eligible under Section III(B) of this program section of this SuperNOFA, because those costs are eligible for reimbursement under a separate cost center as a direct part of project activities.

The grantee may elect to serve solely as a conduit to sub-grantees, who will in turn perform the direct program activities eligible under Section III(B) of this program section of this NOFA, or the grantee may elect to perform all or a part of the direct program activities in other parts of its own organization, which shall have their own segregated, cost centers for those direct program activities. In either case, not more than 10 percent of the total HUD grant sum may be devoted to administrative costs, and not less than 90% of the total grant sum shall be devoted to direct program activities. The grantee shall take care not to mix or attribute administrative costs to the direct project cost centers.

#### B. Specific

Reasonable costs for the grantee's overall grant management, coordination, monitoring, and evaluation are eligible administrative costs. Subject to the ten percent limit, such costs include, but are not limited to, necessary expenditures for the following goods, activities and services:

(1) Salaries, wages, and related costs of the grantee's staff, the staff of affiliated public agencies, or other staff engaged in grantee's overall grant management activities. In charging costs to this category the recipient may either include the entire salary, wages, and related costs allocable to the program for each person whose primary responsibilities (more than 65% of their time) with regard to the grant program involve direct overall grant management assignments, or the pro rata share of the salary, wages, and related costs of each person whose job includes any overall grant management assignments. The grantee may use only one of these two methods during this program. Overall grant management includes the following types of activities:

(a) Preparing grantee program budgets and schedules, and amendments thereto;

(b) Developing systems for the selection and award of funding to sub-grantees and other sub-recipients;

(c) Developing suitable agreements for use with sub-grantees and other sub-recipients to carry out grant activities;

(d) Developing systems for assuring compliance with program requirements;

(e) Monitoring sub-grantee and subrecipient activities for progress and

compliance with program requirements; (f) Preparing presentations, reports, and other documents related to the program for submission to HUD;

(g) Evaluating program results against stated objectives;

(h) Providing local officials and citizens with information about the overall grant program; however, a more general education program, helping the public understand the nature of lead hazards, lead hazard reduction, blood-lead screening, and the health consequences of lead poisoning is a direct project support activity);

(i) Coordinating the resolution of overall grant audit and monitoring findings; and

(j) Managing or supervising persons whose responsibilities with regard to the program include such assignments as those described in paragraphs (a) through (i).

(2) Travel costs incurred for official business in carrying out the overall grant management;

(3) Administrative services performed under third party contracts or agreements, for services directly allocable to grant management such as: legal services, accounting services, and audit services;

(4) Other costs for goods and services required for and directly related to the overall management of the grant program; and including such goods and services as telephone, postage, rental of equipment, renter's insurance for the program management space, utilities, office supplies, and rental and maintenance (but not purchase) of office space for the program.

(5) The fair and allocable share of grantee's general costs that are not directly attributable

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to specific projects or operating departments such as salaries, office expenses and other related costs for local officials (*e.g.*, mayor and city council members, etc.), and expenses for a city's legal or accounting

department which are not charged back to particular projects or other operating departments. If a grantee has an established burden rate, it should be used; if not, the grantee shall be assigned a negotiated provisional burden rate, subject to final audit.

BILLING CODE 4210-32-P

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# HEALTHY HOMES DEMONSTRATION PROGRAM

Billing Code 4210-32-C

# Funding Availability for the Healthy Homes Demonstration Program

# PROGRAM OVERVIEW

Purpose of the Program. The purpose of the Healthy Homes Demonstration Program is to develop, demonstrate and promote cost-effective, preventive measures to correct multiple safety and health hazards in the home environment that produce serious diseases and injuries in children of low-income families. HUD is interested in reducing health threats to the maximum number of residents, especially children, in a cost efficient manner.

Available Funds. Approximately \$5 million in Fiscal Year 2003 funds.

*Eligible Applicants.* Not-for-profit institutions, and for-profit firms located in the U.S., Native American Tribes, State and local governments, and federally recognized Indian Tribes are eligible to apply. For-profit firms are not allowed to include a fee in the cost proposal (*i.e.*, no profit can be made from the project). Federal agencies and federal employees are not eligible to apply for this program.

*Application Due Date:* June 10, 2003. *Match.* None required.

# **Additional Information**

# I. Application Due Date and Technical Assistance

If you are interested in applying for funding under this program, please carefully review the General Section of this SuperNOFA and the following additional information.

Application Due Date. You must submit a completed application to HUD on or before the respective program's application due date. The application due date for all programs contained in this NOFA is July 9, 2003.

Application Submission Procedures. See the General Section of this SuperNOFA for specific procedures concerning the form of application submission (*e.g.*, mailed applications, express mail or overnight delivery). Be advised that there is no Application Kit. All of the information required for submitting an application is contained in this NOFA.

*Addresses.* You must submit a complete application to, Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control, ATTN: Healthy Homes Demonstration Program, 451 Seventh Street, SW, Room P3206, Washington, DC 20410.

For Further Information and Technical Assistance. You may contact Ellen R. Taylor, Director, Healthy Homes Division, Office of Healthy Homes and Lead Hazard Control, at the address above; telephone (202) 755– 1785, extension 116 (this is not a tollfree number). If you are hearing-or speech-impaired, you may reach the above telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

# II. Authority, Funding Amounts, And Amount Of Funds Allocated

(A) Authority. The authority for this program is Sections 501 and 502 of the Housing and Urban Development Act of 1970 and the Consolidated Appropriations Resolution of 2003, Public Law 108–7, approved February 20, 2003.

(B) Funding Available and Eligibility. Approximately \$5 million in Fiscal Year 2003 will be available for the Healthy Homes Demonstration Program Grants will be awarded on a competitive basis following evaluation of all proposals according to the rating factors described in the General Section of this SuperNOFA. HUD anticipates that approximately six to eight grants will be awarded, ranging from approximately \$250,000 to approximately \$1,000,000 each. A minimum score of 75 is required for award consideration.

# **III. Eligible Applicants and Activities**

## (A) Program Description

(1) *Background.* The Healthy Homes Demonstration Program is a part of HUD's Healthy Homes Initiative (HHI). The HHI departs from the more traditional approach of attempting to correct one hazard at a time (*e.g.*, asbestos, radon). In April 1999, HUD submitted to Congress a preliminary plan containing a full description of the HHI. This description (Summary and Full Report) is available on the HUD website at *www.hud.gov*.

The HHI builds upon HUD's existing housing-related health and safety issues, including lead hazard control, building structural safety, electrical safety, and fire protection to address multiple childhood diseases and injuries, such as asthma, mold-induced illness, carbon monoxide poisoning, and other conditions, related to housing in a more coordinated fashion. A coordinated effort is feasible because a limited number of building deficiencies contribute to many hazards. Substantial savings are possible using this approach, because separate visits to a home by an inspector, public health nurse, or outreach worker can add significant costs to efforts to eliminate hazards. A description of the HHI program, and a link to its website, are available at www.hud.gov.

In addition to deficiencies in basic housing facilities that may impact health, changes in the U.S. housing stock and more sophisticated epidemiological methods and biomedical research have led to the identification of new and often more subtle health hazards in the residential environment. While such hazards will tend to be found disproportionately in housing that is substandard (e.g., structural problems, lack of adequate heat, etc.), such housing-related environmental hazards may also exist in housing that is otherwise of good quality. Appendix A of this NOFA briefly describes the housing-associated health and injury hazards HUD considers key targets for intervention. Appendix D lists references that serve as the basis for the information provided in the Healthy Homes Demonstration Program.

HUD is interested in promoting approaches that are cost-effective and efficient and that result in the reduction of health threats for the maximum number of residents for the long run, and, in particular, for children in lowincome families. Section II of the General Section of the SuperNOFA presents Policy Priorities. The overall goals and objectives of the HHI are to:

(a) Mobilize public and private resources, involving cooperation among all levels of government, the private sector, and faith-based and other community-based organizations to develop the most promising, costeffective methods for identifying and controlling housing-based hazards; (b) Build local capacity to operate

(b) Build local capacity to operate sustainable programs that will prevent and control housing-based hazards in low- and very low-income residences when HUD funding is exhausted; and

(c) Affirmatively further fair housing and environmental justice.

(2) Healthy Home's Demonstration Activities. Through the Healthy Homes Demonstration program, HUD will initiate competitive projects to promote implementation of available risk reduction techniques for the control of key hazards described in Appendix A. HUD will award demonstration projects that implement housing assessment, maintenance, renovation and construction techniques to identify and correct housing-related illness and injury risk factors, and disseminate healthy homes information and replicate successful interventions.

HUD will evaluate proposals based on the elements described below. Applicants are required to be specific as to the locations where they are targeting their intervention activities to occur, the residents, individuals, or groups targeted to receive interventions, and the organizations targeted to continue to operate effective intervention strategies over the life of the award and thereafter.

The objectives of the Healthy Homes Demonstration program include:

(a) Identification of target areas and homes where assessment and interventions will occur;

(b) Identification and evaluation of effective methods of hazard abatement and risk reduction;

(c) Development of appropriatelyscaled, flexible, cost-effective and efficient intervention strategies that take into account the range of conditions likely to be encountered in housing and that maximize the number of housing units that receive an intervention;

(d) Development of methodologies for evaluating intervention effectiveness;

(e) Development of local capacity in target areas and training programs for target groups to operate sustainable programs to prevent and control housing-based hazards, especially in low- and very low-income residences;

(f) Development of a cost-effective protocol for identifying homes that are candidates for interventions, identifying hazards in these homes, and screening out homes where structural or other condition factors (*e.g.*, cost) make interventions infeasible or impractical;

(g) Development and delivery of public outreach programs that provide information about effective methods for preventing housing-related childhood diseases and injuries and for promoting the use of these interventions;

(h) Targeting, through education and outreach, specific high-risk communities and other identified audiences such as homeowners, landlords, health care deliverers, pregnant women, children, residential construction contractors, maintenance personnel, housing inspectors, real estate professionals, home buyers, and low-income minority families;

(i) Implementation of media strategies to use print, radio and television to increase public awareness of housingrelated hazards that threaten children, including the use of minority media, nonprofit organizations that work with persons with disabilities, and advocates for racial and ethnic minorities, and faith-based organizations;

(j) Dissemination of existing tools and, as needed, new tools to inform parents and caregivers about housing-related hazards and enable them to take prompt corrective action; and

(k) Development of training programs for Healthy Homes activities to emphasize assessment and intervention methods applicable to public and private housing in the target area.

# (B) Eligible Applicants

Not-for-profit institutions, including faith-based and community-based organizations, and for-profit firms located in the U.S., state and local governments, and federally recognized Indian Tribes are eligible to apply. Forprofit firms are not allowed to include a fee in the cost proposal (*i.e.*, no profit can be made from the project). Federal agencies and federal employees are not eligible to apply for this program.

# (C) Eligible Activities

The following direct activities and support activities are eligible under this grant program.

(1) *Direct Project Elements.* These include activities that you may undertake directly, or through sub-recipients, such as:

(a) Performing evaluations of eligible housing to determine the presence of housing-based hazards (*e.g.*, mold growth, allergens, unvented appliances, exposed steam pipes or radiators, deteriorated lead-based paint) through the use of generally accepted testing procedures.

(b) Conducting housing interventions to remediate existing housing-based hazards and address conditions that could result in their recurrence. Any lead hazard evaluation and control work shall be conducted by persons qualified for the activities according to 24 CFR part 35, especially sections 35.1325 for abatement and 35.1330 for interim controls. Qualified persons must possess certification as abatement contractors, risk assessors, inspectors, abatement workers, or sampling technicians, or otherwise having been trained in a HUD-approved course in lead-safe work practices. You may refer to the HUD Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing (Guidelines) for additional information. The Guidelines and/or applicable regulations may be downloaded from the Office of Healthy Homes and Lead Hazard Control's homepage, linked to HUD's website at www.hud.gov. All pest control activities shall incorporate the principles and methods of integrated pest management (IPM). In technical terms, IPM is the coordinated use of pest and environmental information with available pest control methods to prevent unacceptable levels of pest damage by the most economical means and with the least possible hazard to people, property, and the environment. One information source is the University of Minnesota's electronic textbook of Integrated Pest Management,

available at *http://ipmworld.umn.edu/ textbook.htm.*)

(c) Undertaking housing rehabilitation activities that are specifically required to carry out effective control of housingbased hazards, and without which the intervention could not be completed and maintained. Funds under this program may also be used to control lead-based paint hazards; however, such controls may not be a principal focus of the grant. Lead hazard control activities are carried out under HUD's Lead-Based Paint Hazard Control Grant Program.

(d) Carrying out relocation of families and individuals, when necessary, during the period in which intervention is conducted and until the time the affected unit receives clearance for reoccupancy. Residents relocated must be guaranteed the choice of returning to the unit after the intervention.

(e) If medical examinations of young children for conditions caused or exacerbated by exposure to hazards are demonstrated to be critical to the outcome of your project, and there are no alternative sources to cover these costs, conducting such examinations.

(f) Environmental sampling and medical testing recommended by a physician or applicable occupational or public health agency to protect the health of the intervention workers, supervisors, and contractors, unless reimbursable from another source.

(g) Conducting testing and analysis for lead, mold, carbon monoxide and/or other toxins as appropriate, with respect to generally accepted standards or criteria, or where not available, other appropriate levels justified in conjunction with the project. Clearance dust samples related to lead-based paint must be analyzed by a laboratory recognized by the Environmental Protection Agency's (EPA's) National Lead Laboratory Accreditation Program (NLLAP). All tests results related to lead-based paint must be provided to the owner of the unit, together with a notice describing the owner's legal duty to disclose the results to tenants and buyers.

(h) Carrying out architectural, engineering and work specification development and other construction management services to control housing-based hazards and remediate existing hazards.

(i) Providing training on Healthy Homes practices to homeowners, renters, painters, remodelers, and housing maintenance staff working in low-or very low-income housing.

(j) Providing cleaning supplies for hazard intervention and hazard control to faith-based and other communitybased organizations for use by homeowners and tenants in low-income housing, or to such homeowners and tenants directly. (See Section II of the General Section of the SuperNOFA for more information about faith-based and other community-based organizations.)

(k) Conducting general or targeted community education programs on environmental health and safety hazards. This activity would include training on Healthy Homes maintenance and renovation practices, among other topics. It would also include making materials available, upon request, in alternative formats for persons with disabilities (*e.g.*, Braille, audio, large type), and in languages other than English that are common in the community, whenever possible.

(1) Securing liability insurance for hazard evaluation and control activities to be performed. This activity is not an administrative activity.

(m) Supporting data collection, analysis, and evaluation of project activities. As a condition of the receipt of financial assistance under this NOFA all successful applicants will be required to cooperate with all HUD staff and contractors performing HUD funded research and evaluation studies. Maintaining a registry of housing units in which housing-based hazards were not found during evaluation, and those in which such problems have been controlled.

(n) Preparing quarterly progress reports and an overall final grant report detailing activities (*e.g.*, number of units tested, hazards found, types of interventions provided, evaluation of the most cost-efficient methodologies by type of unit), findings, and recommended future actions for costeffective interventions at the conclusion of grant activities.

### (2) Support Elements

(a) Your administrative costs. There is a 10 percent maximum allowance for administrative costs. Specific information about administrative costs is included in Appendix F of this NOFA.

(b) Program planning and management costs of sub-grantees and other sub-recipients.

### (D) Ineligible Activities

## (1) Purchase of Real Property

(2) Purchase or lease of equipment having a per unit cost in excess of \$5,000, unless prior written approval is obtained from HUD.

(3) Medical treatment costs, except as specified in Section III (C)(1)(e) above.

# **IV. Requirements**

In addition to requirements listed in the General Section of the SuperNOFA, you, the applicant, must comply with the requirements listed below:

# (A) Threshold Requirements

As an applicant, you must meet all of the threshold requirements Section V (B) of the General Section of the SuperNOFA. Threshold requirements include Ineligible Applicants, Compliance with Fair Housing and Civil Rights Laws, Conducting Business in Accordance with Core Values and Ethical Standards, Delinquent Federal Debts and Pre-Award Accounting System Surveys. Information about threshold requirements is provided in Section (V)(B) of the General Section of the SuperNOFA. These requirements include the requirement to affirmatively further fair housing (AFFH) in accordance with paragraph V(D) of the General Section of the SuperNOFA. Applications that meet all of the threshold requirements will be eligible to be scored and ranked based on the total number of points allocated for each of the rating factors described below. Your application must receive a total score of at least 75 points to be considered for funding. Applications will not be rated or ranked if they do not meet the threshold requirements of the General Section of the SuperNOFA.

## (B) Program Requirements

(1) Work Activities. All lead hazard control activities must be conducted in compliance with the applicable requirements of HUD's Lead-Safe Housing Rule, 24 CFR part 35, and as clarified in HUD's Interpretive Guidance about this rule. Activities must also comply with any additional requirements in effect under a State or Native American Tribal Lead-Based Paint Training and Certification Program that has been authorized by the EPA pursuant to 40 CFR 745.320.

# (2) Budgeting.

(a) Matching Requirement. You are not required to provide a matching contribution in the Healthy Homes Demonstration Program.

(b) Administrative Costs. There is a 10 percent maximum allowance for administrative costs as specified in Section 1011(j) of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (Title X of the Housing and Community Development Act of 1992, Public Law 102–550). Additional information about allowable administrative costs is provided in Appendix F of this NOFA. (3) *Period of Performance*. The period of performance cannot exceed 36 months from the time of the award.

(4) Program Performance. Grantees shall take all reasonable steps to accomplish all healthy homes activities within the approved period of performance. HUD will closely monitor the grantee's performance with particular attention to completion of specified activities, deliverables and milestones, and number of units proposed to be assessed or receive interventions within the approved period of performance. HUD reserves the right to terminate the grant prior to the expiration of the period of performance if the grantee fails to meet 25 percent of the milestones, including all deliverables, as scheduled in their work plan.

(5) *Certified and Trained Providers.* Lead hazard control activities must be conducted by persons qualified for the activities according to 24 CFR part 35 (possessing certification as abatement contractors, risk assessors, inspectors, abatement workers, or sampling technicians, or others having been trained in a HUD-approved course in lead-safe work practices).

(6) Coastal Barrier Resources Act. Pursuant to the Coastal Barrier Resources Act (16 U.S.C. 3501), funds may not be used for properties located in the Coastal Barrier Resources System.

(7) Flood Disaster Protection Act. Under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001–4128), funds may not be used for construction, reconstruction, repair or improvement of a building or mobile home which is located in an area identified by the Federal Emergency Management Agency (FEMA) as having special flood hazards unless:

(a) The community in which the area is situated is participating in the National Flood Insurance Program in accordance with the applicable regulations (44 CFR parts 59–79), or less than a year has passed since FEMA notification regarding these hazards; and

(b) Where the community is participating in the National Flood Insurance Program, flood insurance on the property is obtained in accordance with section 102(a) of the Flood Disaster Protection Act (42 U.S.C. 4012a(a)). You are responsible for assuring that flood insurance is obtained and maintained for the appropriate amount and term.

(8) National Historic Preservation Act. The National Historic Preservation Act of 1966 (16 U.S.C. 470) (NHPA) and the regulations at 36 CFR part 800 apply to the mold intervention and related hazard control activities that are undertaken pursuant to this program. HUD and the Advisory Council for Historic Preservation have developed an optional Model Agreement for use by grantees and State Historic Preservation Officers in carrying out any lead hazard control activities under this program. A Model Agreement (Prototype Programmatic Agreement) is available at the Office of Healthy Homes and Lead

Hazard Control's Web site, linked to

http://www.hud.gov. (9) Waste Disposal. Waste disposal will be handled according to the requirements of the Occupational Health and Safety Administration (OSHA) (e.g., 29 CFR part 1910 and/or 1926, as applicable), the EPA (e.g., 40 CFR parts 61, 260–282, 300–374, and/or 700-799, as applicable), the Department of Transportation (e.g., 49 CFR parts 171–177), and/or appropriate State or local regulatory agencies and applicable EPA, HUD, State and local regulatory agency guidance. You must handle disposal of wastes from hazard control activities that contain lead-based paint, but are not classified as hazardous in accordance with State or local law or the HUD Guidelines for the Evaluation and Control of Lead-Based Hazards in Housing (HUD Guidelines). The HUD Guidelines may be downloaded from the HUD Web site at http:// www.hud.gov.

(10) Worker Protection Procedures. You must comply with the procedures for worker protection established in the HUD Guidelines as well as the requirements of the OHSA, *e.g.*, 29 CFR part 1910 and/or 1926, as applicable, or the state or local occupational safety and health regulations, whichever are more stringent.

(11) Written Policies and Procedures. You must have written policies and procedures for all phases of intervention, including evaluation, development of specifications, financing, occupant relocation, independent project inspection, and clearance testing (*e.g.*, for mold, lead, carbon monoxide or other hazards, as applicable). You and all your subcontractors, sub-recipients, and their contractors must comply with these policies and procedures.

(12) Clearance Testing for Lead Hazard Control Activities. Clearance dust testing must be conducted according to the EPA lead hazards standards rule (40 CFR part 745) for abatement projects and the Lead-Safe Housing rule (24 CFR part 35) for lead hazard control activities other than abatement. These are available at http:// www.epa.gov/lead and http:// www.hud.gov, respectively. (13) Continued Availability of Safe Housing to Low-Income Families. Units in which housing-based hazards have been controlled under this program shall be occupied by and/or continue to be available to low-income residents for not less than three years following the completion of intervention activities.

(14) *Environmental Review. See* Section VIII (Environmental Requirements) of this program section.

(15) *Relocation.* Any person (including individuals, partnerships, corporations or associations) who moves from real property or moves personal property from real property directly (1) because of a written notice to acquire real property, in whole or in part, or (2) because of the acquisition of the real property, in whole or in part, for a HUDassisted activity, is covered by Federal relocation statutes and regulations. Specifically, this type of move is covered by the acquisition policies and procedures and the relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 URA, as amended, and the implementing government-wide regulation at 49 CFR part 24. The relocation requirements of the URA and the government-wide regulations cover any person who moves permanently from real property or moves personal property from real property directly because of acquisition, rehabilitation or demolition for an activity undertaken with HUD assistance. See Section V(G) of the General Section of the SuperNOFA for additional information about relocation.

(16) *Data Collection and Provision.* You must collect, maintain and provide to HUD the data necessary to document the various approaches used to evaluate and control housing-based hazards, including evaluation and control methods, building conditions, medical and familial information (with confidentiality of individuallyidentifiable information ensured) in order to determine the effectiveness and relative cost of these methods.

(17) Section 3 Employment Opportunities. Recipients of assistance in the Healthy Homes Demonstration Program must comply with Section 3 of the Housing and Urban Development Act of 1968, 12 U.S.C. 1701u (Economic Opportunities for Low- and Very Low-Income Persons in Connection with Assisted Projects) and the HUD regulations at 24 CFR part 135, including the reporting requirements of subpart E. Please see section V(E) of the General Section of the SuperNOFA for additional information about section 3 requirements. (18) *Certifications and Assurances.* You must include the certifications and assurances listed in section V (H) of the General Section of this SuperNOFA with your application. A Certification of Consistency with the Consolidated Plan is not required for the Healthy Homes Demonstration NOFA.

(19) *Davis-Bacon Act.* The Davis-Bacon Act does not apply to this program. However, if program funds are used in conjunction with other Federal programs in which Davis-Bacon prevailing wage rates apply, then Davis-Bacon provisions would apply to the extent required under the other Federal programs.

(20) Conducting Business in Accordance with HUD Core Values and Ethical Standards. If awarded assistance under the Healthy Homes Demonstration NOFA, you will be required, prior to entering into a grant agreement with HUD, to submit a copy of your code of conduct and describe the methods you will use to ensure that all officers, employees, and agents of your organization are aware of your code of conduct. See section V(B)(3) of the General Section of the SuperNOFA for information about conducting business in accordance with HUD's core values and ethical standards.

(21) Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses. HUD is committed to ensuring that small businesses, small disadvantaged businesses and womenowned businesses participate fully in HUD's direct contracting and in contracting opportunities generated by HUD grant funds. Too often, these businesses still experience difficulty accessing information and successfully bidding on Federal contracts. HUD regulations at 24 CFR 85.36(e) require recipients of assistance (grantees and sub-grantees) to take all necessary affirmative steps in contracting for purchase of goods or services to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible. Affirmative steps shall include:

(a) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;

(b) Assuring that small and minority business and women's business enterprises are solicited whenever they are potential sources;

(c) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority business and women's business enterprises; (d) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority business and women's business enterprises;

(e) Using the services and assistance of the Small Business Administration and the Minority Business Development Agency of the Department of Commerce; and

(f) Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed in paragraphs (V) (a) through (e) above.

Refer to section V(F) the General Section of the SuperNOFA for additional information.

(22) Human Subjects Research. In conformance with the Common Rule (Federal Policy for the Protection of Human Subjects, codified by HUD at 21 CFR part 60), if your research involves human subjects, your organization must provide an assurance (*e.g.*, a letter signed by an appropriate official) that the research has been reviewed and approved by an Institutional Review Board (IRB) before you can receive funds from HUD for activities that require IRB approval. Before proceeding with activities that require IRB approval, you must provide the number for your organization's assurance (i.e., an "institutional assurance") that has been approved by the Department of Health and Human Service's Office of Human Research Protections (OHRP). For additional information on what constitutes human subject research or how to obtain an institutional assurance see the OHRP Web site at *http://* www.ohrp.osophs.dhhs.gov.

# V. Application Selection Process

(A) *Rating and Ranking.* Please see section VI of the General Section of the SuperNOFA. Only those applications that meet the threshold requirements will be rated and ranked. HUD intends to award the highest ranked applications receiving a minimum score of 75 within the limits of funding.

In evaluating applications for funding, HUD will take into account an applicant's past performance in managing funds, including the ability to account for funds appropriately; timely use of funds received either from HUD or other Federal, State or local programs; meeting performance targets for completion of activities and number of persons to be served or targeted for assistance. HUD may use information relating to these items based on information at hand or available from public sources such as newspapers, Inspector General or Government Accounting Office Reports or Findings, hotline complaints that have been

proven to have merit, or other such sources of information. In evaluating past performance, HUD may elect to deduct points from the rating score as specified under the Factors for Award or set threshold levels for performance as specified in the funding announcement.

(B) Factors for Award Used to Evaluate and Rate Applications. The factors for rating and ranking applicants, and maximum points for each factor, are stated below. The maximum number of points to be awarded is 102, including the potential for two bonus points for RC/EZ/EC, as described in the section VI (C) (1) of the General Section of the SuperNOFA.

# Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points)

This factor addresses your organizational capacity necessary to successfully implement your proposed activities in a timely manner. The rating of you or your staff includes any faithbased and other community-based organizations, sub-contractors, consultants, sub-recipients, and members of consortia that are firmly committed to your project. Applicants that are, or propose to either partner, fund, or sub-contract with grassroots organizations, including faith-based and other community-based non-profits, in conducting their work programs will receive higher rating points as specified in section II of the General Section of the SuperNOFA. In rating this factor, HUD will consider the four items listed below.

(1) Your recent, relevant and successful demonstrated experience in undertaking eligible program activities. You must describe the knowledge and experience of the proposed overall project director and day-to-day project manager in planning and managing large and complex interdisciplinary programs, especially those involving housing, public health, or environmental programs. In your narrative response for this factor, you should include information on your project staff, their experience, percentage commitment to the project, and position titles. Resumes of up to three pages each and position descriptions for up to three key personnel in addition to the project director and project manager, and a clearly delineated organizational chart for the Healthy Homes project you propose, must be included in Appendix 1 of your application. Position descriptions and copies of job announcements (including salary range) should be included for any key positions that are currently vacant or

contingent upon an award. Indicate the name of the position of key personnel, the percentage of time that proposed staff will devote to your project and any salary costs to be paid by funds from this program. Include descriptions of the experience and gualifications of subcontractors and consultants. You may find it useful to include a table indicating the name, position and percentage contribution of staff members, specifying organizational affiliation. HUD reserves the right to terminate grant awards made to applicants that fail to timely hire (within 120 days of award) staff to fill key positions identified in the applicant's proposal as vacant.

(2) Your qualifications to carry out the proposed activities as evidenced by experience, academic background, training, and/or relevant publications of project staff. Whether you have sufficient personnel, or will be able to quickly retain qualified experts or professionals to begin your proposed project immediately, and to perform your proposed activities in a timely and effective fashion. Describe how principal components of your organization will participate in, or support, your project. You should thoroughly describe capacity, as demonstrated by experience in initiating and implementing related environmental, health, or housing projects.

(3) The past performance of the organization (applicant or partners) in another Healthy Homes or Lead Hazard Control grant, another grant related to environmental health and safety issues, or other experience in a similar program. Provide details about the nature of the project, the funding agency, and your performance, relative to performance measures or the achievement of desired health outcomes.

(4) If your organization is an existing Healthy Homes grantee, provide a description of the progress and outcomes achieved in that grant. If you received previous Healthy Homes Demonstration funding, this experience will be evaluated in terms of cumulative progress and achievements under the previous grant.

Appendix B provides a sample worksheet to facilitate your response to this Rating Factor.

# Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor addresses the extent to which there is a need for your proposed project activities to address documented problems related to healthy homes issues and housing-related hazards in your target area(s) and target group(s).

(1) Document a critical level of need for your proposed activities in the area where activities will be performed. You should pay specific attention to documenting the need as it applies to your target area(s), rather than the larger geographic area.

(2) Your documentation should summarize available data linking housing-based hazards to disease or injuries to children in your target area(s). Examples of data that might be used to demonstrate need include:

(a) Economic and demographic data relevant to your target area(s), including poverty and unemployment rates;

(b) Rates of childhood illnesses (*e.g.*, asthma, allergies, hypertension, elevated blood lead levels) or injuries (*e.g.*, falls, burns) among children residing in your target areas that could be caused or exacerbated by exposure to conditions in the home environment; and

(c) Unavailability of other Federal, State or local funding or private sector resources that could be, or are being, used to address the problem. Document what funding sources were investigated and why there were inadequate.

(3) For the areas targeted for your project activities, provide data available in your jurisdiction's currently approved Consolidated Plan and the Analysis of Impediments to Fair Housing Choice (AI) or Indian Housing Plan or derived from current census data or from other sources. Provide and reference data that address the following:

(a) The age and condition of housing; (b) The number and percentage of low- and very low-income families with incomes less than 50 percent and 80 percent of the median income, respectively, as determined by HUD, for the area, with adjustments for smaller and larger families. Statistics that describe low- and very-low income families are available at http:// www.huduser.org/datasets/il/fmr00/ sect82.html. Additional census statistics are available at: http://www.census.gov/ hhes/www/income00.html, http:// www.census.gov/hhes/income/ income00/statemhi.html, and http:// www.huduser.org/datasets/il/fmr00/ index.html;

(c) To the extent that statistics and other data contained in your community's Consolidated Plan or AI support the extent of the problem, you should include references to the Consolidated Plan or AI in your response; and

(d) Data documenting targeted groups that are traditionally underserved or have special needs. For a maximum score in this rating factor, data provided should specifically represent the target area. If the data presented in your response does not specifically represent your target area, you should discuss why the target areas are being proposed. If your application addresses needs that are in the Consolidated Plan or AI, you will receive more points than applicants that do not relate their project to a previously identified need.

Sample worksheets are provided at Appendix B to facilitate your response to Rating Factor 2.

# Rating Factor 3: Soundness of Approach (40 Points)

This factor addresses the quality and cost-effectiveness of your proposed work plan. You should present information on the proposed approach for addressing housing-based hazards and describe how proposed activities would help HUD achieve its goals for this program area. For you to receive maximum points for this factor, there must be a direct relationship between the proposed activities, documented and demonstrated community needs, and the purpose of the project. Your application will be evaluated according to the comprehensiveness of addressing activities that are applicable to your project. The response to this factor should include details about your technical approach and project activities. HUD is looking for a clear statement of activities, timeline form completing the work and expected deliverables, including any quantitative deliverables.

(1) Approach for Implementing the Project (25 points).

(a) Technical Approach. Describe your overall technical approach for strategizing and implementing your proposed project. Your narrative response to this sub-factor will be used to assess how well your proposed project will be executed. The discussion must include a work plan of essential elements, such as who, what, when, where and how the project will be performed and provide information about the execution of the project. In this factor, describe the methods, schedule, and quality assurance activities that will be carried out to identify and control housing-based hazards and to achieve the desired project outcomes.

(b) Project Activities. Your project description must include a discussion of specific planned project activities that address one or more of the following activities.

(i) Describe in detail how you will identify, select, prioritize, and enroll units of eligible housing in which you

will undertake housing-based hazard interventions, how you will integrate safe work practices into housing maintenance, repair, and improvements, and then target such units to lowincome families with young children. Describe impediments that you anticipate for recruitment, measures you will perform to sustain recruitment, and the staff responsible for both monitoring recruitment status and implementing the measures identified to sustain recruitment. You should use all reasonably available sources of information on controlling housingbased hazards in buildings and protecting workers and occupants during and after the intervention process.

(ii) Describe any assessment tools you would employ to establish baseline data. These tools include questionnaires, visual assessment protocols and environmental sampling and analysis. Include a description of the Informed Consent/Disclosure process you intend to follow and relevant Institutional Review Board (IRB) procedures. In particular, describe how you will provide informed consent (e.g., from the subjects, and their parents and guardians, as applicable) to help ensure their understanding of, and consent to, the elements of informed consent, such as the purposes, benefits and risks of the research activities. Describe how this information will be provided and how the consent will be collected. For example, describe the use of "plain language" forms, flyers, and verbal scripts, and your plans to work with families with Limited English Proficiency or primary languages other than English, and with families including persons with disabilities.

(iii) Describe your process for evaluating units of eligible housing in which you will undertake housingbased hazard interventions. Provide the estimated total number of owneroccupied and/or rental units in which you will perform assessments and conduct interventions.

(iv) Describe any specialized testing, if any, or visual inspection that you will conduct during unit inspection with reference to source(s) of the protocol(s). Provide a description of protocols or include protocols in an appendix of your application.

(v) Discuss efforts to incorporate costeffective methods to address multiple environmental health and safety hazards, and describe the specific interventions you will utilize to control housing-based hazards before children are affected; and/or to control these hazards in units where children have already been treated for illnesses or injuries associated with housing-based hazards (*e.g.*, burns, lead poisoning, asthma). Provide an estimate of the cost of each intervention and an estimate of costs projected per unit. (You may want to provide these cost estimates in a tabular format.)

(vi) Describe the process for your referral of children for medical case management if this is not ongoing and the organizations that will be involved in this process.

(vii) Describe your process for the development of work specifications for the selected interventions.

(viii) Describe your management processes to be used to ensure the costeffectiveness of the housing interventions.

(ix) Discuss your process to select and obtain contractors for conducting interventions in selected units and provide details about the competitive bidding process, if applicable.

(x) Describe your plan for the relocation of occupants of units selected for intervention, if relocation is necessary. Describe criteria that will determine the need for relocation and identify staff who will make relocation decisions. Address the use of safe houses and other housing arrangements, storage of household goods, stipends, incentives, etc., and the source of funding for relocation.

(xi) Describe your plan for ensuring right of return and/or first referral for occupants of units selected for intervention who have had to move for intervention to occur.

(xii) Describe how you will affirmatively further fair housing, which would include, but not be limited to: Affirmative marketing of the program to those least likely to apply based on race, religion, disability, and large families, especially when persons in these demographic groups are generally not served by the nonprofit or faith-based applicant or partner organizations; using a variety of materials for outreach to persons with disabilities and with Limited English Proficiency (LEP); assuring long-term residency by families currently living in the community; assuring that priority for treated units go to those who need the features (treatment) of the unit, and issues of environmental justice.

(xiii) Describe the financing strategy, including eligibility requirements, terms, conditions, and amounts available, to be employed in conducting housing-based hazards activities. You must discuss the way funds will be administered (*e.g.*, use of grants, deferred loans, forgivable loans, other resources, private sector financing, etc.) as well as the agency that will administer the process.

(xiv) Describe your proposed methods for community and/or targeted education and training. These should include community awareness, education, training, and outreach programs that support your work plan and are culturally sensitive, targeted, and linguistically appropriate. Provide information about specific educational/ outreach activities with quantitative data (number of individuals to be reached, etc.) and a description of the intended audience. Describe proposed activities to deliver culturally appropriate educational materials and methods to the target population and communities. Describe efforts to understand and incorporate culturally sensitive approaches to assessment and interventions.

(xv) Provide detailed information about training staff to provide the knowledge and skills required to address Healthy Homes issues that are essential for successfully implementing your project (*e.g.*, assessments and interventions). Include an outline of training curricula and a description of qualifications of trainers. Describe how Healthy Homes training programs will be expanded to include public housing agencies or tribally Designated Housing Entities and other potential collaborators, such as faith-based and community organizations.

(xvi) Describe your proposed involvement of neighborhood, or faithbased and other community-based organizations in the proposed activities. These activities may include outreach, community education, marketing, inspection, and housing evaluations and interventions.

(xvii) Describe your proposed methods to reach high-risk groups and communities, vulnerable populations and persons traditionally underserved.

(xviii) Indicate if, and describe how, you will address any of HUD's Departmental policy priorities (see the section II of the General Section of the SuperNOFA for a fuller explanation of HUD's policy priorities). Applicants that include work activities that specifically address one or more applicable policy priorities will receive higher rating scores than applicants that do not address these HUD priorities, up to a maximum of 3 points. Policy priorities that are potentially applicable to the Healthy Homes Demonstration NOFA are: Improving the Quality of Life in our Nation's Communities; Providing Full and Equal Access to Faith-Based and Other Community-Based Organizations in HUD Program Implementation;

Colonias; and Participation in Energy Star.

(2) Approach for Managing the Project. (12 points). Describe your project goals and objectives and the strategy you will use in managing and executing the project. You should provide information on the general approach and overall plan employed.

(a) *Baseline Plan for Project Management* (10 points). Include a management plan that:

(i) Lists the project objectives, major tasks and activities. All specific activities necessary to complete the proposed project must be included in the task listing;

(ii) Incorporates appropriate performance goals and benchmarks;

(iii) Identifies major milestones and provides a schedule for the assignment, tracking and completion of major tasks and activities, and a timeframe for delivery;

(iv) Ensures that quality assurance activities and corrective actions are managed;

(v) Designates resources and identifies responsible entities;

(vi) Describes the strategy and methods for coordination and communication between partners; and

(vii) Describes the management processes to manage costs and ensure that cost-effective housing interventions will be implemented.

(b) *Budget Justification* (2 points). Your proposed budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the project management plan and intended use of program funds. HUD is not required to approve or fund all proposed activities. Your budget should be submitted in the format recommended in Appendix E (Forms) of this NOFA. An electronic spreadsheet and other budgetary forms are available at HUD's Web site, http://www.hud.gov. You must thoroughly document and justify all budget categories and costs (HUD Form 424–C) and all major tasks for yourself, sub-recipients, partners, major subcontractors, joint venture participants, or others contributing resources to the project. Describe clearly and in detail your budgeted costs for each required program element (major task) included in your overall plan.

(3) *Economic Opportunity* (3 points). To the greatest extent feasible, your project should promote job training, employment, and other economic opportunities for low-income and minority residents and businesses which are owned by, and/or employ, low-income and minority residents as defined in 24 CFR 135.5. You should: (a) Describe how you or your partners will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and HUD's implementing rules at 24 CFR part 135. Describe how you will accomplish this requirement by (1) providing training and employment opportunities for lowand very low-income persons living within the grantee's jurisdiction, and by (2) providing business opportunities to businesses owned by low- and very lowincome persons living within the targeted jurisdiction;

(b) Describe how your project will give preference to hiring low- and very low-income persons or contracting with businesses owned by or employing lowand very-low income persons. Information about section 3 requirements is available by searching HUD's Web site, http://www.hud.gov;

(c) Describe how your proposed project will further and support the policy priorities of the Department (section II of the General Section of the SuperNOFA and Rating Factor 3 (1)(b)(xviii) of this NOFA), including providing opportunities for selfsufficiency, particularly for persons enrolled in welfare-to-work programs, or providing educational and job training opportunities; and

(d) Describe the extent to which your proposed activities will occur in an Empowerment Zone or Enterprise Community (EZ/EC), Urban Enhanced Enterprise Community (EEC), or Strategic Planning Community or Renewal Community (RC) as defined in section VI (C)(1) of the General Section of the SuperNOFA.

# Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses your ability to secure other community resources (*e.g.,* financing, supplies or services) that can be combined with HUD's resources to achieve project purposes. These community resources may be contributions from organizations such as the applicant, partners, or other organizations not directly involved in the project.

(1) In evaluating this factor, HUD will consider the extent to which you have developed partnerships to secure additional resources to increase the effectiveness of your proposed project. Describe how other organizations will participate in or support your project. Resources may include funding or inkind contributions (*e.g.*, labor, fringe benefits, services, supplies, or equipment) budgeted for your proposed project. Resources may be provided by State and local governmental entities, public or private organizations, or other partners.

(2) Each source of contributions (financial or in-kind) must be supported by a letter of commitment from the contributing entity, whether the applicant, a partner organization, or a public or private source. The letter must describe the contributed resource(s) that will be used in your project and the dollar value of each contribution. Staff in-kind contributions should be given a market-based monetary value. If you fail to provide letters of commitment with specific details, including the amount of the actual contributions, you will not get rating points for this factor. Each letter of commitment, memorandum of understanding, or agreement to participate shall include the organization's name and the proposed level of commitment and responsibilities as they relate to the proposed project. The commitment must be signed by an official legally able to make commitments on behalf of the organization. Letters of support (letters that indicate support, but do not specify a monetary commitment to the project) will not be considered in the scoring of Rating Factor 4. Include information to address the following elements.

(a) The extent to which you have coordinated your activities with other known organizations that are not directly participating in your proposed work activities, but with which you share common goals and objectives.

(i) Describe your plan for integrating and coordinating housing-based hazard interventions with other housing-related activities (*e.g.*, rehabilitation, weatherization, correction of code violations, and other similar work).

(ii) Describe your plans to generate and use public subsidies or other resources, such as revolving loan funds, to finance future interventions to prevent and control housing-based hazards, particularly in low- and very low-income housing.

(b) The extent to which your project exhibits the potential to be financially self-sustaining by decreasing dependence on Federal funding and relying more on State, local and private funding to continue healthy homes activities after the grant period is completed.

# **Rating Factor 5: Achieving Results and Program Evaluation (15 points)**

This factor emphasizes HUD's commitment to ensuring that applicants keep promises made in their applications and assess their performance to ensure that performance goals are met. Achieving results means you, the applicant, have clearly identified the benefits or outcomes of your program. Outcomes are ultimate goals. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals.

Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your Evaluation Plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

This new rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability. In evaluating this factor, HUD will consider how you have described outcome measures and benefits of your program.

In your response to this rating factor, you are to discuss the performance goals for your project, and identify specific outcome measures. You are also to describe how the outcome information will be obtained, documented, and reported. You must complete and return the Logic Model Form included in Appendix B of the General Section of the SuperNOFA showing your proposed project long-term, mid-term, short-term and final results, and how they support HUD's departmental goals and objectives. Information about developing a Logic Model is available at http://www.hud.gov.

In responding to this factor, you should:

(1) Identify and discuss the specific methods you will use to measure progress towards your goals, track and report results of interventions, and evaluate the effectiveness of interventions;

(2) Identify benchmarks that you will use to track the progress of your project;

(3) Identify important project milestones (*e.g.*, the end of specific phases in a multi-phased project) and deliverables specific to your project timeline;

(4) Identify milestones that are critical to achieving project objectives (*e.g.*, recruitment and sustainability of participants, the Institutional Review Board process, if applicable, or the process of Informed Consent);

(5) Identify how your project will be held accountable for meeting project goals, objectives, and the actions undertaken in implementing the grant program. You should provide assurances that work plans and performance measures developed for your project will be achieved in a timely and cost-effective manner;

(6) Provide data on those served by race, ethnicity, disability, size of family and ages of children, and single-parent households; and

(7) Provide a Logic Model that describes activities, assessments, interventions and outcomes for your project. Information and templates for the Logic Model are available at *http://www.hud.gov.* 

(C) Applicant Debriefing. See Section XI (A)(4) of the General Section of the SuperNOFA for information about applicant debriefing.

# VI. Application Submission Requirements

(A) Applicant Information. You should submit your application in accordance with the format and instructions contained in this NOFA and in the section VII of the General Section of the SuperNOFA. The following is a list of required application contents. Your application must contain the items in the list below and in the General Section of the SuperNOFA. These requirements are presented as a "Checklist and Submission Table of Contents," provided in Appendix E of this NOFA.

(1) Transmittal letter (one-page only) that summarizes your proposed project, provides the dollar amount requested, and identifies you and your partners in the application.

(2) The name, mailing address, and telephone number of the principal contact person. If you are a consortium of associates, sub-recipients, partners, major subcontractors, joint venture participants, or others contributing resources to the project, similar information shall also be provided for each of these entities. You must specify the primary entity.

(3) An abstract describing the goals and objectives of your proposed program (2-page limit, single-spaced, 12-point font, one-inch margins) must be included in the proposal.

(4) Checklist and Submission Table of Contents. (Appendix E)

(5) Required Forms:

- HUD Form 424, Standard Form for Application for Federal Assistance;
- HUD Form 424 B, Applicant Assurances and Certifications;
- HUD Form 424 C, Budget Summary for Competitive Grant Programs;
- HUD Form 424 CBW;
- HUD Form Logic Model Form;

- HUD 2880, Applicant/Recipient Disclosure/Update Report;
- HUD 2990, Certification of Consistency with EZ/EC Strategic Plan, if applicable;
- Form SF–LLL, Disclosure of Lobbying Activities, where applicable;
- HUD 2993, Acknowledgment of Application Receipt; and
- HUD 2994, Client Comments and Suggestions (optional).

A Certification of Consistency with the Consolidated Plan is not required for this application.

(6) A narrative statement addressing the rating factors for award. The narrative statement must be numbered in accordance with each factor for award (Rating Factors 1 through 5). The response to the rating factors must not exceed a total of 25 pages (singlespaced, 12 point font, one-inch margins). Any pages in excess of this limit will not be read. Key points to consider in preparing your application are provided in Appendix C of this NOFA.

(7) Any attachments, appendices, references, or other relevant information that directly support the narrative may accompany it, but must not exceed twenty (20) pages (12-point font with one-inch margins) for your entire application. Any pages in excess of this limit will not be read. Specific criteria for the content of the appendices for the Healthy Homes Demonstration Program grant application are listed in the Checklist and Submission Table of Contents (see Appendix E of this NOFA.)

(8) A detailed budget with supporting cost justification for all budget categories of your funding request, in accordance with Rating Factor 3, element (2)(b). This information will not be counted towards the page limits. A detailed budget must also be provided for any subcontractors, subgrantees, or subrecipients receiving more than 10 percent of the Federal budget request.

(9) The resumes and position descriptions of your project director and project manager and up to three additional key personnel (in accordance with Rating Factor 1), not to exceed three pages each (single-spaced, 12point font with one-inch margins). This information is to be included in Appendix 1 of your application and will not be counted towards the page limit.

# VII. Corrections to Deficient Applications

Section VIII of the General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

# **VIII. Environmental Requirements**

Activities assisted under this program are subject to HUD environmental review to the extent required under 24 CFR part 50. An award under the Healthy Homes Initiative does not constitute approval of specific sites where activities may be carried out. Following award execution, HUD will perform environmental reviews for activities to be carried out on properties proposed by your organization. You must comply with HUD's regulations in 24 CFR 50.3(h) in carrying out responsibilities regarding environmental review. You may not rehabilitate, convert, repair or construct a property, or commit or expend program funds or non-HUD funds for these program activities for any eligible property, until you receive written notification from the appropriate HUD official that HUD has completed its environmental review and the property has been approved. The results of environmental reviews may require that proposed activities be modified or proposed sites rejected. Recipients of a grant under this NOFA will be given guidance in these responsibilities.

# IX. HUD Reform Act of 1989

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the section XI (A) of the General Section of the SuperNOFA.

# X. Authority

The authority for this program is sections 501 and 502 of the Housing and Urban Development Act of 1970 and the Consolidated Appropriations Resolution of 2003, Public Law 108–7, approved February 20, 2003.

# Appendix A: Housing-Related Health and Injury Hazards

The following briefly describes the housing-associated health and injury hazards HUD considers key targets for intervention. More information about housing-associated health and injury hazards is available at the Healthy Homes Initiative Web site, at *http:/* /www.hud.gov.

Allergens and asthma: Experts estimate that 14 million Americans have asthma, with an associated annual cost of \$6.2 billion. Asthma is now recognized as the leading cause of school and work absences, emergency room visits and hospitalizations. For sensitized children, exposure to antigens from dust mites, certain pets, and cockroaches has been associated with more severe asthma. There is a preponderance of evidence showing a dose-response relationship between exposure and prevalence of asthma and allergies; some evidence also indicates that exposure to antigens early in life may predispose or hasten the onset of allergies and asthma. Dust mites have been identified as the largest

trigger for asthma and allergies. Cockroach allergens appear to be excessive in 30–50 percent of inner-city housing and affect 5–15 percent of the population, whereas dust mites appear to be the dominant allergen in other environments.

Interventions known to have beneficial effects include the installation of impervious mattress and pillow covers, which can reduce allergen exposure by 90 percent. Other dust mite control measures include dehumidification, laundering bedding, and removal of carpets and other dust sinks. Cleaning carpets with tannic acid solution has also been demonstrated to greatly reduce dust mites. Asthma prevention program costs have been estimated at about \$500 per unit, which includes about \$150 for educational interventions. Additional information is available in HUD's research topic paper, ''Healthy Homes Issues: Asthma'' available at the Resources, Technical Resources link of HUD's Healthy Homes Initiative Web site, linked to HUD's Web site, http:// www.hud.gov.

Asbestos: Asbestos is a mineral fiber that has been used commonly in a variety of building construction materials and household products for insulation and as a fire-retardant. The Environmental Protection Agency (EPA) and the Consumer Product Safety Commission (CPSC) have banned most asbestos products. Manufacturers have also voluntarily limited uses of asbestos. Today, asbestos is most commonly found in older homes, in pipe and furnace insulation materials, asbestos shingles, millboard, textured paints and other coating materials, and floor tiles. Elevated concentrations of airborne asbestos can occur when asbestoscontaining materials (ACMs) are disturbed by cutting, sanding or other remodeling activities. Improper attempts to remove these materials can release asbestos fibers into the air in homes, increasing asbestos levels and endangering the people living in those homes. The most dangerous asbestos fibers are too small to be visible. After they are inhaled, they can remain and accumulate in the lungs. Asbestos can cause lung cancer, mesothelioma (a cancer of the chest and abdominal linings), and asbestosis (irreversible lung scarring that can be fatal). Most people with an asbestos-related disease were exposed to elevated concentrations on the job; some developed disease from exposure to clothing and equipment brought home from job sites. As with radon, doseresponse extrapolations suggest that lower level exposures, as may occur when asbestoscontaining building materials deteriorate or are disturbed, may also cause cancer.

Intact asbestos-containing materials are not a hazard; they should be monitored for damage or deterioration and isolated if possible. Repair of damaged or deteriorating ACMs usually involves either sealing (encapsulation) or covering (enclosure) it. Repair is usually cheaper than removal, but it may make later removal of asbestos more difficult and costly. Repairs should be done only by a professional who is trained and certified to handle asbestos safely. Repairs can cost from a few hundred to a few thousand dollars and removal can be more expensive.

Combustion products of heating and cooking appliances: Burning of oil, natural gas, kerosene, and wood for heating or cooking purposes can release a variety of combustion products of health concern. Depending upon the fuel, these may include carbon monoxide (a chemical asphyxiant), oxides of nitrogen (respiratory irritants), polycyclic aromatic hydrocarbons (e.g., the carcinogen benzo[a]pyrene), and airborne particulate matter (respiratory irritants). Carbon monoxide, an odorless gas, can be fatal. Nitrogen dioxide can damage the respiratory tract, and sulfur dioxide can irritate the eyes, nose and respiratory tract. Smoke and other particulates irritate the eyes, nose and throat, and can cause lung cancer.

Improper venting and poor maintenance of heating systems and cooking appliances can dramatically increase exposure to combustion products. Experts recommend having combustion heating systems inspected by a trained professional every year to identify blocked openings to flues and chimneys, cracked or disconnected flue pipes, dirty filters, rust or cracks in heat exchangers, soot or creosote build-up, and exhaust or gas odors. Installing a carbon monoxide detector is also recommended; however, such a detector will not detect other combustion by-products.

Insect and rodent pests: The observed association between exposure to cockroach antigen and asthma severity has already been noted above. In addition, cockroaches may act as vehicles to contaminate environmental surfaces with certain pathogenic organisms. Rodents can transmit a number of communicable diseases to humans, either through bites, arthropod vectors, or exposure to aerosolized excreta. In addition, humans can become sensitized to proteins in rodent urine, dander and saliva. Such sensitization may contribute to asthma severity among children. Insect and rodent infestation is frequently associated with substandard housing that makes it difficult to eliminate. Treatment of rodent and insect infestations often includes the use of toxic pesticides that may present hazards to occupants (see below). Integrated pest management (IPM) for rodents and cockroaches, which reduces the use of pesticides, is estimated to cost approximately \$150 per unit. IPM control measures include sealing holes and cracks, removing food sources and the use of traps. In technical terms, IPM is the coordinated use of pest and environmental information with available pest control methods to prevent unacceptable levels of pest damage by the most economical means and with the least possible hazard to people, property, and the environment. (One information source is the University of Minnesota's electronic textbook of Integrated Pest Management, available at http://ipmworld.umn.edu/ textbook.htm.)

*Lead:* Exposure to lead, especially from deteriorating lead-based paint, remains one of the most important and best-studied of the household environmental hazards to children. Although blood lead levels have fallen nationally, a large reservoir of lead remains in housing. The National Health and Nutrition Examination Survey (1991–1994) showed that nearly one million U.S. preschoolers still have elevated blood lead levels. Overall, the prevalence rate among all children under six years of age is 4.4 percent. Among low-income children living in older housing where lead-based paint is most prevalent, the rate climbs to 16 percent; and for African-American children living in such housing, it reaches 21 percent.

The National Survey of Lead and Allergens in Housing (2000) estimates that 38 million dwellings have some lead-based paint, and that 24 million have significant lead-based paint hazards. Of those, about 4.8 million have young children and of those, about 1.2 million have household incomes under \$30,000 per year. Costs for Lead Hazard Control can range anywhere from \$500 to \$15,000 per unit. Corrective measures include paint stabilization, enclosure and removal of certain building components coated with lead paint, and cleanup and "clearance testing," which ensures the unit is safe for young children.

Mold and moisture: An analysis of several pulmonary disease studies estimates that 25 percent of airways disease, and 60 percent of interstitial lung disease may be associated with moisture in the home or work environment. Moisture is a precursor to the growth of mold and other biological agents, which is also associated with respiratory symptoms. An investigation of a cluster of pulmonary hemosiderosis (PH) cases in infants showed PH was associated with a history of recent water damage to homes and with levels of the mold Stachybotrys atra (SA) in air and in cultured surface samples. Associations between exposure to SA and "sick building" symptoms in adults have also been observed. Other related toxigenic fungi have been found in association with SAassociated illness and could play a role. For sensitive individuals, exposure to a wide variety of common molds may also aggravate asthma. Addressing mold problems in housing requires coordination among the medical, public health, microbiological, housing, and building science communities. Additional information is available in HUD's research topic paper, ''Healthy Homes Issues: Mold" available at the Resources, Technical Resources link of HUD's Healthy Homes Initiative website, linked to HUD's Web site, http://www.hud.gov.

The cost of mold/moisture-related intervention work (*e.g.*, IPM, clean and tune furnace, remove debris, vent clothes dryer, cover dirt floor with impermeable vapor barrier) is a few hundred dollars, unless major modification of the ventilation system is needed. For example, in Cleveland, mold interventions, including repairs to ventilation systems and basement flooring, in the most heavily contaminated homes range from \$500-\$5,000, with some costs also being dedicated to lead hazard control simultaneously through its Lead+Asthma program.

*Pesticide residues:* According to the EPA, 75 percent of U.S. households used at least one pesticide product indoors during the past year. Products used most often are insecticides and disinfectants. Another study suggests that 80 percent of most people's exposure to pesticides occurs indoors and that measurable levels of up to a dozen pesticides have been found in the air inside homes. The amount of pesticides found in homes appears to be greater than can be explained by recent pesticide use in those households; other possible sources include contaminated soil or dust that migrates in from outside, stored pesticide containers, and household surfaces that collect and then release the pesticides. Pesticides used in and around the home include products to control insects (insecticides), termites (termiticides), rodents (rodenticides), molds and fungi (fungicides), and microbes (disinfectants). In 1990, the American Association of Poison Control Centers reported that some 79,000 children were involved in common household pesticide poisonings or exposures. In households with children under five years of age, almost half stored at least one pesticide product within the reach of children. Exposure to chlorpyriphos (CP), a commonly used organophosphate insecticide, in the prenatal and early postnatal period may impair neurological development. While CP is a biodegradable pesticide, substantial persistence of CP in house dust has been demonstrated. Exposure to high levels of cyclodiene pesticides, commonly associated with misapplication, has produced various symptoms, including headaches, dizziness, muscle twitching, weakness, tingling sensations, and nausea. In addition, the EPA is concerned that cyclodienes might cause long-term damage to the liver and the central nervous system, as well as an increased risk of cancer.

There are available data on hazard evaluation methods and remediation effectiveness regarding pesticide residues in the home environment.

Radon progeny: The National Academy of Sciences estimates that approximately 15,000 cases of lung cancer per year are related to radon exposure. Epidemiologic studies of miners exposed to high levels of radon in inhaled air have defined the dose response relation for radon-induced lung cancer at high exposure levels. Extrapolation of this data has been used to estimate the excess risk of lung cancer attributable to exposure to radon gas at the lower levels found in homes. These estimates indicate that radon gas is an important cause of lung cancer deaths in the U.S. Excessive exposures are typically related to home ventilation, structural integrity and location.

Radon measurement and remediation methods are well developed, and the EPA recommends that every home be measured for radon. The EPA estimates that materials and labor costs for radon reduction in an existing home are \$800-\$2,500. Including radon resistant techniques in new home construction costs \$350-\$500, and can save up to \$65 annually in energy costs, according to the EPA.

Take-home hazards from work/hobbies and work at home: When the clothing, hair, skin, or shoes of workers become contaminated with hazardous materials in the workplace, such contaminants may inadvertently be carried to the home environment and/or an automobile. Such "take-home" exposures have been demonstrated, for example, in homes of leadexposed workers. In addition, certain hobbies or workplaces located in the home may provide an especially great risk of household contamination.

Control methods include storing and laundering work clothes separately, and showering and changing clothes before leaving work or immediately after arriving at home. Once a home becomes contaminated, cleaning floors and contact surfaces and replacing furnishings may be necessary to reduce exposures.

Unintentional injuries/fire: Unintentional injury is now the leading cause of death and disability among children younger than 15 years of age. In 1997, nearly 7 million persons in the U.S. were disabled for at least one full day by unintentional injuries received at home. During the same year, 28,400 deaths were attributable to unintentional home injuries, of which 1,800 occurred among children four years of age and younger. Among young children, three types of events accounted for more than 75 percent of deaths: fires/ burns; drownings; and mechanical suffocation. Falls and poisoning are the next most common causes of death.

Home visitation protocols have been shown to be effective in reducing exposure to such hazards. The "add-on" cost of injury prevention measures, when combined with other housing interventions are estimated at about \$100 per unit. This includes the cost of some injury prevention devices (*e.g.*, smoke alarms, electrical socket covers, etc.). **BILLING CODE 4210-32-P**  -

# APPENDIX B: SAMPLE WORKSHEETS

OMB Approval Number 2539-0015 (exp 1/31/2006)

W	orksheet 1 - Key Perso	nnel	
Name and Position Title (please include the organization position titles in addition to those shown)	Organizational Affiliation	Percent of Time Proposed for this Grant	Percent of time to be spent on other activities
		Note: These two c total 100%	olumns should
Overall Project Director			
Day-to-Day Program Manager			

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Worksheet 2. Oth	ner Housing-Related Public Health Projects
Agency and Project Number	
Year Issued and Original Project Completion Date	
Current Projected Completion Date	
Amount Funded	
Major Performance Goals	
Status of Progress	
Agency and Project Number	
Year Issued and Original Project Completion Date	
Current Projected Completion Date	
Amount Funded	
Major Performance Goals	
Status of Progress	
Agency and Project Number	
Year Issued and Original Project Completion Date	
Current Projected Completion Date	
Amount Funded	
Major Performance Goals	
Status of Progress	

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Worksheet 3. Incidences of A	sthma, Other Child	lhood Diseases or Injuries
Childhood Dise	eases and Injuries in Ta	nrget Area
Name of TARGET AREA(S):		
Childhood Disease or Injury	Areas/Dates	Rates and Explanation
Asthma		
Other respiratory diseases (specify)		
Other diseases (specify)		
Other diseases (specify)		
Injuries (specify)		
Other		
Other		

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	Worksheet 4	. Inco	ome Statistics			
Target Area (City, County, Census Track, State, Zip Code )	Number of Families ≤50% of AMI*	%	Number of Families ≥50% - < 80% of AMI*	%	Total Number of Families <80% of AMI*	%
Total						

Source and Date of

Estimate:\_\_\_\_\_

AMI = Area Median Income

Work	sheet 6. Anticipated He	althy Homes	Activities	
Activity	Who Will Perform This Activity? Identify	Number of Units	Estimated Unit Cost	Estimated Total Cost
	(In-house, contractor, faith-based or community-based non- profit organization, etc.)			
Lead Hazard Evaluation (Risk Assessment)				
Lead Hazard Control				
Clearance Testing				
Assessment (specify)				
Assessment (specify)				
Assessment (specify)				
Intervention (specify)				
Intervention (specify)				
Intervention (specify)				
Post-intervention testing				
Other (specify)				
Other (specify)				
			<u> </u>	

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# **Appendix C: Preparing Your Application**

# Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience

In this rating factor, you should provide details about the following:

1. The skills and experience of the staff and the applicant organization;

2. A description of the participating organization, its roles and experience;

3. The past performance of the organization (applicant or partners) in another Healthy Homes or Lead Hazard Control grant, another grant related to environmental health and safety issues, or other experience in a similar program; include the name of the project, funding organization, amount funded and desired outcomes and results achieved in these projects;

4. The percentage of time each staff person or subcontractor will devote to the project. A staffing table or roster may be helpful to address this element. You may want to use the template provided as Worksheet 1 of Appendix B;

5. Level of involvement of the applicant organization in general oversight of the project and oversight of the partnering organizations;

#### **Rating Factor 2: Need/Extent of the Problem**

In this rating factor, you should provide details about the following:

1. The location of the target area(s) and the rationale for selecting these area(s); include backup documentation;

2. The number of children at risk of environmental illnesses or injuries, and the sources of this information;

3. The age and condition of the housing to receive interventions, and the sources of this information;

4. The number of low- and very lowincome families and the demographic composition of families served by race, ethnicity, disability, size of family and ages of children, number of single-parent households in the target area(s);

5. Other socio-economic or environmental factors relating to need in the target area(s);

6. The relationship of the Consolidated Plan, Indian Housing Plan or the Analysis of Impediments to Fair Housing Choice (AI) to the request for assistance.

# **Rating Factor 3: Soundness of Approach**

In this rating factor, you should provide details about the following:

1. A project work plan that identifies tasks, deliverables, and quality assurance activities and describes how the applicant will organize and perform Healthy Homes activities;

2. A schedule of deliverables and project milestones;

3. The target population for the project and the selection criteria involved, and the relationship of the activities to "Need/Extent of the Problem" as established in Rating Factor 2;

4. The number of families or individuals to be enrolled and/or units to receive assessment and interventions:

5. The rationale for selecting hazards of concern and intervention methods;

6. The mechanism for funding assessments and interventions;

7. The costs/unit for intervention;

8. The medical case management process, if applicable;

9. The process used to develop work specifications;

10. The temporary relocation plan, if appropriate, that includes who will decide on the need for relocation and the source of funding for relocation. Indicate how you will distinguish between temporary and permanent relocation and the benefits to be provided;

11. Awareness, outreach and education activities;

12. A discussion of project evaluation, data collection, and outcome analysis;

13. The proposed budget, with justification of costs by task;

14. Actions to affirmatively further fair housing;

15. Provisions for employment and economic development opportunities for low- and very low-income individuals;

16. Mechanisms for communication between the applicant organization and partners; and

17. The coordination of activities in this project with other similar projects being performed by the applicant or partnering organizations;

#### **Rating Factor 4: Leveraging Resources**

In this rating factor, you should provide details about the following:

1. Identify participating faith-based and community-based organizations and other private sector organizations that will contribute time and resources to the project;

2. Include (in Appendix 1 of your application) letters of commitment or memoranda of understanding from organizations. These letters must provide details about resources to be contributed and a dollar amount for the contributed (in-kind or matching) resources. (Letters of support that do not provide a dollar amount of contributed funding should be included in Appendix 2 of your application.);

3. Applicants should provide a discussion of their plans to enhance or expand partnership efforts under this application;

4. Describe how the effectiveness of grant funds will be increased as a result of leveraged efforts; and

5. Describe any existing or potential Community Reinvestment Act funding mechanisms.

# **Rating Factor 5: Achieving Results and Program Evaluation**

In this rating factor, you should provide details about the following:

Desired outcomes for your project;
 Mechanisms for collecting and archiving data to develop the outcome analysis; and

3. Include a Logic Model in this Rating Factor. (Information about developing a Logic Model is available at *http://www.hud.gov.*), and in the General Section of this SuperNOFA.

A tabular summary of the Rating Factors and Bonus Points is provided below.

Rating factor	Points
1. Capacity of the Applicant and Relevant Organizational Experi-	
ence	20
2. Need/Extent of the Problem	15
3. Soundness of Approach	40
<ol> <li>Leveraging Resources</li> <li>Achieving Results and Program</li> </ol>	10
Evaluation Empowerment Zone and Enter-	15
prise Community Bonus Points	2
Total	102

#### **Appendix D: References**

To secure any of the documents listed, call the telephone number provided. A number of these references are provided on HUD's CD, "Residential Lead Desktop Reference, 3rd Edition." This CD can be obtained at no charge by calling the National Lead Information Clearinghouse, 1–800–424-LEAD.

#### Regulations

1. Worker Protection: The two Occupational Safety and Health Administration (OSHA) publications listed below can be purchased by calling either OSHA Regulations at 202–693–1888 or the Government Printing Office (GPO) at 202– 512–1800 (these are not toll-free numbers).

(a) General Industry Lead Standard, 29 CFR 1910.1025 (Document Number 869022001124). This document can be downloaded without charge from the OSHA Web site at http://www.osha-slc.gov/ OshStd\_data/1910\_1025.html;

(b) Lead Exposure in Construction, 29 CFR 1926.62, and appendices A, B, C, and D (Document Number 869022001141). This document can be downloaded without charge from the OSHA Web site at *http://www.oshaslc.gov/OshStd\_data/1926\_0062.html*.

2. Waste Disposal. A copy of the EPA regulations at 40 CFR parts 260–268 can be purchased by calling 1–800–424–9346 (this is a toll-free number) or downloaded without charge from the EPA Web site at http://www.epa.gov/docs/epacfr40/chapt-I.info/subch-I.htm.

3. Lead.

(a) Requirements for Lead-Based Paint Activities in Target Housing and Child-Occupied Facilities; Final Rule: 40 CFR Part 745, (EPA) (Lead Hazard Standards, Work Practice Standards, EDP and State Certification and Accreditation programs for those engaged in lead-based paint activities). Can be purchased by calling the Toxic Substances Control Act Hotline at 202–554– 1404 (this is not a toll-free number) or downloaded without charge from the EPA Web site at *http://www.epa.gov/lead*.

#### Guidelines

1. Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing; HUD, June 1995, and amended September 1997. These guidelines can be purchased by calling 1–800–245–2691 toll free or downloaded without charge from the HUD Web site at http://www.hud.gov/offices/ lead. 2. Preventing Lead Poisoning in Young Children; Centers for Disease Control, October 1991. These guidelines can be obtained without charge by calling the CDC's toll-free number, 1–888–232–6789 or they can be downloaded from the HUD Web site at http://www.hud.gov/offices/lead.

3. Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, November 1997; Centers for Disease Control and Prevention (CDC). These guidelines can be obtained without charge by calling the CDC's toll-free number, 1–888–232–6789 or they can be downloaded from the HUD Web site at http:/ /www.hud.gov/offices/lead.

#### Reports

1. Putting the Pieces Together: Controlling Lead Hazards in the Nation's Housing, (Summary and Full Report); HUD, July 1995. A copy of this summary and report may be purchased by calling 1–800–245–2691 tollfree or through the HUD Web site at *http:/ /www.hud.gov/offices/lead.* 

2. The Healthy Homes Initiative: A Preliminary Plan (Summary and Full Report); HUD, April, 1999. A copy of this summary report may be obtained by calling NLIC's tollfree number, 1–800–424–LEAD, or downloaded from the HUD Web site at http:/ /www.hud.gov/offices/lead.

3. Institute of Medicine. *Indoor Allergens.* Assessing and Controlling Adverse Health

*Effects.* National Academy Press. Washington, DC 1993.

4. Mott L., Our Children at Risk. Natural Resources Defense Council. Washington, DC 1997. Can be ordered from the Internet from *http://www.nrdc.org.* 

5. Rom W.N., Ed. *Environmental and Occupational Medicine*. Little, Brown and Co., Boston. 1992.

6. President's Task Force on Environmental Health Risks and Safety Risks to Children. Asthma and The Environment: An Action Plan to Protect Children. Washington, DC 1999. Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards. Washington, DC 2000. Can be downloaded from the Internet without charge from http://www.epa.gov/children.

# APPENDIX E. CHECKLIST AND SUBMISSION TABLE OF CONTENTS

# CHECKLIST AND SUBMISSION TABLE OF CONTENTS HEALTHY HOMES DEMONSTRATION GRANT PROGRAM

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. You must include this checklist and submission table of contents with the proposal.

	Transmittal Letter (limited to one page)	Cover page
	Applicant Abstract (limited to a 2-pages; does not count towards 25-page limit)	
	Checklist and Submission Table of Contents	
	Application Forms (to be included in Appendix 3)	
	Form HUD 424 (Application for Federal Assistance)	
	Form HUD 424B (Assurances/Non-Construction Programs)	
	Form HUD 424-C (Budget Summary for Competitive Grant Programs)	
	Form HUD CBW (Budget Worksheet)	
	Form HUD Logic Model Form	
	Form Ethnicity and Race Data	
	Rating Factor Response (Total narrative response limited to 25 pages.)	
	1. Capacity of the Applicant and Relevant Organizational Experience	
	2. Need/Extent of the Problem	
	3. Soundness of Approach	
	4. Leveraging Resources	
	5. Achieving Results and Program Evaluation	
	Appendices	
	Appendices Appendix 1 – Required material in support of the Rating Factors (e.g., resumes of key	
	personnel, organizational chart, letters of commitment) arranged in order of Rating	
	Factor. Does not count towards the 25-page limit; resumes limited to 3 pages each.	
	Appendix 2 – Optional material in support of the Rating Factors, arranged in order of	
	Rating Factors, e.g., maps, letters of support. The 20-page limit applies to this	
	Appendix. Appendix 3 – Material relating to the forms, or budget material. (See Application	······
LJ	Forms, above.)	
	Form HUD 2993 Acknowledgment of Application Receipt	
	Form HUD 2994 Client Comments and Suggestions (Optional)	

# **Appendix F: Forms and Administrative** Costs

This appendix lists the standard forms, certifications and assurances used by the programs that are part of this NOFA. Listed forms are located in Appendix B of the General Section of the SuperNOFA.

The following forms are to be used for the Programs listed in this NOFA:

- (1) Form HUD-424
- (2) Form HUD-424 B
- (3) Form HUD–424 C (4) Form HUD–424 CBW
- (5) Form HUD Logic Model Form

(6) Application Checklist and Submission Table of Contents

(7) Ethnicity and Race Data

HUD has consolidated many of its application forms into a single HUD-424 form. The new HUD-424 consolidates budget-reporting forms for both construction and non-construction projects into a single form and eliminates having to have the following separate certifications: Certification for a Drug-Free Workplace (HUD-50070), the Certification of Payments to Influence Federal Transactions (HUD-50071), and the Certification Regarding Debarment and Suspension (HUD-2992).

New form HUD-424 replaces SF-424 and HUD-424 M

HUD-424 B replaces SF-424 B and D and HUD-50070, 50071 and 2992.

HUD-424 C and CB replaces SF-424 A and С

The HUD-424 CBW is added as a common detailed Budget Worksheet and replaces various budget worksheets used throughout the Department.

# Administrative Costs

Administrative costs that may be applicable to the programs included in this NOFA are discussed below:

#### I. Purpose

The intent of this HUD grant program is to allow the Grantee to be reimbursed for the reasonable direct and indirect costs, subject to a top limit, for overall management of the grant. In most instances the grantee, whether a State or a local government, principally serves as a conduit to pass funding to subgrantees, which are to be responsible for the conducting lead-hazard reduction work. Congress set a top limit of ten percent of the total grant sum for the grantee to perform the function of overall management of the grant program, including passing on funding to sub-grantees. The cost of that function, for the purpose of this grant, is defined as the "administrative cost" of the grant, and is limited to ten percent of the total grant amount. The balance of ninety percent or more of the total grant sum is reserved subgrantees or other direct-performers of leadhazard identification and reduction work. Lead hazard identification and reduction includes, but is not necessarily limited to outreach, training, enrollment, lead paint inspection/risk assessments, interim controls, hazard abatement, clearance documentation, blood lead testing, and public education.

### II. Administrative Costs: What They Are Not

For the purposes of this HUD grant program for States and local governments to

provide support for the evaluation and reduction of lead-hazards in low- and moderate-income, private target housing, the term "administrative costs" should not be confused with the terms "general and administrative cost," "indirect costs," "overhead," and "burden rate." These are accounting terms usually represented by a government-accepted standard percentage rate. The percentage rate allocates a fair share of an organization's costs that cannot be attributed to a particular project or department (such as the chief executive's salary or the costs of the organization's headquarters building) to all projects and operating departments (such as the Fire Department, the Police Department, the Community Development Department, the Health Department or this program). Such allocated costs are added to those projects' or departments' direct costs to determine their total costs to the organization.

# III. Administrative Costs: What They Are

For the purposes of this HUD grant program, "Administrative Costs" are the grantee's allowable direct costs for the overall management of the grant program plus the allocable indirect costs. The allowable limit of such costs that can be reimbursed under this program is ten (10) percent of the total grant sum. Should the grantee's actual costs for overall management of the grant program exceed ten percent of the total grant sum, those excess costs shall be paid for by the grantee. However, excess costs paid for by the grantee may be shown as part of the requirement for cost-sharing funds to support the grant.

#### **IV. Administrative Costs: Definition**

### A. General

Administrative costs are the allowable, reasonable, and allocable direct and indirect costs related to the overall management of the HUD grant for lead-hazard reduction activities. Those costs shall be segregated in a separate cost center within the grantee's accounting system, and they are eligible costs for reimbursement as part of the grant, subject to the ten percent limit. Such administrative costs do not include any of the staff and overhead costs directly arising from specific sub-grantee program activities eligible under Section III of this NOFA because those costs are eligible for reimbursement under a separate cost center as a direct part of project activities.

The grantee may elect to serve solely as a conduit to sub-grantees, who will in turn perform the direct program activities eligible under Section III (C) (1) of this NOFA, or the grantee may elect to perform all or a part of the direct program activities in other parts of its own organization, which shall have their own segregated, cost centers for those direct program activities. In either case, not more than 10 percent of the total HUD grant sum may be devoted to administrative costs, and not less than 90% of the total grant sum shall be devoted to direct program activities. The grantee shall take care not to mix or attribute administrative costs to the direct project cost centers.

#### B. Specific

Reasonable costs for the grantee's overall grant management, coordination, monitoring, and evaluation are eligible administrative costs. Subject to the ten percent limit, such costs include, but are not limited to, necessary expenditures for the following goods, activities and services:

(1) Salaries, wages, and related costs of the grantee's staff, the staff of affiliated public agencies, or other staff engaged in grantee's overall grant management activities. In charging costs to this category the recipient may either include the entire salary, wages, and related costs allocable to the program for each person whose primary responsibilities (more than 65% of their time) with regard to the grant program involve direct overall grant management assignments, or the pro rata share of the salary, wages, and related costs of each person whose job includes any overall grant management assignments. The grantee may use only one of these two methods during this program. Overall grant management includes the following types of activities:

(a) Preparing grantee program budgets and schedules, and amendments thereto;

(b) Developing systems for the selection and award of funding to sub-grantees and other sub-recipients;

(c) Developing suitable agreements for use with sub-grantees and other sub-recipients to carry out grant activities;

(d) Developing systems for assuring compliance with program requirements;

(e) Monitoring sub-grantee and subrecipient activities for progress and

compliance with program requirements; (f) Preparing presentations, reports, and other documents related to the program for submission to HUD;

(g) Evaluating program results against stated objectives;

(h) Providing local officials and citizens with information about the overall grant program; however, a more general education program, helping the public understand the nature of lead hazards, lead hazard reduction, blood-lead screening, and the health consequences of lead poisoning is a direct project support activity);

(i) Coordinating the resolution of overall grant audit and monitoring findings; and

(j) Managing or supervising persons whose responsibilities with regard to the program include such assignments as those described in paragraphs (a) through (i).

(2) Travel costs incurred for official business in carrying out the overall grant management;

(3) Administrative services performed under third party contracts or agreements, for services directly allocable to grant management such as: legal services, accounting services, and audit services;

(4) Other costs for goods and services required for and directly related to the overall management of the grant program; and including such goods and services as telephone, postage, rental of equipment, renter's insurance for the program management space, utilities, office supplies, and rental and maintenance (but not purchase) of office space for the program.

(5) The fair and allocable share of grantee's general costs that are not directly attributable to specific projects or operating departments such as salaries, office expenses and other related costs for local officials (*e.g.*, mayor and city council members, etc.), and expenses for a city's legal or accounting department which are not charged back to particular projects or other operating departments. If a grantee has an established burden rate, it should be used; if not, the grantee shall be assigned a negotiated provisional burden rate, subject to final audit. BILLING CODE 4210–32–P

OMB Approval No. 2539-0015 (exp. 01/31/2006) Ins Worksheets	1386	Federal Register/Vol. 68, No. 80/Fri	iday, April 25, 2003/Notices	
ns	OMB Approval No. 2539-0015 (exp. 01/31/2006)	Worksheets		form HUD-96007 (04/2003)
U.S. Department of Housing and Urban Development Office of Healthy Homes and Lead Hazard Control / Homes and Lead Hazard Program	rtment of Housing n Development Healthy Homes Hazard Control	Healthy Homes and Lead Hazard Programs Worksheets		Ι
U.S. Depa and Urban Office of I and Lead H Healthy Hor	U.S. Depa and Urba Office of I and Lead I	Healthy Hor	-	

The information collection requirements contained in thi	is notice of funding availa	ability will be used to rate appl	The information collection requirements contained in this notice of funding availability will be used to rate applications, determine eligibility, and establish grant amounts.
For the Healthy Homes and Lead Hazard Programs, the public reporting burden for this collection of information is estimated to average 80 hours per response reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.	e public reporting burden gathering and maintainin	for this collection of informati g the data needed, and comple	For the Healthy Homes and Lead Hazard Programs, the public reporting burden for this collection of information is estimated to average 80 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.
The information submitted in response to these Notices of Funding Availability for Lead Hazard Control Grant Progr Housing and Urban Development Reform Act of 1989 (Pub.L. 101.235, approved December 15, 1989, 42 U.S.C. 3545).	of Funding Availability fo 2ub.L. 101-235, approved	r Lead Hazard Control Grant December 15, 1989, 42 U.S.C.	The information submitted in response to these Notices of Funding Availability for Lead Hazard Control Grant Programs is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Pub.L. 101-235, approved December 15, 1989, 42 U.S.C. 3545).
	Works	Worksheet 1 - Key Personnel	let
Name and Position Title (please include the organization position titles in addition to those shown)	Percent of Time Proposed for this Grant	Percent of Time to be spent on other LHC HUD grants	Percent of time to be spent on other activities
		Note: These thr	Note: These three columns should total 100%
Overall Project Director			
Day-to-Day Program Manager			
		7	form HUD-96007 (04/2003)

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	Worksheet 2 - Blood Lead Level (BLL) Information*	
Blood Lead Level for Name of TARGET AREA(S):	TARGET AREA(S)	
Total Number of Children < 6 Years (72 months) of Age in Target Area:	f Age in Target Area:% of Total Population:	
Total Number of Children < 6 Years Tested for Blood Lead Levels.	ood Lead Levels:% of Children < 6 years of age Tested:	
Blood Lead Level	Number of Children Under 6 Years (72 mo) of Age with following BLL Results	% of Total
< 10 µg/dL		
≥ 10 μg/dL and < 15 μg/dL		
$\geq$ 15 µg/dL and < 20 µg/dL		
. ≥ 20 µg/dL		
Total Tested		100%
Source and Date of Estimate (Indicate Period Covered)		
*State or Local Health Departments may be good	*State or Local Health Departments may be good reference sources for obtaining this information	

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form HUD-96007 (04/2003)

	Worksheet 2 - Blood Lead Level (BLL) Information*	
Blood Lead Level for: JURISDICTION Name of JURISDICTION:		
Total Number of Children < 6 Years (72 months) of Age in Target Area:	of Age in Target Area:% of Total Population:	
Total Number of Children < 6 Years Tested for Blood Lead Levels:	lood Levels:% of Children < 6 years of age Tested:	*******
Blood Level	Number of Children Under 6 Years         % of Total           (72 mo) of Age with following BLL Results         %	
< 10 µg/dL		
$\geq 10 \mu g/dL$ and $< 15 \mu g/dL$		T
$\geq 15 \mu g/dL$ and $< 20 \mu g/dL$		
≥ 20 μg/dL		1
Total Tested	100 %	
Source and Date of Estimate (Indicate Period Covered)		
*State or Local Health Departments ma	*State or Local Health Departments may be good reference sources for obtaining this information	
	4 form HUD-96007 (04/2003)	

Total 7 Source and Date of Estimate	Worksheet 3 - Housing Age and Condition         Glata for: TARGET AREAS         TARGET AREAS         TARGET AREAS         TARGET AREAS         It Number % of Total Interior/Extention         It Number       % of Total Interior/Extention         0       1       1         1       Number       % of Total Interior/Extention         0       1       1         0       1       1         0       1       1         0       1       1         0       1       1         0       1       1         0       1       1         0       1       1         0       1       1         0       1       1         0       1       1         0       1       1         0       1       1         0       1       1
1978 or newer / /	
1970-1977 / / / / / / / / / / / / / / / / / /	29
1960-1969       /         1970-1977       /         1978 or newer       /	20
1950-1959       /         1960-1969       /         1970-1977       /         1978 or newer       /	65
1940-1949       /         1950-1959       /         1960-1969       /         1970-1977       /         1978 or newer       /	
Wet	Number % of Total
t Number % of Total % of Total	AREA(S)
data for: TARGET AREAS FARGET AREA(S): t Number % of Total 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

form HUD-96007 (04/2003)

	Wo	rksheet 3 - Housi	Worksheet 3 - Housing Age and Condition	
Housing data for: JURISDICTION WIDE	1			
Name of JURISDICTION:				
Year Built	Number	% of Total	Condition of Housing Stock	
Pre-1940				
1940-1949				
1950-1959				
1960-1969				
1970-1977				
1978 or newer				
Total				
Source and Date of Estimate				
			6 form HUD-96007 (04/2003)	2003)

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	Worksh	ieet	Worksheet 4 – Very Low- and Low-Income Population	il-wo	ncome Populatic	u	
Very Low- and Low Income Population for:		JRISI	JURISDICTION WIDE				
Name of JURISDICTION:				I			
Jurisdiction (City, County, State )	Number of Families	%	Number of Families	%	Total Number of Families	%	
	<50% of AMI*		≥50% - < 80% of AMI*		<80% of AMI*		
Total							
Source and Date of Estimate:							
*AMI – Area Median Income							_
			L			form HUD-96007 (04/2003)	

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	Works	sheet	Worksheet 4 – Very Low- and Low-Income Population	ow-I	ncome Populatio	I
Very Low- and Low Income Population for: Name of TARGET AREA(S):	ulation for:		TARGET AREA(S)			
Target Area (County, Municipality, Census Tract, Neighborhood,	Number of Families <50% of AMI*	%	Number of Families ≥50% - < 80% of AMI*	%	Total Number of Families <80% of AMI*	26
01 7144 )						
Total						
Source and Date of Estimate:						
*AMI – Area Median Income						
			8			form HUD-96007 (04/2003)

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	Worksheet 5 - Housing	Worksheet 5 - Housing Occupancy Projections
Type of Unit	Number of Units Proposed	% of Total
Owner-Occupied		
Rental		
Vacant		
Total		100 %

ctivities	Estimated Unit Cost						
Worksheet 6 - Anticipated Lead Hazard Control Activities	Estimated Time to Complete Work for each unit (hours, days, weeks)						
- Anticipated	Number of Units						
Worksheet 6 -	Who Will Perform This Activity? Identify (In-house, contractor, grassroots faith-based or community-based non-profit organization, etc.)						
	Activity	Lead-Based Paint Inspections	Lead-Based Paint Risk Assessments	Interim Controls (Low Level Interventions, Specialized	Cleaning, and Paint Stabilization)	Hazard Abatement	Clearance Inspections

form HUD-96007 (04/2003)

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r			1	
nding	Value of In-kind or Cash Matching Contribution			Total Match Amount \$
Worksheet 7 - Match Funding	Work to be accomplished in support of the program using the matching funds			
	Source of Match			

form HUD-96007 (04/2003)

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Worksheet 8 - Grant Partners	Resource and Match Commitment (\$ Value for Services Provided)			<b>Partner Name</b> : Name of organization or entity that will partner with applicant in conducting LHC activities. Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Grasstoots faith-Based or Community-Based Organization, Totalehood Lead Poisoning Prevention Program, Financial Institutions, Job Training and Economic Opportunity Organizations, etc. Description of Commitment: Memorandum of Understanding/Agreement, Contract, Sub-grant, Letter, etc. Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of LHC efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.) Resource and Match Commitment Contributed by Partner: The value of any contributed resource by the grant partner (includes in-kind or cash in support of the grant program). The contributed resource should also be listed in Table 7 – Match Funding.	
	Proposed Activities To Be Conducted by Partner			will partner with applicant in conducting LHC activities. g, Environmental, Community Development Department ncial Institutions, Job Training and Economic Opportunit ferstanding/Agreement, Contract, Sub-grant, Letter , etc. The type of activities that will be conducted by the grant ion, etc.) y <b>Partner:</b> The value of any contributed resource by the sted in Table 7 – Match Funding.	
Works	Description of Commitment			L ill partner with applicar Buvironmental, Comm cial Institutions, Job Tr standing/Agreement, C standing/Agreement, C he type of activities that he type of activities that n, etc.) Partner: The value of Partner: The value of ad in Table 7 – Match F	
	Type of Organization or Program			Partner Name: Name of organization or entity that will partner with applicant in conducting LHC activities. Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Grassroots faith-Ba Childhood Lead Poisoning Prevention Program, Financial Institutions, Job Training and Economic Opportunity Organizations, etc. Description of Commitment: Memorandum of Understanding/Agreement, Contract, Sub-grant, Letter , etc. Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of education and outreach, specification writing, relocation, etc.) Resource and Match Commitment Contributed by Partner: The value of any contributed resource by the grant partner (includ program). The contributed resource should also be listed in Table 7 – Match Funding.	
-	Partner Name			Partner Name: N Type of Organiza Childhood Lead Pc Description of Co Proposed Activiti education and outr Resource and Ma program). The com	

form HUD-96007 (04/2003)

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# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# LEAD OUTREACH GRANT PROGRAM

Billing Code 4210-32-C

# Funding Availability for the Lead Outreach Grant Program

# **Program Overview**

Purpose of the Program. The purpose of this lead outreach grant program is to:

(A) Increase enrollment of lowincome housing units for treatment via the HUD lead hazard control grant program or another lead hazard treatment program;

(B) Develop and distribute outreach and educational materials in order to raise public awareness of childhood lead poisoning, its prevention and proper lead hazard identification and control methods among at-risk communities and at-risk populations of children and workers in the housing maintenance or rehabilitation fields; and

(C) Encourage occupants to identify potential lead-based paint hazards and report them to property owners and managers, and public health and/or housing officials as appropriate.

Available Funds. Approximately \$2,200,000, including approximately \$480,000 in FY 2003 funds, and approximately \$1,720,000 in previousyear recaptured funds.

*Eligible Applicants.* States, Tribes and units of general local government are eligible. Partnerships are encouraged, although the application must be made by a single entity.

Application Deadline. June 10, 2003. Match. None required

### **Additional Information**

If you are interested in applying for funding under this program, please carefully read the General Section of this SuperNOFA and the following additional information.

# I. Application Due Date and Technical Assistance

(A) Application Due Date. Completed applications (one original and four copies) must be submitted and received by HUD on or before 12 midnight on June 10, 2003, at the address shown below.

(B) Application Submission Procedures. HUD has implemented security procedures that impact application submission. Please review the requirements for mailing and receipt of applications in the General Section of this SuperNOFA to ensure that your application is timely filed. No hand deliveries will be accepted.

(C) Application Submission. See the General Section of this Super Notice of Funding Availability (SuperNOFA) for specific procedures concerning the form of application submission and requirements for receipt (*e.g.*, mailed applications, express mail or overnight delivery). Please note that the requirements for submission have been revised this year. Be advised that there is no Application Kit for this year's Lead Outreach Grant Program. This program NOFA clearly describes the requirements for completing a successful application and all forms and certifications needed to complete a successful application are included in the General Section and Lead Outreach Grant Program sections of this SuperNOFA.

(D) Addresses. You, the applicant, must submit one original and four copies of your complete application to the Department of Housing and Urban Development, Office of Homes and Lead Hazard Control, ATTN: Lead Outreach Grant Program, 451 Seventh Street, SW., Room P3206, Washington, DC 20410 on or before the application due date.

(E) For Further Information and Technical Assistance: You may contact Rachel M. Riley, Training Manager, Office of Healthy Homes and Lead Hazard Control, at the address above; telephone (202) 755–1785, extension 107 (this is not a toll-free number). If you are a hearing- or speech-impaired person, you may reach the above telephone numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

(F) Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and the preparation of the application. For more information about the date and time of the broadcast, you should consult the HUD Web site at http://www.hud.gov/.

### II. Authority, Funding Amounts and Amount of Funds Allocated

(A) Authority. The authority for this program is Section 1011(e)(8) & (g)(1) of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (Title X of the Housing and Community Development Act of 1992), and Division K of the Consolidated Appropriations Resolution of 2003, Pub. L. 108–7, signed February 20, 2003.

(B) Funding Available and Eligibility. Approximately \$2,200,000, including approximately \$480,000 in Fiscal Year 2003 funds from the lead technical assistance set aside under the lead hazard reduction appropriation, and approximately \$1,720,000 in previousyear recaptured funds, will be available for the Lead Outreach Program. Grants will be awarded on a competitive basis following evaluation of all proposals according to the Rating Factors described in Section V of this program section. Between five and 11 States, Tribes or units of general local government could receive grant awards ranging between approximately \$200,000 and approximately \$500,000. A minimum score of 75 is required for award consideration. The amounts included in this program are subject to change based on funds availability.

### **III. Eligible Applicants and Activities**

### (A) Background

Lead toxicity in children has been well established, yet childhood lead poisoning is the primary childhood environmental health problem in the United States today. The February 2000, report of the President's Task Force on Environmental Health Risks and Safety Risks to Children, titled "Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards," sets forth what action needs to be taken to prevent such poisoning. In addition to eliminating lead hazards in housing occupied by low-income families with children, the Federal government's public education and outreach activities must measurably increase the public's awareness of lead hazards and how to address them.

In keeping with the mandate of section 1011(g)(1) of Title X for HUD "develop the capacity of eligible applicants \* \* \* to carry out activities under" lead hazard control grant programs, the Department has conducted outreach and public education initiatives through the Lead Hazard Control Grant program, the National Lead Information Center, and other education and outreach initiatives.

Lead Hazard Control Grants are awarded competitively to eligible States, tribes, or units of local government to perform lead hazard reduction in lowincome privately owned pre-1978 housing. Lead outreach activities contribute to building the capacity of jurisdictions to submit successful applications for lead hazard control grants, because they have the effect of inducing local businesses to enter into the lead hazard control field before jurisdictions apply for the grants and, thus, increase jurisdictions' ability to demonstrate their capacity to meet the grant's requirements. These inducements can be expressed by the market directly, and/or through the efforts of the jurisdictions.

HUD's lead awareness supplement to the Current Population Survey has determined that only a fraction of citizens are well-educated about how lead-based paint hazards threaten young children and are more common in older housing. One consequence of this low level of awareness is that few housing construction and maintenance business owners are aware of the extent of leadbased paint hazards. One result is that few areas have an adequate supply of businesses that work in the lead hazard control field, or an adequate supply of workers trained to perform interim controls or lead hazard abatement for more than their HUD-assisted pre-1978 housing, as required by the Lead Safe Housing Rule.

Lead outreach activities have the effect of encouraging residents of older low-income housing to prompt their state, tribal or local governments to control lead-based paint hazards. In turn, these governments are induced to consider obtaining funding under the HUD Lead Hazard Control Grant Program, or perform lead hazard reduction in conjunction with other housing, health or environmental activities. In practice, this can be done only if housing owners and occupants are aware of and apply for enrollment in lead hazard treatment programs. Potential applicant agencies are, thereby, induced to promote lead hazard control activities locally, by working with private-sector stakeholders (e.g., grassroots organizations, including faith-based and community-based nonprofit organizations, community colleges, etc.). As described above, HUD's outreach efforts contribute to the timely performance of successful lead hazard control work and associated capacity building.

Outcomes of this outreach program include:

(1) Identifying and maximizing opportunities to raise visibility of and publicize the lead issue among the general public, and invigorating the efforts in both the public and private sectors to take action to eradicate childhood lead poisoning, especially by increasing the number of low-income housing units that are enrolled in lead hazard treatment programs.

(2) Increasing lead awareness in communities identified as being at greatest risk of lead poisoning (e.g., those with many low-income and minority families), with special interest in target audiences within those communities, such as parents, pregnant women, health care providers, multifamily and single family housing owners, corporations, educational institutions such as community colleges, schools, non-profit organizations, and historic preservation, renovation, remodeling, weatherization and maintenance firms and personnel, major banks, lenders and insurance companies, housing inspectors, real estate professionals and appraisers,

homebuyers and low-income minority families.

(3) Increasing the base of support for this important outreach activity through the creation of partnerships between public and private entities, especially grassroots organizations, including faith-based and community-based nonprofit organizations and community colleges.

(4) Implementing strategies to directly contact and speak to the general public, especially high-risk populations, or media strategies for using print, radio and/or television, as applicable, to increase public awareness of childhood lead poisoning and ways to prevent it.

(5) Disseminating existing tools and, as needed, new tools to inform parents and caregivers about lead-related hazards and enabling them to take prompt corrective action, especially enrolling their housing in lead hazard treatment programs.

### (B) Eligible Applicants

(1) States, Tribes, and units of general local government are eligible. Partnerships are encouraged, although the application must be made by a single entity. Non-profit organizations, such as groups of parents of lead poisoned children, and grassroots organizations, including faith-based and community-based non-profit organizations, and colleges and universities, can be sub-grantees or subcontractors.

(2) As an applicant, you must meet all of the threshold requirements of the General Section of this SuperNOFA (Section V(B)) as well as any specific threshold requirements for applicants under the Lead Outreach Grant Program. Applications will not be rated or ranked if they do not meet the threshold requirements of the General Section of this SuperNOFA.

(3) All awardees are expected to commence activity immediately upon completion of budget and work plan negotiations, and execution of the grant agreement.

#### (C) Eligible Activities

Eligible activities to be funded under this program include, but are not limited to, developing and conducting education and outreach campaigns in high-risk communities to:

- Increase lead awareness.
   Encourage owners and low-income occupants to enroll their housing units in programs conducting lead hazard treatment activities.
- Encourage owners and low-income occupants to identify potential leadbased paint hazards and report them to property owners and managers, and

public health and/or housing officials as appropriate.

HUD is interested in promoting approaches that are cost-effective and efficient and that result in the reduction of lead poisoning for the maximum number of children, and, in particular, low-income children. Section II of the General Section of this SuperNOFA presents HUD's FY 2003 Policy Priorities.

Outreach can take various forms, depending on the intended audience(s). Activities may include publicizing and/ or conducting events, developing and distributing publications in, for example, stores, schools, churches, community centers, or other neighborhood locations, making presentations, or forging partnerships to cost-effectively disseminate information to populations identified as being atrisk. Regardless of the form of outreach you choose to implement, all eligible activities must identify at-risk populations (or areas), propose an outreach program to meet those populations' information needs, and evaluate the program's effectiveness.

(1) Eligible activities may include:

(a) Establishing partnerships with non-profit organizations and associations, such as grassroots organizations, including faith-based, parent, and community-based non-profit organizations, or corporations, retailers, construction organizations, and unions or for the purpose of coordinating or conducting joint activities;

(b) Preparing publications, graphics, public service announcements, posters and entries for newspapers and magazines with local and/or regional distribution. These activities could include training local residents and businesses on identifying potential leadbased paint hazards, and lead-safe maintenance and renovation practices, etc.;

(c) Making materials available in alternative formats for persons with disabilities (e.g., Braille, audio, large type), and in languages other than English that are common in the community, whenever possible. Applicants are encouraged to utilize minority media in an effort to achieve diversity in outreach and educational efforts. Applications that include development and distribution of media products in languages other than English must include a discussion of the applicant's (or subcontractor's) expertise in those languages and in meeting the informational needs of non-Englishspeaking, underserved populations.

(d) Preparing quarterly progress reports and an overall final grant report, detailing activities (*e.g.*, the number of low-income housing units enrolled in lead hazard treatment programs as a result of activities performed under this grant, number and type of materials produced, activities conducted, evaluation of the various outreach and educational methods used, findings, and recommended future actions at the conclusion of grant activities).

(2) Support Elements.

(a) Your administrative costs. There is a 10 percent maximum for administrative costs. Specific information about administrative costs is included in Appendix D of this program section of this NOFA.

(b) Program planning and management costs of sub-grantees and other sub-recipients.

#### (D) Ineligible Activities

(1) Purchase of real property.
(2) Purchase or lease of equipment having a per-unit cost in excess of \$5,000, unless prior written approval is obtained from HUD.

(3) Hazard abatement, hazard reduction, rehabilitation, remodeling, repair, or other construction work.

# IV. Requirements and Procedures Applicable to the Lead Outreach Grant Program

In addition to program requirements listed in the General Section of this SuperNOFA, you, the applicant, must comply with the following requirements:

#### (A) Budgeting

(1) *Matching Contribution.* You are not required to provide a matching contribution in the Lead Outreach Program.

(2) Administrative Costs. There is a 10 percent maximum for administrative costs. Additional information about allowable administrative costs is provided in Appendix D of this program section of this NOFA.

(B) *Period of Performance*. The period of performance cannot exceed 24 months from the date of the award, except that HUD reserves the right to approve no cost time extensions for a total period not to exceed 12 months.

(C) *Environmental Review.* In accordance with 24 CFR 50.19(b)(2) and (b)(3) of the HUD regulations, activities assisted under this program are categorically excluded from the requirements of the National Environmental Policy Act of 1969 (42 U.S.C. 4321) and are not subject to environmental review under the related laws and authorities.

(D) *Certifications and Assurances.* You must include the certifications and assurances listed in the General Section of this SuperNOFA with your application. A Certification of Consistency with the Consolidated Plan is not required for this program Section of this SuperNOFA.

(E) Conducting Business in Accordance with HUD Core Values and *Ethical Standards.* If awarded assistance under the Lead Outreach NOFA, you will be required, prior to entering into a grant agreement with HUD, to submit a copy of your code of conduct and describe the methods you will use to ensure that all officers, employees, and agents of your organization are aware of your code of conduct. (See Section V(B)(3) of the General Section of this SuperNOFA for information about conducting business in accordance with HUD's core values and ethical standards.)

(F) Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses. The Department of Housing and Urban Development (HUD) is committed to ensuring that small businesses, small disadvantaged businesses and women-owned businesses participate fully in HUD's direct contracting and in contracting opportunities generated by HUD grant funds. Too often, these businesses still experience difficulty accessing information and successfully bidding on Federal contracts. HUD Regulations at 24 CFR 85.36(e) require recipients of assistance (grantees and sub-grantees) to take all necessary affirmative steps in contracting for purchase of goods or services to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible. Affirmative steps shall include:

(1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists.

(2) Assuring that small and minority business, and women's business enterprises are solicited whenever they are potential sources.

(3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority business, and women's business enterprises.

(4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority business, and women's business enterprises.

(5) Using the services and assistance of the Small Business Administration, and the Minority Business Development Agency of the Department of Commerce. (G) Participation in HUD-Sponsored Program Evaluation. As a condition of the receipt of financial assistance under this NOFA, you will be required to cooperate with all HUD staff or contractors performing HUD-funded research and evaluation studies pertaining to the subject of the grant.

(H) *HUD Reform Act of 1989.* See the General Section of this SuperNOFA for information regarding the applicability of the HUD Reform Act.

### V. Application Selection Process

(A) *Rating and Ranking.* Please see Section VI(B) of the General Section of this SuperNOFA. Only those applications that meet the threshold requirements will be rated and ranked. HUD intends to award the highest ranked applications receiving a minimum score of 75 within the limits of funding.

(B) Factors for Award Used to Evaluate and Rate Applications. The factors for rating and ranking applicants, and maximum points for each factor, are stated below. The maximum number of points to be awarded is 102, including the potential for two bonus points, as described in the General Section of this SuperNOFA.

# Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points)

This factor addresses your organizational capacity necessary to successfully implement your proposed activities in a timely manner. The rating of you or your staff includes any grassroots organizations, including faith-based and other community-based non-profit organizations, subcontractors, consultants, sub-recipients, and members of consortia that are firmly committed to your project. For all of the descriptions of personnel and organizational qualifications and experience in this factor, more points will be given for more recent relevant experience of high quality with this kind of work, as documented below. Applicants who are funding or subcontracting with grassroots organizations, including faith-based, and other community-based non-profit organizations, in conducting their work programs should include the qualifications and experience of these organizations in responding to this rating factor. In rating this factor HUD will consider:

(a) Your recent, relevant and successful demonstrated experience in undertaking eligible program activities. You must describe the knowledge and experience of the proposed overall project director and day-to-day project manager in planning and managing large and complex interdisciplinary outreach programs, especially those involving housing, public health, or environmental programs. In your narrative response for this factor, you should include information on your project staff, their experience, percentage commitment to the project, and position titles. You must provide resumes (or position descriptions and copies of job announcements including salary range, for vacant positions) of up to three pages each for the project director, project manager, and up to three key personnel, and a clearly delineated organizational chart for the Lead Outreach project in Appendix 1 of your application. Indicate the name of the position of key personnel, the percentage of time that proposed staff will devote to your project and any salary costs to be paid by funds from this program. Include descriptions of the experience and qualifications of subcontractors and consultants. You may find it useful to include a table indicating the name, position and percentage contribution of staff members, specifying organizational affiliation. HUD reserves the right to terminate grant awards made to applicants that fail to timely hire (within 90 days of award) staff to fill key positions identified in the applicant's proposal as vacant.

(b) Your qualifications to carry out the proposed activities as evidenced by experience, training, and/or relevant publications of project staff, and whether you have sufficient personnel, or will be able to quickly retain qualified experts or professionals to begin your proposed project immediately, and to perform your proposed activities in a timely and effective fashion. Describe how principal components of your organization will participate in, or support, your project. You should thoroughly describe capacity, as demonstrated by experience in initiating and implementing and evaluating related health education, outreach and recruitment projects.

(c) Your past performance in previous projects with an emphasis on health education, outreach and recruitment. Provide details about the nature of the project, the funding agency, and your performance, relative to performance measures or the achievement of desired health outcomes. If a subgrantee or subcontractor is an existing lead outreach grantee, provide a description of the progress and outcomes achieved in that grant.

HUD's evaluation process will consider an applicant's past

performance in effectively organizing and managing their grant operations, in meeting performance and work plan benchmarks and goals, and in managing funds, including their ability to account for funds appropriately, timely use of funds received either from HUD or other Federal, State, Tribal or local programs, and meeting performance milestones. HUD may use other information relating to these items from sources at hand, public sources such as newspapers, Inspector General or Government Accounting Office Reports or Findings, hotline complaints, or other sources of information that have been proven to have merit.

# Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor addresses the extent to which there is a need for your proposed project activities to address documented problems, target area(s) and target populations. Applications that demonstrate a greater need for lead outreach beyond existing levels as a mechanism for increasing enrollment in lead hazard treatment programs, or more thoroughly document this need will earn higher numbers of points.

(a) Your application should document a critical level of need for your proposed outreach activities in the area(s) where activities will be carried out. You should pay specific attention to documenting the need for outreach to increase enrollment of low-income housing units in lead hazard treatment programs as it applies to your target area(s) and target populations, rather than a larger geographic area or general population. Examples of information that *might* be used to demonstrate need, include:

(1) Economic or sociological information relevant to your target area(s). If this information is applied locally, the neighborhoods or type of neighborhoods to be targeted should be characterized with regard to age of housing and populations that the outreach activities are attempting to reach.

(2) Data documenting targeted populations that are traditionally underserved or have special needs. For a maximum score in this Rating Factor, data provided should specifically represent the target area. If the data presented in your response does not specifically represent your target area, you should discuss why the target areas are being proposed. If your application addresses needs that are in the Consolidated Plan or Analysis of Impediments (AI) to Fair Housing Choice (see paragraph V.C of the General Section of this SuperNOFA), court orders or consent decrees, settlements, conciliation agreements, or voluntary compliance agreements, you will receive more points than applicants that do not relate their project to an identified need.

(3) Information from the local (or State or Tribe, if applicable) health department, if available, on rates of elevated blood lead levels among children residing in your target area(s).

(4) Readily available information on the presence of existing outreach and educational resources in your target area(s).

#### Rating Factor 3: Soundness of Approach (40 Points)

This factor addresses the quality and cost-effectiveness of your proposed work plan. You should present information on your proposed approach for increasing the public's awareness and knowledge about lead poisoning and lead-based paint hazards, and for encouraging owners and low-income family occupants to identify potential lead-based paint hazards and enroll their housing units in lead hazard treatment programs Applications containing approaches with clear activities and sub-activities that will result in increasing the enrollment in lead hazard treatment programs; that include a range of approaches that address the needs of populations with limited English proficiency, persons with disabilities, persons with low literacy, etc.; that demonstrate a logical progression of implementation steps; that include more appropriate mechanisms for reaching audiences, and that provide better documentation of the methodology of the proposed approach, will receive higher numbers of points. Applicants will receive higher rating points for approaches that include higher percentages of funding or subcontracting for substantive work by grassroots organizations, including faith-based, and other community-based non-profit organizations.

You should describe how proposed activities would help HUD achieve its goals for this program area. You should demonstrate your knowledge of the outreach methodology relevant to your approach. You should develop a work plan that includes specific, measurable and time-phased objectives for each major program activity, accompanied by a complementary schedule indicating proposed date(s) of completion.

There must be a direct relationship between the proposed activities, community needs, the purpose of the project, and the number of low-income housing units enrolled in lead hazard treatment programs. Your response to this factor should include the following elements:

(a) Approach for Developing the Project. (30 points) Describe your overall approach for your proposed project. The description must include a discussion of specific planned project activities:

(1) Provide the estimated total number of low-income housing units that you expect to be enrolled in lead hazard treatment programs. Describe in detail how you will identify and track participants receiving outreach under your project, especially participants in high-risk groups and communities, vulnerable populations and persons traditionally underserved. (6 points)

(2) Describe your process for developing outreach materials, or using existing materials. (3 points)

(3) Describe your managementprocesses to be used to ensure the costeffectiveness of expenditures of funds.(2 points)

(4) Describe any measurement tools you would employ to evaluate the effectiveness of your outreach and educational activities for occupants of housing units enrolled in lead hazard treatment programs before and after treatment. (3 points)

(5) Describe the methods of community education you would use including community awareness, education, training, and outreach programs in support of your work plan and objectives that are culturally sensitive, targeted, and linguistically appropriate. (3 points)

(6) Proposed involvement of grassroots organizations, including faith-based and other community-based non-profit organizations in the proposed activities. HUD strongly encourages you to substantively use grassroots organizations, including faith-based, and other community-based non-profit organizations. (10 points)

(7) Indicate if, and describe how, you will address any of HUD's Departmental policy priorities. (See Section II of the General Section of this NOFA for a fuller explanation of HUD's policy priorities.) Policy priorities that are potentially applicable to this NOFA include: (1) Improving the Quality of Public and Assisted Housing and Providing More Choices for its Residents; (2) Increasing the Participation of Faith-based and other Community-based Organizations in HUD Program Implementation; and (3) Colonias. You will receive one point for each of the applicable policy priorities that are adequately addressed in your application, up to a maximum of three points. If your application addresses all

three policy priorities, you would get at least three points. (3 points)

(b) Approach for Implementing the Project. (10 points) Describe your project goals and objectives and the strategy you will use in executing the project. You should provide information on the general approach and overall plan employed.

(1) Baseline Plan for Project Management. (5 points) Include a management plan that:

(i) Lists the outreach project objectives, major tasks and activities. All specific activities necessary to complete the proposed project must be included in the task listing.

(ii) Incorporates appropriate performance goals with projected outputs and outcomes of the outreach program's activities.

(iii) Identifies major milestones and provides a schedule for the assignment, tracking and completion of major tasks and activities, and a timeframe for delivery, including reports and other proposed deliverables of the outreach activity.

(iv) Designates resources and identifies responsible entities for performing work.

(2) Budget Justification. (5 points) Your proposed budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the outreach project management plan and intended use of program funds. HUD is not required to approve or fund all proposed activities. Your budget should be submitted in the format recommended in Appendix B of the General Section of this NOFA. An electronic spreadsheet and other budgetary forms are available on HUD's website at www.hud.gov. You must thoroughly document and justify all budget categories and costs (HUD Form 424-C) and all major tasks, for yourself, sub-recipients (especially grassroots organizations, including faith-based, and other community-based non-profit organizations), partners, major subcontractors, joint venture participants, or others contributing resources to the project, especially those proposed to receive greater than 10 percent of the Federal budget request. Describe clearly and in detail your budgeted costs for each required program element (major task) included in your overall plan.

# **Rating Factor 4: Leveraging Resources** (10 Points)

This factor addresses your ability to secure other community and/or privatesector resources (such as financing, supplies or services) that can be combined with HUD's resources to achieve project purposes. These community resources may be contributions from organizations such as the applicant, subrecipients, partners, or other organizations not directly involved in the project.

(a) In evaluating this factor, HUD will consider the extent to which you have developed partnerships to secure additional resources to increase the effectiveness of your proposed project. Describe how other organizations will participate in or support your project. Resources may include funding or inkind contributions (such as labor, fringe benefits, services, supplies, or equipment) budgeted for your proposed project. Resources may be provided by State, Tribal and local governmental entities, public or private organizations, or other partners.

(b) Each source of contributions (financial or in-kind) must be supported by a letter of commitment from the contributing entity, whether the applicant, a partner organization, or a public or private source. The letter must describe the contributed resources that will be used in your project and the dollar value of that contribution. Staff in-kind contributions should be given a market-based monetary value. If you fail to provide letters of commitment with specific details including the amount of the actual contributions, you will not get points for this factor. Each letter of commitment, memorandum of understanding, or agreement to participate shall include the organization's name and the proposed level of commitment and responsibilities as they relate to the proposed project. The commitment must be signed by an official legally able to make commitments on behalf of the organization. Letters of support (letters that indicate support but do not specify a monetary commitment to the project) will not be considered in the scoring of this Rating Factor. Include information to address the following elements:

(1) The extent to which you have coordinated your activities with other known organizations that are not directly participating in your proposed work activities, but with which you share common goals and objectives.

(2) The extent to which your project exhibits the potential to be financially self-sustaining by decreasing dependence on Federal funding and relying more on State, Tribal, local and private funding to continue educational and outreach activities after the grant period is completed.

### Rating Factor 5: Achieving Results and Program Evaluation (15 points)

This factor emphasizes HUD's commitment to ensuring that applicants keep promises made in their application and assessing their performance to ensure performance goals are met. Achieving results means you, the applicant, have clearly identified the benefits, or outcomes of your program. Outcomes are ultimate goals; for this lead outreach grant program, the major outcome is increasing the number of low-income housing units enrolled in lead hazard treatment programs as a result of the grant activity. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals.

Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your Evaluation Plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

This new rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability. In evaluating this factor, HUD will consider how you have described outcome measures and benefits of your program.

In your response to this Rating Factor you are to discuss the performance goals for your project and identify specific outcome measures. You are also to describe how the outcome information will be obtained, documented, and reported. You must complete and return the Logic Model Form included in Appendix A of the General Section of this NOFA showing your proposed project long-term, mid-term, short-term and final results, and how they support HUD's departmental goals and objectives. Information about developing a Logic Model is available at www.hud.gov.

In evaluating this factor, HUD will consider how you have:

(1) Described the degree to which you have identified and characterized the information needs of your intended audience or targeted populations.

(2) Refined your outreach message.

(3) Specified how you will deliver your message to the audience.

(4) Described anticipated results of specific plans and objectives and listed

projected products or outputs. Outputs are actions, attendance numbers, materials, publications, inquiries or other products of the process.

(5) Demonstrated ability to measure outcomes. The major outcome is the increasing the number of low-income housing units enrolled in lead hazard treatment programs that result from the grant activity.

(6) Developed a proposed organization with the capacity to begin work immediately and incorporating adequate management planning and financial controls.

(7) Demonstrated how you have identified potential obstacles in meeting your objectives, and how you will respond to these obstacles.

(8) Described efforts to coordinate and cooperate with other organizations that will result in a reduction in lead risks to community residents.

(9) Described how your program will be held accountable for meeting program goals, objectives, and the actions undertaken in implementing the grant program. You should provide a description of the mechanism to assess progress and track performance in meeting the goals and objectives outlined in the work plan.

# Bonus Points for Federally Designated Zones and Communities. (2 points)

This Section of the NOFA provides for the award of two bonus points for eligible activities/projects that the applicant proposes to be located in federally designated Empowerment Zones (EZs), Enterprise Communities (ECs), Urban Enhanced Enterprise Communities (EECs), Strategic Planning Communities, or Renewal Communities (RCs), serve the residents of these areas, and are certified to be consistent with the area's strategic plan. For ease of reference in this NOFA, all these federally designated areas are collectively referred to as "RC/EZ/ECs" and residents of any of these federally designated areas as "RC/EZ/EC residents." This NOFA contains a certification that must be completed for the applicant to be considered for RC/ EZ/EC bonus points. A list of RCs, EZs, ECs, EECs, and Strategic Planning Communities is available from HUD's Web site at http://www.hud.gov. See also Section VI(C) of the General Section of this SuperNOFA.

(C) Applicant Debriefing. See Section XI(A)(4) of the General Section of this SuperNOFA for information about applicant debriefing, and Section I(I) of this Section for contact information.

## VI. Application Submission Requirements

# (A) Applicant Information

(1) Application Format. The application narrative response is limited to a maximum of 25 pages (excluding appendices and worksheets). Your response must be typewritten on one side only on  $8\frac{1}{2}^{"} \times 11^{"}$  paper using a 12-point (minimum) font with not less than  $\frac{3}{4}^{"}$  margins on all sides. Appendices should be referenced and discussed in the narrative response. Materials provided in the appendices should directly apply to the rating factor narrative.

(2) Application Checklist. Your application must contain all of the required information as noted in this Section of this NOFA and the General Section of this SuperNOFA. These items include the standard forms, certifications, and assurances listed in the General Section of this SuperNOFA that are applicable to this funding (collectively, referred to as the "standard forms"). The standard forms can be found in Appendix B of the General Section of this SuperNOFA. The application items are as follows:

(a) Transmittal letter (one-page only) that summarizes your proposed project, provides the dollar amount requested, and identifies you and your partners in the application. Provide the name, mailing address, and telephone number of the principal contact person. If you are a consortium of associates, sub-recipients, partners, major subcontractors, joint venture participants, or others contributing resources to the project, similar information shall also be provided for each of these entities and you must specify the primary entity.

(b) Application Abstract Summary. An abstract describing the goals and objectives of your proposed program (two-page maximum) must be included in the proposal.

(c) Checklist and Submission Table of Contents.

(d) All application forms found in the General Section of this SuperNOFA.

(e) A narrative statement addressing the rating factors for award. The narrative statement must be numbered in accordance with each factor for award (Rating Factors 1 through 5). The response to the rating factors must not exceed a total of 25 pages. Any pages in excess of this limit will not be read. (The 25-page limit does not apply to the two-page abstract.) Key points to consider in preparing your application are provided in the General Section of this NOFA. (f) Any attachments, appendices, references, or other relevant information that directly support the narrative may accompany it, but must not exceed 20 pages for your entire application. Any pages in excess of this limit will not be read. Specific criteria for the content of the appendices for the Lead Outreach Grant Program application are listed in the Checklist and Submission Table of Contents.

(g) Within Appendix 1, the resumes and position descriptions of your project director, project manager and up to three additional key personnel (in accordance with Rating Factor 1). These should not exceed three pages each. This information will not be counted towards the page limit.

(h) Within Appendix 3, a detailed budget with supporting cost justification for all budget categories of your funding request, in accordance with Rating Factor 3. This information will not be counted towards the page limits. A detailed budget must also be provided for any subcontractors, subgrantees, or subrecipients receiving greater than 10 percent of the Federal budget request.

(i) Any information or materials that are not listed above will not be reviewed.

# VII. Corrections to Deficient Applications

See Section VIII of the General Section of this SuperNOFA for information about corrections to deficient applications.

# Appendix A

Lead: Exposure to lead, especially from deteriorating lead-based paint, remains one of the most important and best studied of the household environmental hazards to children. Although blood lead levels have fallen nationally, a large reservoir of lead remains in housing. The national survey published by the Centers for Disease Control and Prevention, conducted from 1991–94, showed that nearly one million U.S. preschoolers still have elevated blood lead levels. Overall, the prevalence rate among all children under six years of age was 4.4 percent. Among low-income children living in older housing where lead-based paint is most prevalent, the rate climbed to 16 percent; and for African-American children living in such housing, it reached 21 percent.

HUD estimates that 38 million dwellings have some lead-based paint, and that 26 million have significant lead-based paint hazards. Of those, about 5.7 million have young children and of those, about 1.6 million have household incomes under \$30,000 per year. Costs for lead hazard control can range anywhere from \$500 to \$15,000 per unit, depending on the extent of the hazard and the type of hazard control measures. Corrective measures include paint stabilization, enclosure and removal of certain building components coated with lead paint, and cleanup and clearance testing, which ensures the unit is safe for young children.

Educating the public and individuals living in "at-risk communities" about lead poisoning, symptoms, treatment and lead hazard prevention and control, and encouraging occupants to identify potential lead-based paint hazards, report them to property owners and managers, and public health and/or housing officials as appropriate, and enroll their housing units in lead hazard treatment programs, are key components in an overall plan to reduce the prevalence rate of lead poisoned children.

# Appendix B

#### References

To secure any of the documents listed below, call the telephone number provided. Several of these references are provided on HUD's CD, "Residential Lead Desktop Reference, 3rd Edition." This CD can be obtained at no charge by calling the National Lead Information Clearinghouse's toll-free number, 1–800–424–LEAD. If you are a hearing- or speech-impaired person, you may reach the telephone numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339. Several of these references can be downloaded from the Internet without charge from the HUD Office of Healthy Homes and Lead Hazard Control's Internet site, http://www.hud.gov/offices/ lead.

#### Regulations

1. Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance, 24 CFR Part 35 (HUD, Lead Safe Housing Rule). A free copy of this rule and guidance can be obtained by calling 1–800–424-LEAD (this is a toll-free number). If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800– 877–8339.) or through the HUD Web site at http://www.hud.gov/offices/lead.

2. Lead; Requirements for Disclosure of Information Concerning Lead-Based Paint in Housing, 24 CFR Part 35, Subpart A (HUD, Lead-Based Paint Disclosure Rule). A free copy of the rule, guidance, pamphlet and disclosure formats can be obtained by calling 1-800-424-LEAD (this is a toll-free number) or through the HUD Web site at http:// www.hud.gov/offices/lead.

3. Lead; Requirements for Lead-Based Paint Activities in Target Housing and Child-Occupied Facilities; Final Rule: 40 CFR Part 745, (EPA Lead Hazard Standards, Work Practice Standards, EPA and State Certification and Accreditation programs for those engaged in lead-based paint activities). A free copy of the rule and guidance can be obtained by calling the Toxic Substances Control Act Hotline at 1–202–554–1404 (this is not a toll-free number) or through the EPA Web site at *http://www.epa.gov/lead*. If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877– 8339.

4. Lead; Requirements for Hazard Education Before Renovation of Target Housing, 40 CFR Part 745 (EPA, Pre-Renovation Education Rule). A free copy of the rule, guidance and pamphlet can be obtained by calling 1–800–424–LEAD (this is a toll-free number) or through the EPA Web site at http://www.epa.gov/lead.

#### Guidelines

1. Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing; HUD, June 1995, and amended September, 1997. A copy of the guidelines can be purchased by calling 1–800–245–2691 (this is a toll-free number) or downloaded without charge from the HUD Web site at *http://www.hud.gov/offices/lead.* If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

2. Preventing Lead Poisoning in Young Children; Centers for Disease Control, October 1991. A free copy of this document can be obtained by calling 1–888–232–6789 (this is a toll-free number) or through the HUD Web site at *http://www.hud.gov/offices/ lead*. If you are a hearing- or speech-impaired person, you may reach this telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800– 877–8339.

3. Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, November 1997. Centers for Disease Control and Prevention (CDC). A free copy of this document can be obtained by calling 1–888–232–6789 (this is a toll-free number) or through the HUD Web site at http://www.hud.gov/offices/lead.

#### Reports

1. Putting the Pieces Together: Controlling Lead Hazards in the Nation's Housing, (Summary and Full Report); HUD, July 1995. A copy of this summary and report can be purchased by calling 1-800-245-2691 (this is a toll-free number) or downloaded without charge from the HUD Web site at http:// www.hud.gov/offices/lead.

2. President's Task Force on Environmental Health Risks and Safety Risks to Children. Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards. Washington, DC, 2000. These documents can be downloaded without charge from the HUD Web site at http:// www.hud.gov/offices/lead.

#### Appendix C

#### **Existing Outreach Materials**

To secure any of the documents listed below, call the telephone number provided.

All of these documents are provided on HUD's Web site and the CD, "Residential Lead Desktop Reference, 3rd Edition." This CD can be obtained by calling the National Lead Information Clearinghouse's toll-free number, 1–800–424–LEAD.

1. HUD/EPA Informational Pamphlet: "Protect Your Family from Lead in Your Home" (available in English and Spanish versions). A free copy of this document can be obtained by calling 1–800–424–LEAD (this is a toll-free number) or through the HUD Web site at http://www.hud.gov/offices/lead/ outreach/communityoutreach.cfm.

2. "Reducing Lead Hazards When Remodeling Your Home" (available in English and Spanish versions). A free copy of this document can be obtained by calling 1-800-424-LEAD (this is a toll-free number) or through the HUD Web site at http:// www.hud.gov/offices/lead/outreach/ communityoutreach.cfm.

3. "Lead Paint Safety Field Guide" (available in English and Spanish versions). A free copy of this guide can be obtained by calling 1–800–424–LEAD (this is a toll-free number) or through the HUD Web site at http://www.hud.gov/offices/lead/outreach/ communityoutreach.cfm.

4. "A Parent's Reference Guide" EPA Document Number 747–B–98–002. A free copy of this guide can be obtained by calling 1–800–424–LEAD (this is a toll-free number) or through the HUD Web site at http:// www.hud.gov/offices/lead/outreach/ communityoutreach.cfm.

### Appendix D

This appendix to this NOFA contains lists the standard forms, certifications and assurances used by the programs that are part of this NOFA. Listed forms are located in Appendix B of the General Section of the SuperNOFA.

The following forms are to be used for the Programs listed in this NOFA

- Form HUD-424
- Form HUD-424 B
- Form HUD-424 C
- Form HUD-424 CBW
- Form HUD Logic Model Form
- Application Checklist and Submission Table of Contents
- Ethnicity and Race Data
- Form SF-LLL (Disclosure of Lobbying Activities)

HUD has consolidated many of its application forms into a single HUD–424 form. The new HUD–424 consolidates budget-reporting forms for both construction and non-construction projects into a single form and eliminates having to have the following separate certifications: Certification for a Drug-Free Workplace (HUD–50070), the Certification of Payments to Influence Federal Transactions (HUD–50071), and the Certification Regarding Debarment and Suspension (HUD–2992).

New form HUD-424 replaces SF-424 and HUD-424 M

HUD–424 B replaces SF–424 B and D and HUD–50070, 50071 and 2992.

HUD–424 C and CB replaces SF–424 A and C

The HUD–424 CBW is added as a common detailed Budget Worksheet and replaces

various budget worksheets used throughout the Department.

Administrative costs that may be applicable to the programs included in this NOFA are discussed below:

#### Administrative Costs

#### I. Purpose

The intent of this HUD grant program is to allow the Grantee to be reimbursed for the reasonable direct and indirect costs, subject to a top limit, for overall management of the grant. In most instances the grantee, whether a State, Tribal or a local government, principally serves as a conduit to pass funding to sub-grantees, which are to be responsible for the conducting lead-hazard reduction work. Congress set a top limit of ten percent of the total grant sum for the grantee to perform the function of overall management of the grant program, including passing on funding to sub-grantees. The cost of that function, for the purpose of this grant, is defined as the "administrative cost" of the grant, and is limited to ten percent of the total grant amount. The balance of ninety percent or more of the total grant sum is reserved sub-grantees or other directperformers of lead-hazard identification and reduction work. Lead hazard identification and reduction includes, but is not necessarily limited to outreach, training, enrollment, lead paint inspection/risk assessments. interim controls, hazard abatement, clearance documentation, blood lead testing, and public education.

#### II. Administrative Costs: What They Are Not

For the purposes of this HUD grant program for States, Tribes and local governments to provide support for outreach to increase the enrollment of low-income, private target housing in lead hazard treatment programs, the term "administrative costs" should not be confused with the terms "general and administrative cost," "indirect costs," "overhead," and "burden rate." These are accounting terms usually represented by a government-accepted standard percentage rate. The percentage rate allocates a fair share of an organization's costs that cannot be attributed to a particular project or department (such as the chief executive's salary or the costs of the organization's headquarters building) to all projects and operating departments (such as the Fire Department, the Police Department, the Community Development Department, the Health Department or this program). Such allocated costs are added to those projects' or departments' direct costs to determine their total costs to the organization.

# III. Administrative Costs: What They Are

For the purposes of this HUD grant program, "Administrative Costs" are the grantee's allowable direct costs for the overall management of the grant program plus the allocable indirect costs. The allowable limit of such costs that can be reimbursed under this program is ten (10) percent of the total grant sum. Should the grantee's actual costs for overall management of the grant program exceed ten percent of the total grant sum, those excess costs shall be paid for by the grantee. However, excess costs paid for by the grantee may be shown as part of the requirement for cost-sharing funds to support the grant.

#### **IV. Administrative Costs: Definition**

#### A. General

Administrative costs are the allowable, reasonable, and allocable direct and indirect costs related to the overall management of the HUD grant for lead outreach activities. Those costs shall be segregated in a separate cost center within the grantee's accounting system, and they are eligible costs for reimbursement as part of the grant, subject to the ten percent limit. Such administrative costs do not include any of the staff and overhead costs directly arising from specific sub-grantee program activities eligible under Section III (C) of this NOFA, because those costs are eligible for reimbursement under a separate cost center as a direct part of project activities

The grantee may elect to serve solely as a conduit to sub-grantees, who will in turn perform the direct program activities eligible under Section III (C) of this NOFA, or the grantee may elect to perform all or a part of the direct program activities in other parts of its own organization, which shall have their own segregated, cost centers for those direct program activities. In either case, not more than 10 percent of the total HUD grant sum may be devoted to administrative costs, and not less than 90% of the total grant sum shall be devoted to direct program activities. The grantee shall take care not to mix or attribute administrative costs to the direct project cost centers

#### B. Specific

Reasonable costs for the grantee's overall grant management, coordination, monitoring, and evaluation are eligible administrative costs. Subject to the ten percent limit, such costs include, but are not limited to, necessary expenditures for the following goods, activities and services:

(1) Salaries, wages, and related costs of the grantee's staff, the staff of affiliated public agencies, or other staff engaged in grantee's overall grant management activities. In charging costs to this category the recipient may either include the entire salary, wages, and related costs allocable to the program for each person whose primary responsibilities (more than 65% of their time) with regard to the grant program involve direct overall grant management assignments, or the pro rata share of the salary, wages, and related costs of each person whose job includes any overall grant management assignments. The grantee may use only one of these two methods during this program. Overall grant management includes the following types of activities:

(a) Preparing grantee program budgets and schedules, and amendments thereto;

(b) Developing systems for the selection and award of funding to sub-grantees and other sub-recipients;

(c) Developing suitable agreements for use with sub-grantees and other sub-recipients to carry out grant activities;

(d) Developing systems for assuring compliance with program requirements;

(e) Monitoring sub-grantee and subrecipient activities for progress and compliance with program requirements;

(f) Preparing presentations, reports, and other documents related to the program for submission to HUD;

(g) Evaluating program results against stated objectives;

(h) Providing local officials and citizens with information about the overall grant program; however, a more general education program, helping the public understand the nature of lead hazards, lead hazard reduction, blood-lead screening, and the health consequences of lead poisoning is a direct project support activity);

(i) Coordinating the resolution of overall grant audit and monitoring findings; and

(j) Managing or supervising persons whose responsibilities with regard to the program include such assignments as those described in paragraphs (a) through (i).

(2) Travel costs incurred for official business in carrying out the overall grant management;

(3) Administrative services performed under third-party contracts or agreements, for services directly allocable to grant management such as: legal services, accounting services, and audit services;

(4) Other costs for goods and services required for and directly related to the overall management of the grant program; and including such goods and services as telephone, postage, rental of equipment, renter's insurance for the program management space, utilities, office supplies, and rental and maintenance (but not purchase) of office space for the program.

(5) The fair and allocable share of grantee's general costs that are not directly attributable to specific projects or operating departments such as salaries, office expenses and other related costs for local officials (*e.g.*, mayor and city council members, *etc.*), and expenses for a city's legal or accounting department which are not charged back to particular projects or other operating departments. If a grantee has an established burden rate, it should be used; if not, the grantee shall be assigned a negotiated provisional burden rate, subject to final audit.

# **APPENDIX E**

# **Checklist and Submission Table of Contents**

The foll	owing checklist is provided to ensure you have submitted all required items to receive consideration for fundir	ig. You
must as	semble the application in the order shown below and note the corresponding page number where the response	s located.
You m	ist include this checklist and submission table of contents with your application.	
	Transmittal Letter (limited to one page)	Cover page
	Applicant Abstract Summary (limited to two pages; does not count towards the 25-	
	page limit)	
	Checklist and Submission Table of Contents	
	Application Forms (Appendix 3)	
	HUD Form 424 (Application for Federal Assistance)	
	HUD Form 424B (Assurances/Non-Construction Programs)	
	HUD Form 424C (Budget Summary for Competitive Grant Programs)	
	HUD Form 424-CBW (Budget Worksheet)	
	Form SF-LLL (Disclosure of Lobbying Activities) (Required)	
	Form SF-LLL (Not required; see Appendix B of the General Section of this	
	NOFA)	
	HUD Logic Model Form	
П	Race and Ethnicity Form	

Federal Register/Vol. 68, No. 80/Friday, April 25, 2003/Notices	2
 Rating Factor Response (total narrative response limited to 25 pages)	
1. Capacity of the Applicant and Relevant Organizational Experience	
2. Need/Extent of the Problem	
3. Soundness of Approach	
4. Leveraging Resources	
5. Achieving Results and Program Evaluation	- <u> </u>
Appendices	
Appendix 1 – Required material in support of the Rating Factors (e.g., resumes of key	
personnel, organizational chart, letters of commitment) arranged in order by Rating	
Factor (resumes limited to three pages each; these items do not count as part of the 25-	
page limit)	
Appendix 2 - Optional material in support of the Rating Factors, arranged in order of	
Rating Factors (e.g., maps, letters of support) arranged in order by Rating Factor	
(Appendix 2 limited to 20 pages)	
Appendix 3 – Material relating to the forms or budget material (see Application Forms	
above)	
HUD Form 2990 (Certification of Consistency with RC/EZ/EC Strategic Plan)	
HUD Form 2993 (Acknowledgment of Application Receipt)	
HUD Form 2994 (Client Comments and Suggestions) (Optional)	

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# Race and Ethnicity Form

# **Ethnicity and Race Data**

Ethnicity And Race Data	Total	Hispanic or Latino	
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
White			
American Indian or Alaska Native and White			
Asian and White			
Black or African American and White			
American Indian or Alaska Native and Black or			
African American			
*Balance of individuals reporting more than one			
race			
Total			
*Any aggregate count of a multiple race combination not included in the reporting template that			
exceeds 1% of the population should be included in the report and separately identified. The			
reporting should include both the count and population po	ercentage.		

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# **OPERATION LEAD ELIMINATION ACTION PROGRAM**

Billing Code 4210-32-C

# Funding Availability for the Operation Lead Elimination Action Program

# **Program Overview**

Purpose of the Program. The purpose of the Operation Lead Elimination Action Program (LEAP) is to leverage private sector resources to eliminate lead poisoning as a major public health threat to young children.

*Available Funds.* Approximately \$9.935 million in Fiscal Year (FY) 2003 funds.

*Eligible Applicants.* To be eligible to apply for funding under this program, the applicant must be a tax-exempt nonprofit or for-profit entity or firm. States and units of general local government and their departments are not eligible. Colleges and universities are eligible as a non-profit entity.

Application Due Date. You, the applicant, must submit a completed application to HUD on or before the respective program's application due date. The application deadline is June 10, 2003.

#### **Additional Information**

# I. Application and Application Submission Procedures.

Match. None required.

(1) Application Submission. See the General Section of this SuperNOFA for specific procedures concerning the form of application submission (*e.g.*, mailed applications, express mail or overnight delivery). Be advised that there is no Application Kit for this year's Operation Lead Elimination Action Program (LEAP). All the information required to submit an application is contained in this NOFA.

(2) *Addresses.* You, the applicant, must submit a completed application to: Robert C. Weaver HUD Headquarters Building, Office of Healthy Homes and Lead Hazard Control, ATTN: Operation Lead Elimination Action Program, 451 Seventh Street, SW., Room P3206, Washington, DC 20410.

For Further Information and Technical Assistance. You may contact John Baker, Lead Hazard Control Grants Division, Office of Healthy Homes and Lead Hazard Control, at the address above; telephone (804) 771–2100, extension 3765 (this is not a toll-free number). If you are a hearing- or speechimpaired person, you may reach the above telephone numbers via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

# II. Authority, Funding Amounts, and Amount Of Funds Allocated

(A) *Authority*. HUD's authority for making funding available under this NOFA is Division K of the Consolidated Appropriations Resolution of 2003, Pub. L. 108–7, approved February 20, 2003.

(B) Funding Available. Approximately \$10 million will be available for the FY 2003 Operation Lead Elimination Action Program (LEAP). Grants of 24 months duration will be awarded on a competitive basis following evaluation of all proposals according to the rating factors described in this NOFA. HUD anticipates that approximately 6–10 grants will be awarded.

(C) Allocation of Funds/Grant Awards. Through Operation LEAP, grantees will aggressively pursue additional private sector resources with the goal of securing the resources needed to eliminate lead-based paint hazards in housing. Resources generated by awardees must be used and/or distributed to assist national, state, and local entities actively committed to lead hazard control in residential structures and that possess the requisite skills, certifications, and capacity to utilize these resources to conduct lead hazard control/abatement activities in lowincome, privately-owned rental or owner-occupied housing containing lead-based paint hazards. The allocation and distribution of generated resources by the grantee requires prior approval of the HUD Office of Healthy Homes and Lead Hazard Control.

#### **III. Eligible Applicants and Activities**

(A) Program Description. Operation LEAP grant funds will be used to support non-profit and for-profit entities with substantial fundraising and/or leveraging skills to use those skills to mobilize substantial private sector resources for addressing lead hazards in housing. HUD is particularly looking for innovative or creative local, regional or nationwide fund raising and/or leveraging and mobilization strategies that can yield large amounts of contributions in a two-year time frame and also increase awareness of lead hazards and abatement measures in the home. Grants will be awarded to those entities that are able to demonstrate the ability to generate substantial private sector resources that can be used toward lead abatement programs and efforts, based upon the responses provided in the Factors for Award described below. (Private sector resources do not include any funding or in-kind resources from the public sector.)

LEAP funds may also be used to eliminate lead-based paint hazards in low-income privately owned housing, which supplements the National strategy as defined by Title X of the Housing and Community Development Act of 1992 (42 U.S.C. 4851 *et. seq.*). (B) *Eligible Applicants.* To be eligible to apply for funding under this program, the applicant must be a tax-exempt (501(c)), other non-profit or for-profit entity or firm. States and units of general local government and their departments are not eligible. Colleges and Universities are eligible as non-profit entities.

(C) *Eligible Activities*. Activities that you may conduct for the purposes of developing a national or regional (multistate) strategy designed to leverage or mobilize resources from the private sector may include, but are not necessarily limited to:

(1) Recruiting and placing appropriate staff skilled in leveraging private sector resources;

(2) Identifying innovative approaches for mobilizing resources and coordinating activities among a number of diverse organizations in both the public and private sectors;

(3) Providing all necessary administrative and indirect support, including rent, equipment, materials, travel expenses and logistics, and subcontractors/consultants necessary to carry out grant activities;

(4) Conducting fund raising, outreach activities and other activities that will result in increased lead hazard control activities in low-income privately owned or owner occupied housing with lead-based paint hazards;

(5) Other activities that may be carried out include:

(a) Performing dust, paint or soil testing, hazard screens, inspections, and risk assessments of eligible housing constructed before 1978 to determine the presence of lead-based paint and/or lead hazards from paint, dust, or soil;

(b) Conducting lead hazard control, which may include: interim control of lead-based paint hazards in housing (which may include specialized cleaning techniques to address lead dust); and abatement of lead-based paint hazards, including soil and dust, by means of removal, enclosure, encapsulation, or replacement methods. Unless there are only a few surfaces coated with lead paint, complete abatement of all lead-based paint or lead-contaminated soil is not usually acceptable as a cost-effective strategy unless justification is provided and subsequently approved by HUD. Abatement of lead-contaminated soil should be limited to areas with bare soil in the immediate vicinity of the structure, *i.e.*, drip line or foundation of the structure being treated, and children's play areas. All hazard control activities must comply with 24 CFR part 35, subpart R, the HUD Guidelines for the Evaluation and Control of LeadBased Paint Hazards in Housing and all applicable Federal, State and local regulations; in the case of a conflict between any of the above, the more stringent shall apply;

(c) Carrying out temporary relocation of families and individuals during the period in which lead hazard control is conducted and until the time the affected unit receives clearance for reoccupancy;

(d) Performing blood lead testing and air sampling to protect the health of the hazard control workers, supervisors, and contractors; and

(e) Undertaking minimal housing rehabilitation activities that are specifically required to carry out effective hazard control, and without which the hazard control could not be completed and maintained. Operation LEAP grant funds may be used for lead hazard control work done in conjunction with other housing rehabilitation programs. HUD strongly encourages integration of this grant program with housing rehabilitation, weatherization, and other energy conservation activities.

(f) Conducting clearance dust-wipe testing and associated laboratory analysis.

(D) Strategies/Approaches. The applicant is encouraged to employ creativity and initiative in achieving the objectives of the program: leveraging private sector resources to increase local and regional lead hazard control measures through a variety of means. Some examples of possible strategies/ approaches include the following:

(1) Enlisting the support and resource commitment of financial institutions, foundations, private industry and others to make residential housing lead-safe and eliminate lead poisoning as a public health threat to children;

(2) Soliciting the support of national building materials providers, building component manufacturers, and housingrelated national retail outlets to donate money or materials to lead hazard control programs in housing and health departments, landlords and owneroccupants to eliminate lead-based paint hazards in privately owned low-income dwellings: For example, a window, wallboard, or paint manufacturer/ retailer could donate or coordinate the donation and distribution of windows or paint to lead-based paint and/or rehabilitation projects throughout the country. This strategy could also include the distribution of discount coupons for purchases of paint or other materials from national supplies;

(3) Forming partnerships with banks or other mortgage or financial institutions willing to provide no or low-interest home improvement loans to finance lead hazard control activities and abatement measures among lowincome recipients who would not otherwise be served. By participating, banks could fulfill a major element of their responsibilities under the Community Reinvestment Act;

(4) Creating a national clearinghouse for facilitating the coordination and distribution of donated building materials, such as windows, trim molding, or paint, etc. to local projects involved in lead hazard control programs;

(5) Identifying and facilitating the availability and use of relocation facilities for families who need to move out of their dwellings while lead hazard control work is being undertaken. For example, hotel chains, colleges, and other lead-safe sites could be contacted to make housing available for the relocation of families during lead hazard control;

(6) Working with landlords, tenant groups and others to form consortia or otherwise engage landlords and owneroccupants to enroll their eligible housing units in local lead hazard control or rehabilitation programs. The applicant should obtain commitments from landlords to provide matching resources for work to be done on their units. For example, the lead hazard control program could offer landlords grant funds for replacement windows if the landlords contribute the cost of additional repairs (such as basic system upgrades, or other rehabilitation work including painting and maintenance) that is associated with lead hazard control:

(7) Creating a nationwide "lead-safe unit" identification seal of approval program that would be used by landlords and others to market lead-safe units. Housing units that have leadbased paint hazards safely eliminated or controlled and have passed a lead clearance test, would receive a lead-safe unit seal;

(8) Promoting homebuilder, remodeler, or contractor associations to coordinate efforts to reduce lead hazards by contributing technical assistance, training, presentations and materials and/or labor to lead hazard control efforts;

(9) Encourage landscaping firms, nurseries, and landscape architects to contribute lead-safe soil, mulch, and other forms of vegetation cover and shrubbery designed to mitigate lead contamination of soil around the exterior/perimeter and play areas of affected housing units;

(10) Working with grassroots faithbased and other community-based organizations that are committed to improving the quality of life within the community;

(11) Providing training for significant numbers of trades people to implement lead-safe work practices, such as window replacement and weatherization work; and

(12) Expand dust testing and clearance testing, especially in high-risk communities.

#### (E) Support Elements

(1) Administrative costs. Up to 10 percent of the HUD grant funds may be used for administration. Such costs would include the costs associated with completing HUD reports, accounting and bookkeeping expenses, costs associated with obtaining audits, and other direct grant management expenses (see Appendix A of this NOFA for the definition of Administrative Costs applicable to this program).

(2) Outreach, Education, and Training Costs. Up to twenty percent of the leveraged funds may be used for training, lead hazard awareness and other public education, outreach and education initiatives.

(F) *Ineligible Activities.* You may not use grant funds for any of the following:

(1) Purchase of real property;

(2) Chelation or other medical treatment costs related to children with elevated blood lead levels;

(3) Lead hazard abatement activities in publicly owned housing, or projectbased Section 8 housing; and

(4) Capital expenditures in excess of \$5,000 per unit cost.

### **IV. Program Requirements**

In addition to the requirements listed in this NOFA, the applicant must comply with the requirements described below:

(A) *Period of Performance*. The period of performance is 24 months. HUD reserves the right to approve no-cost time extensions for a period not to exceed 24 months.

(B) Statutory Requirements. To be eligible for funding under this NOFA, the applicant must meet all federal statutory and regulatory requirements applicable to this program. The specific requirements will be identified in the grant agreement for successful applicants. In addition, you will be required to comply with all state and local statutes, regulations or other applicable requirements.

(C) Threshold Requirements. As an applicant, you must meet all of the threshold requirements of the General Section of this SuperNOFA (Section V(B)) as well as any specific threshold requirements for applicants under Operation LEAP. Applications will not be rated or ranked if they do not meet the threshold requirements of the General Section of this SuperNOFA. Your application must receive at least 75 points to be eligible for funding.

#### V. Application Selection Process

(A) Partial Funding. In the selection process, once available funds have been allocated to meet the requested or negotiated amounts of the top eligible applicants, HUD reserves the right to offer any residual amount as partial funding to the next eligible applicant, provided HUD is satisfied that the residual amount is sufficient to support a viable, though reduced effort, by this applicant. If an applicant is offered a reduced grant amount, the applicant will have a maximum of 14 calendar days to accept such a reduced award and a maximum of 30 calendar days after acceptance to submit a revised strategy and budget. If the applicant fails to respond within the seven-day limit, the applicant shall be considered to have declined the award and the award will be offered to the next highest ranked applicant. HUD intends to fund the highest ranked applications within the limits of funding.

(B) *Budget.* HUD will evaluate an applicant's proposal to determine if it is reasonable, clearly justified, and consistent with the intended use of grant funds. HUD is not required to approve or fund all proposed activities. You must thoroughly document and justify all budget categories and costs. Leveraged funds should be listed in the column labeled "Applicant Match" on Form 424C.

(C) Factors for Award Used to Evaluate and Rate Applications. The factors for rating and ranking applicants, and maximum points for each factor, are stated below. The maximum number of points to be awarded is 100. The application must receive a total score of at least 75 points to be eligible for funding.

# **Rating Factor 1: Organizational Capacity (30 points)**

This factor addresses the applicant's organizational capacity to successfully implement the proposed activities in a timely manner.

# (A) Staff Experience (20 points)

Describe the knowledge and experience of the staff responsible for the following functions: Executive Direction; Finance Marketing; and Program Coordination. The applicant must have sufficient qualified personnel or be able to quickly retain qualified experts or professionals in financial/ grant management, marketing, and/or lead-based paint programs that will allow you to immediately begin your proposed work program and to perform your proposed activities within the twoyear period of performance.

The applicant's narrative should include information about your organizational and staff capacity in fund raising and/or leveraging, and private sector recruitment successfully conducted recently (*e.g.*, within the past five years). Include a discussion of staff knowledge and expertise in fund raising, organizational skills, lead hazard control and lead-safe housing information.

The discussion on capacity should include the depth, (depth relates to the number of persons with available knowledge and expertise: range relates to the extent of that knowledge and expertise), experience, the commitment of time to the program, salary information, length of time with organization and position titles of the program staff. Resumes or detailed job announcements for the above key positions must be included as an appendix to your application. Indicate the percentage of time key personnel will devote to the proposed project. The Program Coordinator must be dedicated to this effort for a minimum of 75 percent of the time. An applicant may demonstrate capacity by thoroughly describing prior experience in this type of activity and/or how the applicant will develop the necessary capacity to carryout proposed activities.

# (B) Grants Management (5 points)

Describe the agency's or organization's ability to manage grants and leveraged program funds and activities.

#### (C) Partner Expertise (5 points)

Describe project participants/partners knowledge and experience regarding lead poisoning as a public health threat to children, and/or lead-based paint issues and hazard control. Use of staff with more recent, relevant, and demonstrated successful experience will result in a higher rating.

#### **Rating Factor 2: Approach (30 points)**

This factor addresses the work plan strategy that the applicant intends to follow in meeting the goals and objectives of the program. This work plan strategy should address the following:

## (A) Selection Process for Partner Organization (20 points)

Describe the selection process for those organizations that are to conduct or coordinate work activities for lead hazard control, outreach, evaluation, etc. How do you intend to involve faithbased and other community-based organizations in your proposed activities?

#### (B) Leveraging Strategy (10 points)

Describe the proposed strategy for leveraging private sector resources including:

- (1) Target audiences/constituencies;(2) Use of contractors/subgrantees/
- partners and their method of selection; (3) Methods of outreach/promotion;
- (4) Types of leveraging to be employed;
- (5) Proposed use and distribution of funds/resources leveraged;
- (6) Overall project management and coordination; and

(7) Proposed schedule of activities within the 24-month period of performance.

Although creativity and innovation are strongly encouraged, these activities must be realistic and capable of accomplishment. An applicant's award would be contingent upon budget negotiation and approval of a revised work plan. This work plan would have to describe the deliverables as goals with specific measures of achievement. For example: if an applicant proposed to use as leverage the resources from property owners who are eliminating and/or controlling lead hazards for their properties, the applicant would have to provide the number of units and an average investment amount. This information would be shown in the applicant's work plan and become part of the applicant's performance expectations.

# Rating Factor 3: Leveraging Resources (35 points)

This factor addresses the applicant's ability to obtain and use private sector resources or leverage private sector activities that can be combined with HUD and other program resources to achieve program objectives. Private funds/resources do not include any public sector funds, *e.g.*, funds provided by states and units of general local government including Community Development Block Grant (CDBG)/Home Investment Partnership (HOME) funds. Applicants may use such funds as part of this program but will not receive any points for use of public funds under this rating factor. Points will be awarded based on the satisfactory provision of evidence of leveraging and financial sustainability, as described above, and the ratio of requested HUD LEAP funds to the total Federal budget meets the following:

# (1) Leveraged Funds (25 Points)

Points for this sub-factor will be awarded based on the satisfactory provision of evidence of leveraging and financial sustainability, as described above, and the ratio of leveraged funds as a percentage of the HUD funds requested.

Percentage of leveraged funds	Points
1–9	5
10–20	10
21–40	15
41–75	20
>75	25

#### (2) Prior Ability to Leverage Funds (5 Points)

Describe what the organization has done in the recent past (*e.g.*, within the past five years) that gives evidence of its ability and experience to leverage substantial private sector resources. Describe specific activities, the amount of funds or goods leveraged, and what the leveraged funds were used to support. If an applicant has experience in generating funds or goods for purposes similar to addressing lead paint abatement or control measures, the applicant should describe those activities and the results achieved.

# (3) Current Commitments (5 points)

Describe the types of public or private sector commitments, if any, currently available to devote to Operation LEAP grant program activities, and the anticipated future amounts to be generated. Based upon the estimated amount of funding anticipated for leveraging over the life of the award, identify the general geographic locations of the units that will be treated by this increased funding or leveraged goods. Also provide an estimate of the number of units that can be expected to be treated. The description of the location of treatment areas should be sufficient to determine that the units serve lowincome persons. Generated resources may include cash or in-kind contributions of services, equipment, or supplies. In evaluating this factor, HUD will consider the extent to which the applicant has established working partnerships, memoranda of understanding and/or firm agreements with other identified entities for the commitment of additional resources. Resources may be provided by any private source, including contributions of investor-owners. However, leveraged claims for donations of goods and services should be based on market values and documented where possible. Applicants that do not have such partnerships at the time of application

will be required to establish partnerships immediately following notification of grant award. Only contributions that have a stated monetary value with supporting documentation from the contributing organization/entity authorized to make such commitment will be counted. Firmly established commitments will be rated more highly than applications with commitments that have not yet been established. Applicants that have targeted specific high-risk neighborhoods or geographic locations for leveraging/fundraising and abatement/control activities will receive a higher number of rating points.

# **Rating Factor 4: Achieving Results and Program Evaluation. (5 Points)**

This factor emphasizes HUD's commitment to ensuring that applicants achieve the goals outlined in their work plan and other benchmark standards and assess their performance to ensure performance goals are met. Achieving results means you, the applicant, have clearly identified the benefits, or outcomes of your program. Outcomes are ultimate goals. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals.

Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your Evaluation Plan should identify what you are going to measure, how you are going measure it and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

This new rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability. Applicants are required to complete the HUD Logic Form included in Appendix A of this NOFA.

(1) An applicant is to identify and describe specific methods, measures, and tools that you will use (in addition to HUD reporting requirements) to measure progress, evaluate program effectiveness, and identify program changes necessary to improve performance. Describe how you will obtain, document and report the information. In evaluating this factor, HUD will consider how you have described outcome measures and benefits of your program including: (a) The purpose of the Operation LEAP is to leverage private sector resources to eliminate lead poisoning as a major public health threat to young children. The key terms here are "leverage of private sector resources." HUD is looking for those applicants that demonstrate the most realistic and positive fund raising and/or leveraging skills to mobilize substantial private sector resources for addressing lead hazards in housing.

(b) Demonstration of a national and/ or regional (multi-state) strategy for leveraging resources from the private sector is essential. Those resources should be realistic and achievable and made part of the workplan and benchmark activities of this proposal. The proposed budget should demonstrate how these leveraged funds would be used to address lead hazards in housing and make residential housing lead-safe and eliminate lead poisoning as a public health threat to children.

(c) Results of any specific plans and objectives established to implement and/or maintain a registry (listing) of lead-safe housing that is available to the public, or to incorporate the inclusion of the lead-safe status of properties in another publicly accessible addressbased property information system. Results could include how the information would be managed and affirmatively marketed to the public so that families (particularly low-income families with children under six years of age) can make informed decisions regarding their housing options. Applicants that demonstrate partnerships with national or regionally recognized material suppliers, e.g., sheet rock/drywall manufacturers or retailers, paint manufacturers or distributors, window manufacturers or distributors, etc., will receive stronger consideration.

(d) The extent to which affirmatively furthering fair housing for all segments of the population is advanced by the proposed activities. Detail how the proposed work plan will support the community's efforts to affirmatively further affordable housing and discuss the impact of prior activities that have contributed to enhanced lead-safe housing opportunities.

(e) How your program will be held accountable for meeting program goals, objectives, and the actions undertaken in implementing the grant program. Applicants should provide a description of the mechanism to assess progress and track performance in meeting the goals and objectives outlined in the work plan. Applicants should provide assurances that work plans and performance measures developed for the program will assist intended beneficiaries, and that work will be conducted in a timely and cost-effective manner.

Note on Program Performance: Grantees shall take all reasonable steps to accomplish all LEAP activities outlined in an approved work plan within the approved period of performance. HUD will closely monitor grantee performance with particular attention placed on the leveraging of private sector resources specified in the application and grant agreement, the expenditure of HUD grant funds as evidenced by draw downs from the Line of Credit Control System (LOCCS), and other approved grant activities. HUD reserves the right to terminate the grant prior to the expiration of the period of performance if a grantee fails to meet established work plan benchmark milestones in implementing the approved program of activities.

(D) Applicant Debriefing. See Section XI (A)(d) of the General Section of this SuperNOFA for information about applicant debriefing. Written requests for debriefings after the selection of successful applicants should be sent to Matthew Ammon, Director, Lead Hazard Control Grants Division, 451 7th Street SW., Washington, DC, 20410.

(E) *Rating Panels.* See Section VI (B) of the General Section of this SuperNOFA for information about rating panels.

(F) *Adjustments to Funding.* See Section VI (F) of the General Section of the SuperNOFA for information about adjustments to funding.

(G) Participation in HUD-Sponsored Program Evaluation. As a condition of the receipt of financial assistance under this NOFA, you will be required to cooperate with all HUD staff or contractors performing HUD-funded research and evaluation studies pertaining to the subject of the grant.

# VI. Application Submission Requirements

#### (A) Applicant Information

(1) Application Format. The application narrative response to the Rating Factors are limited to a maximum of 15 pages. Your response must be typewritten on one (1) side only on  $8\frac{1}{2}$ " x 11" paper using a 12-point (minimum) font with not less than  $\frac{3}{4}$ " margins on all sides. Appendices should be referenced and discussed in the narrative response. Materials provided in the appendices should directly apply to the rating factor narrative.

(2) Application Checklist. Your application must contain the items listed in the Checklist and Submission Table of Contents included in Appendix A of this NOFA. These items include the standard forms, certifications, and assurances listed that are applicable to this funding (collectively, referred to as the "standard forms"). The standard forms can be found in the General Section of the SuperNOFA. The application items required for submission are:

(a) Transmittal Letter. A transmittal letter that identifies the applicant(s) or submitting the application, the dollar amount requested, what the program funds are requested for, and the nature of involvement with community-based organizations. Also include the name, mailing address, telephone number, and principal contact person of the applicant. If you have consortium associates, sub-grantees, partners, major subcontractors, joint venture participants, or others contributing resources to your project, you must provide similar information for each of these partners;

(b) Abstract Summary. Provide an abstract summary describing the goals and objectives of the proposed program (two-page maximum);

(c) Standard Forms. All forms as required by the General Section of the SuperNOFA

(d) Budget. A total budget summary (total budget is the federal share and leveraged contribution) with supporting cost justifications for all budget categories of your grant request. A maximum of ten percent of the federal share can be for administrative costs (see Appendix A—Administrative Costs of this NOFA for a description of administrative costs applicable to this grant program);

An itemized breakout (using the HUD Form-424) of your required matching contribution, including:

i. Values placed on donated in-kind services;

ii. Letters or other evidence of commitment from donors; and

iii. The amounts and sources of contributed resources; and

(e) Partners. Contracts, Memoranda of Understanding or Agreement, letters of commitment or other documentation must describe the proposed roles of agencies, local broad-based task forces, participating faith-based and other community-or neighborhood-based groups or organizations, local businesses, and others working with the program. For-profit entities and/or firms must clearly demonstrate and document how the lead-based paint hazard identification and control measures will be coordinated with local organizations, state(s) or units of general local government to carry out lead hazard control.

(B) *Proposed Activities.* All applications must, at a minimum, describe the proposed activities in the narrative responses to the rating factors. Your narrative statement must be numbered in accordance with each factor for award (Rating Factors 1 through 4).

#### **VII. Findings and Certifications**

See Section IX of the General Section of this SuperNOFA for specific requirements.

### VIII. Corrections to Deficient Applications

See Section VIII of the General Section of this SuperNOFA for information about corrections to deficient applications.

#### **IX. Environmental Requirements**

Environmental Requirements. Certain activities assisted under this program may be subject to HUD environmental review to the extent required under 24 CFR part 50. An award under the Lead Elimination Action Program (LEAP) does not constitute approval of specific sites where activities that are subject to environmental review may be carried out. Following grant award execution, HUD will be responsible for ensuring that any necessary environmental reviews are completed. You may not rehabilitate, convert or repair property, or commit or expend grant funds or HUD-leveraged funds for any eligible property, until you receive written notification from the appropriate HUD official that HUD has completed its environmental review and the property has been approved. The results of the environmental reviews may require that proposed activities be modified or proposed sites rejected.

#### X. HUD Reform Act of 1989

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of the SuperNOFA at Section XI.

Åppendix A.

This appendix to this NOFA contains lists the standard forms, certifications and assurances used by the programs that are part of this NOFA. Listed forms are located in Appendix B of the General Section of the SuperNOFA.

The following forms are to be used for the Programs listed in this NOFA

- (1) Form HUD-424
- (2) Form HUD-424 B
- (3) Form HUD-424 C
- (4) Form HUD-424 CBW
- (5) Form HUD Logic Model Form(6) Application Checklist and
- Submission Table of Contents

(7) Ethnicity and Race Data HUD has consolidated many of its application forms into a single HUD– 424 form. The new HUD–424 consolidates budget-reporting forms for both construction and non-construction projects into a single form and eliminates having to have the following separate certifications: Certification for a Drug-Free Workplace (HUD–50070), the Certification of Payments to Influence Federal Transactions (HUD–50071), and the Certification Regarding Debarment and Suspension (HUD–2992).

New form HUD–424 replaces SF–424 and HUD–424 M

- HUD-424 B replaces SF-424 B and D and HUD-50070, 50071 and 2992.
- HUD–424 C and CB replaces SF–424 A and C

The HUD–424 CBW is added as a common detailed Budget Worksheet and replaces various budget worksheets used throughout the Department.

#### Administrative Costs

Administrative costs that may be applicable to the programs included in this NOFA are discussed below:

#### I. Purpose

The intent of this HUD grant program is to allow the Grantee to be reimbursed for the reasonable direct and indirect costs, subject to a top limit, for overall management of the grant. In most instances the grantee, whether a State or a local government, principally serves as a conduit to pass funding to subgrantees, which are to be responsible for the conducting lead-hazard reduction work. Congress set a top limit of ten percent of the total grant sum for the grantee to perform the function of overall management of the grant program, including passing on funding to sub-grantees. The cost of that function, for the purpose of this grant, is defined as the "administrative cost" of the grant, and is limited to ten percent of the total grant amount. The balance of ninety percent or more of the total grant sum is reserved sub-grantees or other direct-performers of leadhazard identification and reduction work. Lead hazard identification and reduction includes, but is not necessarily limited to outreach, training, enrollment, lead paint inspection/risk assessments, interim controls, hazard abatement, clearance documentation, blood lead testing, and public education.

# II. Administrative Costs: What They Are Not

For the purposes of this HUD grant program for States and local governments to provide support for the

evaluation and reduction of leadhazards in low- and moderate-income, private target housing, the term 'administrative costs'' should not be confused with the terms "general and administrative cost," "indirect costs," "overhead," and "burden rate." These are accounting terms usually represented by a government-accepted standard percentage rate. The percentage rate allocates a fair share of an organization's costs that cannot be attributed to a particular project or department (such as the chief executive's salary or the costs of the organization's headquarters building) to all projects and operating departments (such as the Fire Department, the Police Department, the Community Development Department, the Health Department or this program). Such allocated costs are added to those projects' or departments' direct costs to determine their total costs to the organization.

# III. Administrative Costs: What They Are

For the purposes of this HUD grant program, "Administrative Costs" are the grantee's allowable direct costs for the overall management of the grant program plus the allocable indirect costs. The allowable limit of such costs that can be reimbursed under this program is ten (10) percent of the total grant sum. Should the grantee's actual costs for overall management of the grant program exceed ten percent of the total grant sum, those excess costs shall be paid for by the grantee. However, excess costs paid for by the grantee may be shown as part of the requirement for cost-sharing funds to support the grant.

#### **IV. Administrative Costs: Definition**

# A. General

Administrative costs are the allowable, reasonable, and allocable direct and indirect costs related to the overall management of the HUD grant for lead-hazard reduction activities. Those costs shall be segregated in a separate cost center within the grantee's accounting system, and they are eligible costs for reimbursement as part of the grant, subject to the ten percent limit. Such administrative costs do not include any of the staff and overhead costs directly arising from specific subgrantee program activities eligible under Section II (Č) of this NOFA, because those costs are eligible for reimbursement under a separate cost center as a direct part of project activities.

The grantee may elect to serve solely as a conduit to sub-grantees, who will

in turn perform the direct program activities eligible under NOFA Section II (C), or the grantee may elect to perform all or a part of the direct program activities in other parts of its own organization, which shall have their own segregated, cost centers for those direct program activities. In either case, not more than 10 percent of the total HUD grant sum may be devoted to administrative costs, and not less than 90% of the total grant sum shall be devoted to direct program activities. The grantee shall take care not to mix or attribute administrative costs to the direct project cost centers.

## B. Specific

Reasonable costs for the grantee's overall grant management, coordination, monitoring, and evaluation are eligible administrative costs. Subject to the ten percent limit, such costs include, but are not limited to, necessary expenditures for the following goods, activities and services:

(1) Salaries, wages, and related costs of the grantee's staff, the staff of affiliated public agencies, or other staff engaged in grantee's overall grant management activities. In charging costs to this category the recipient may either include the entire salary, wages, and related costs allocable to the program for each person whose primary responsibilities (more than 65% of their time) with regard to the grant program involve direct overall grant management assignments, or the pro rata share of the salary, wages, and related costs of each person whose job includes any overall grant management assignments. The grantee may use only one of these two methods during this program. Overall grant management includes the following types of activities:

(a) Preparing grantee program budgets and schedules, and amendments thereto;

(b) Developing systems for the selection and award of funding to subgrantees and other sub-recipients;

(c) Developing suitable agreements for use with sub-grantees and other subrecipients to carry out grant activities;

(d) Developing systems for assuring compliance with program requirements;

(e) Monitoring sub-grantee and subrecipient activities for progress and compliance with program requirements;

(f) Preparing presentations, reports, and other documents related to the program for submission to HUD;

(g) Evaluating program results against stated objectives;

(h) Providing local officials and citizens with information about the overall grant program; however, a more general education program, helping the public understand the nature of lead hazards, lead hazard reduction, bloodlead screening, and the health consequences of lead poisoning is a direct project support activity);

(i) Coordinating the resolution of overall grant audit and monitoring findings; and

(j) Managing or supervising persons whose responsibilities with regard to the program include such assignments as those described in paragraphs (a) through (i).

(2) Travel costs incurred for official business in carrying out the overall grant management; (3) Administrative services performed under third party contracts or agreements, for services directly allocable to grant management such as: legal services, accounting services, and audit services;

(4) Other costs for goods and services required for and directly related to the overall management of the grant program; and including such goods and services as telephone, postage, rental of equipment, renter's insurance for the program management space, utilities, office supplies, and rental and maintenance (but not purchase) of office space for the program.

(5) The fair and allocable share of grantee's general costs that are not directly attributable to specific projects or operating departments such as salaries, office expenses and other related costs for local officials (e.g., mayor and city council members, etc.), and expenses for a city's legal or accounting department which are not charged back to particular projects or other operating departments. If a grantee has an established burden rate, it should be used; if not, the grantee shall be assigned a negotiated provisional burden rate, subject to final audit. BILLING CODE 4210-32-P

# Checklist and Submission Table of Contents Lead Elimination Action Program

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. You must include this checklist and submission table of contents with the application.

Transmittal Letter	Cover
<b>Abstract Summary</b> (limited to a maximum of 2 pages) <b>Checklist and Submission Table of Contents</b>	page
Application Forms	
HUD Form-424 HUD Form 424B HUD Form 424C HUD Form-424CBW Form SF-LLL Disclosure of Lobbying Activities Required Grow SF-LLL Not Required HUD 2880 Applicant/Recipient Disclosure/Update Report	
Rating Factor Response (narrative is limited to a maximum of 15 pages.)	
<ol> <li>Organizational Capacity of the Applicant and Relevant Experience</li> <li>Approach</li> <li>Leveraging Resources</li> <li>Achieving Results and Program Evaluation</li> </ol>	
Appendices	
Appendix 1 - Material in support of Rating Factor 1 Appendix 2 - Material in support of Rating Factor 2 Appendix 3 - Material in support of Rating Factor 3 Appendix 4 - Other materials related to the application (as required) HUD 2993 Acknowledgment of Application Receipt HUD 2994 Client Comments and Suggestions (completion of this form is optional)	

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# **BROWNFIELDS ECONOMIC DEVELOPMENT INITIATIVE (BEDI)**

Billing Code 4210-32-C

# Funding Availability for the Brownfields Economic Development Initiative (BEDI)

# **Program Overview**

Purpose of the Program. BEDI funds are used to enhance the security of a loan guaranteed by HUD under Section 108 of the Housing and Community Development Act of 1974, as amended, for the same brownfields economic development project, or to improve the viability of a brownfields economic development project financed with the Section 108-guaranteed loan, in order to stimulate economic development by local governments and private sector parties at brownfields sites.

HUD provides BEDI funds (as defined in Section III (A)(1) below) to be used in conjunction with Section 108 loan guarantee funds, to finance projects and activities at brownfields sites that will provide near-term and measurable economic benefits, such as job creation and increases in the local tax base, through the return of brownfields sites to productive economic uses. HUD encourages brownfields economic development projects that propose the redevelopment of a brownfields site through new investments by identified private sector parties and that will result in new business or job creation, increases in the local tax base or other near-term, measurable economic benefits. In FY 2003, HUD seeks to increase economic development opportunity throughout the nation and promote the creation and retention of jobs. All BEDI grants must be used in conjunction with a new Section 108 guaranteed loan commitment.

Available Funds. Approximately \$29.5 million, including \$24.8 million in appropriations from the Consolidated Appropriations Resolution, 2003, Public Law 108–7, approved February 20, 2003 (FY 2003 Consolidated Appropriations) under the "Brownfields Redevelopment" heading; approximately \$2,629,155 of unobligated funds from the Fiscal Year 2002 HUD Appropriations Act under the "Brownfields Redevelopment" heading; and \$2,065,000 of unobligated funds from the Fiscal Year 2001 HUD Appropriations Act under the "Brownfields Redevelopment" heading. The amount of total available funds is further described in Section II below. The maximum amount of any BEDI grant award this year will be \$2 million per project.

*Eligible Applicants.* Only units of general local government eligible for assistance under the Entitlement, States' Program, or the Small Cities segments of the Community Development Block Grant (CDBG) program may apply for a BEDI grant and a Section 108 Guaranteed Loan. CDBG-eligible urban counties may also apply for funding, but units of general local government that participate in the Urban County Program may not submit an application independent of the Urban County. (*See* Section III (B) below for additional information regarding eligible applicants.)

Āpplication Deadline. July 16, 2003.

# **Additional Information**

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following additional information.

### I. Application Due Date and Submission, Further Information, and Technical Assistance

Application Due Date. Please submit your completed applications (one original and three copies) on or before July 16, 2003, to the addresses shown below.

Application Submission Procedures. See the General Section of the SuperNOFA for specific procedures governing the submission and receipt of applications.

Addresses for Submitting Applications to HUD Headquarters. Submit your completed application (an original and two copies) by mail or permitted delivery service to: Processing and Control Unit, Room 7251, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410, Attention: BEDI.

When submitting the application, please specify BEDI on any label or mailing container, and include the applicant's name, mailing address (including zip code), street address (if different from mailing address) and zip code, and voice and facsimile telephone numbers (including area code), along with the contact person's name and voice and facsimile telephone numbers (including area code).

Applications to HUD Field Offices. At the same time the application and copies are submitted to HUD Headquarters, an additional copy should be submitted to the Community Planning and Development Division of the appropriate HUD Field Office for the applicant's jurisdiction. HUD strongly suggests that applications submitted to HUD Field Offices be mailed via the United States Postal Service, as access by other delivery services cannot be guaranteed.

*For Applications.* There is no application kit this year. All information

and forms necessary to complete and submit a valid application are contained in the General Section and this program section of the SuperNOFA, and the appendices to the General Section and this program section. Copies of the NOFA and forms are also available on the Internet through the HUD Web site at http://www.hud.gov.

For Further Information and *Technical Assistance.* Contact Lisa Peoples, Economic Development Specialist, Office of Economic Development, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 7140, Washington, DC 20410, telephone (202) 708-0614 ext. 4456 (this is not a toll-free number). Persons with speech or hearing impairments may access this number via TTY by calling the toll-free Federal Information Relay Service at 1–800-877-8339. Before the application due date, HUD staff will be available to provide general guidance and technical assistance about this BEDI NOFA. However, HUD staff is not permitted to assist in preparing a BEDI application. Following selection of applicants, but before awards are made, HUD staff are available to assist in clarifying or confirming information that is a prerequisite to the offer of an award by HUD. In addition, the Section 108 Loan Guarantee program is not a competitive program and therefore is not subject to those provisions of the HUD Reform Act pertaining to competitions that do not permit HUD staff to assist in the preparation of applications. HUD staff is available to provide advice and assistance to develop your Section 108 loan application.

Applicant Debriefing. Section XI (A)(4) of the General Section of the SuperNOFA provides information on applicant requests for a debriefing. Applicants requesting to be debriefed must send a written request to the contact person for the BEDI program, Ms. Lisa Peoples, at the address listed in the preceding paragraph.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of BEDI application(s). For more information about the date and time of the broadcast, you should consult the HUD Web site at http://www.hud.gov.

#### **II. Amount Allocated**

HUD has available a maximum of \$29,531,655 for grant awards under this program section as of its publication date. This amount consists of \$24,837,500 in appropriations under the "Brownfields Redevelopment" heading in the FY 2003 Consolidated Appropriations. Funds also include \$2,629,155 of unobligated appropriated funds from the Fiscal Year 2002 HUD Appropriations Act under the "Brownfields Redevelopment" heading, as well as \$2,065,000 of unobligated appropriated funds from the Fiscal Year 2001 HUD Appropriations Act under the "Brownfields Redevelopment" heading. All such funds are authorized by Section 108(q) of the Act (as defined below). The maximum amount of a BEDI award under this competition is \$2 million per project. If any additional funds become available for the BEDI program during Fiscal Year 2003, including through the deobligation and recapture of previous BEDI awards, HUD may either fund additional applicants in accordance with this program section of the SuperNOFA, or may add these funds to funds available for future competitions pursuant to Section 108(q) of the Act.

# III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description. BEDI is designed to help local governments redevelop brownfields, defined in this program section as abandoned, idled, or underutilized real property, including industrial and commercial facilities, where expansion or redevelopment is complicated by the presence or potential presence of environmental contamination. BEDI provides funding to local governments to be used in conjunction with Section 108 loan guarantees, to finance redevelopment of brownfields sites. A BEDI grant award will be conditioned upon, and must be used in conjunction with, a new (i.e., not previously approved) Section 108guaranteed loan commitment. Both Section 108 loan guarantee proceeds and BEDI grant funds are initially made available by HUD to units of general local government eligible for assistance under HUD's Entitlement, States' Program or Small Cities segments of the Community Development Block Grant program. Such public entities may reloan the Section 108 loan proceeds and provide BEDI funds to a business or other entity eligible to carry out a specific approved brownfields economic development project, or the public entity may carry out the eligible project itself, as provided in the approved application. In either case, BEDI grant funds and the 108 proceeds must be used to support the same eligible BEDI project.

(1) *Definitions.* Unless otherwise defined herein, terms defined in 24 CFR part 570 and used in this program section of this SuperNOFA shall have

the respective meanings given thereto in that part.

Act means Title I, Housing and Community Development Act of 1974, as amended (42 U.S.C. 5301 *et seq.*).

Application means a single set of documents submitted by an eligible applicant for BEDI grant funds, in accordance with the provisions of this program section of the SuperNOFA to finance a brownfields economic development project. A BEDI application must be accompanied by a Section 108 loan guarantee request, which may consist of either a brief summary of the proposed use of 108 funds, or a full application, which may either be submitted at the same time as the BEDI application or be provided within 60 days of BEDI grant award, as more fully explained in Section IV(D) of this program section. Note that the Section 108 application must be submitted to the appropriate HUD field office concurrently with its submission to Headquarters.

*Brownfields* means abandoned, idled, or under-used real property (including industrial and commercial facilities) where expansion or redevelopment is complicated by the presence or potential presence of contamination.

*Brownfields Economic Development Initiative (BEDI) funds* means the appropriated funds made available for the competition under this program section from any available appropriation.

Brownfields Economic Development Initiative (BEDI) project or brownfields economic development project means an activity or activities (including mixed use projects with housing components) that are eligible under Section 108(q) of the Act and under 24 CFR 570.703, and that will increase economic opportunity for persons of low- and moderate-income, stimulate or retain businesses or jobs, or otherwise lead to near-term, measurable economic benefits in connection with brownfields.

*CDBG funds* means those funds collectively so defined at 24 CFR 570.3, including grant funds received pursuant to Section 108(q) and this program section of this SuperNOFA.

*Economic Development Initiative* (*EDI*) grant means the provision of economic development grant assistance under Section 108(q) of the Act, as authorized by Section 232 of the Multifamily Housing Property Disposition Reform Act of 1994 (Pub. L. 103–233, approved April 11, 1994).

*EPA* means the U.S. Environmental Protection Agency.

*Firm Commitment* means either a written agreement or letter of

understanding by which an applicant and/or a third party:

(1) Agrees to perform an activity or provide resources as specified in the application, and demonstrates their relationship to the proposed BEDI/ Section 108 project;

(2) Specifies the dollar value of the commitment, and demonstrates that it has the financial and organizational capacity to deliver the resources necessary to successfully complete the activity; if the activity is to be self-financed, the third party must evidence its financial capacity through a corporate or personal financial statement or other appropriate means; and

(3) Irrevocably commits the resources to the activity either through cash or inkind services or contributions; if any portion is to be financed through a grant or loan from another public or private organization, that institution's grant or loan commitment must be firmly committed as well.

Any such agreement or letter of understanding shall be understood as being contingent upon receipt of the BEDI grant. In order for a commitment to be included in the applicant's score under Rating Factor 4 (Leveraging Resources), each commitment—including the donation or purchase of real property or the provision of in-kind services—must be assigned a monetary value by the party making the commitment, accompanied by an indication of the basis for that assigned value.

Each agreement or letter of commitment must include the name of the organization making the commitment, the proposed total level of commitment (including how the value was determined) and the responsibilities of the organization as they relate to the proposed BEDI project. The commitment must be signed by an official of the organization legally authorized to make commitments on behalf of the organization, with a statement confirming that authority, and remain in effect for a period stated in the commitment.

Applicants Committing CDBG Funds: In order for an applicant's commitment of CDBG funds to be accepted by HUD as additional financing for a BEDI project, a resolution from the local governing body (*e.g.*, city/borough council) authorizing the amount and permitted uses of the funds must be provided.

Showcase Community means an applicant chosen by the federal government's Brownfields National Partnership for inclusion in the federal government's Brownfields Showcase Communities program. A list of the federally designated Brownfield Showcase Communities is provided in Appendix B of this program section of the SuperNOFA and is also available from the SuperNOFA Information Center or through the HUD web site, *http://www.hud.gov.* 

*Ŝtrategic Plan* means a strategy or course of action developed and agreed to by the nominating local government(s) and state(s) and submitted in partial fulfillment of the application requirements for an Empowerment Zone, Enterprise Community, or a Renewal Community, designated pursuant to 24 CFR part 597, part 598, or part 599.

(2) *Background*. HUD has multiple programs that are intended to stimulate economic and community development and promote economic revitalization of distressed areas, and which can be effectively employed to address and remedy brownfields conditions. Primary among HUD's resources are the Community Development Block Grant (CDBG) program and the Section 108 loan guarantee program.

(a) The CDBG program provides grant funds by formula to local governments (either directly or through states) to carry out community and economic development activities (\$4.340 billion appropriated in FY 2003). The Section 108 loan guarantee program provides CDBG-recipient communities with a source of financing for economic development, public facilities, and other eligible large-scale physical development projects. HUD is authorized pursuant to Section 108 to guarantee notes issued by CDBG entitlement communities and nonentitlement units of general local government eligible to receive funds under the CDBG States' program, as well as non-entitlement units of general local government in the State of Hawaii. The Section 108 program is subject to the regulations applicable to the CDBG program at 24 CFR part 570 as described in 24 CFR part 570, subpart M. BEDI grants must support Section 108 loan guarantees as generally described in this program section of this SuperNOFA.

(b) For FY 2003, the loan guarantee authority for the Section 108 program is estimated at \$573,000,000 including \$298,000,000 in loan guarantee authority that will continue be to available under the Fiscal Year 2002 appropriation and \$275,000,000 in loan guarantee authority for Fiscal Year 2003. The full faith and credit of the United States is pledged to the payment of all guarantees made under Section 108. Under this program, communities (and states, as applicable) pledge their continuing CDBG allocations as security for loans guaranteed by HUD. The Section 108 program, however, does *not* require CDBG funds to be escrowed for loan repayment (unless such an arrangement is specifically negotiated as loan security and included in the applicable "Contract for Loan Guarantee Assistance.") This means that a community can ordinarily continue to spend its existing allocation for other CDBG purposes, unless needed for loan repayment.

(3) *EDI Program.* The EDI authorization, Section 108(q) of the Act, was enacted in 1994 and is intended to complement and enhance the Section 108 Loan Guarantee program.

(4) *BEDI Program.* A purpose of BEDI (and EDI) grant funds is to reduce grantees' potential loss of future CDBG allocations:

(a) By strengthening the economic feasibility of a project financed with Section 108 funds (and thereby increasing the probability that the project will generate enough cash to repay the guaranteed loan);

(b) By directly enhancing the security of the Section 108-guaranteed loan; or

(c) Through a combination of these or other risk mitigation techniques.

HUD intends all the funds available pursuant to this program section of the SuperNOFA to be used for purposes of the redevelopment of brownfields sites. Accordingly, BEDI funds shall be used as the stimulus for local governments and private sector parties to commence redevelopment or continue phased redevelopment efforts on brownfields sites where contamination is present or potentially present and a redevelopment plan exists. HUD desires to see BEDI and Section 108 funds used to finance projects and activities that involve investment in the brownfields site by an identified private sector party and that will provide near-term results and measurable economic benefits, such as job creation and increases in the local tax base, through the return of brownfields sites to productive economic use.

(5) Integration of Other Government Brownfields Programs. HUD expects and encourages local governments which are designated through (a) the federal government's Brownfields Showcase Community program, (b) other federal brownfields programs (*e.g.*, EPA's Assessment, Tax Incentive, Revolving Loan Fund or Cleanup Grant programs), (c) a state-supported brownfields program, or (d) a state or local related economic development program, to integrate efforts arising from those programs in developing projects for assistance under HUD's BEDI and Section 108 programs. Applicants should elaborate upon these ties in their response to the rating factors, where appropriate (*e.g.*, "Capacity of the Applicant," "Soundness of Approach," or "Leveraging Resources"—Rating Factors 1, 3, and 4 respectively.)

(6) Additional Security for Šection 108 Loan Guarantee. Public entities should consider the need to provide additional security for the Section 108 loan guarantee pursuant to 24 CFR 570.705(b)(3). Although a public entity is required by the Act to pledge its current and future CDBG allocations as security for the Section 108 loan guarantee, the public entity will usually be required to furnish additional collateral. In most cases, the additional collateral consists (in whole or in part) of the asset financed with the Section 108 loan funds (e.g., a loan made to a business as part of an economic development project and the related mortgage from the business). Applications proposing uses for BEDI funding that directly enhance the value of the assets securing the Section 108 loan will help ensure that the projectbased asset(s) will satisfy the additional collateral requirements.

(7) Uses of BEDI Funds. Generally, proposals must be consistent with other CDBG requirements, including meeting National Objectives and activity eligibility requirements under § 570.703 of the Section 108 Loan Guarantee regulations, as described in Section III (C) of this program section. The following examples are offered only to illustrate some of the ways in which BEDI funds may be used to support 108guaranteed loans:

(a) Land Writedowns. Local governments may use a combination of Section 108 and BEDI funds to acquire a brownfields site for purposes of reconveying the site to a private developer at a discount from its purchase price. This approach would provide the developer with an asset of enhanced value that could be used as collateral for other sources of funding and those other sources of financing could then be used to finance environmental remediation or other development costs. In such a circumstance, the level of BEDI assistance could approximate the difference between the original cost of the site and its remediation in comparison to the market value of the remediated property.

(b) Site Remediation Costs. Local governments may use BEDI funds in any of several ways to address site remediation costs. If the local government proposes to use Section 108 funds to acquire real property, BEDI funds could be used to address assessment and site remediation costs as part of eligible demolition, clearance, or site preparation activities. If the local government uses Section 108 funds to make a loan to a developer, BEDI funds could be granted or loaned to the developer for the purpose of addressing remediation costs as part of an economic development activity.

(c) Funding Reserves. The cash flow generated by an economic development project may be expected to be relatively "thin" in the early stages of the project, *i.e.*, potentially insufficient to meet operating expenses and debt service obligations. The BEDI grant could be used by the grantee to either establish a debt service reserve to cover interest on the Section 108 loan, or as a grant to a business for working capital. In either case, the BEDI funds enhance the economic feasibility of the project.

(d) Direct Enhancement of the Security of the Section 108 Loan. The BEDI grant can be used to pay for the cost of providing credit enhancements for the Section 108 loan. For example, if eligible as part of the cost of an appropriate eligible activity, the BEDI grant can be used to pay for the cost of a standby letter of credit, issued in favor of HUD. This letter of credit will be available to fund amounts due on the Section 108 loan if other sources fail to materialize, and thus will serve to protect the public entity's future CDBG funds.

(e) Provision of Financing to For-Profit Businesses at a Below Market Interest Rate.

While the rates on loans guaranteed under Section 108 are only slightly above the rates on comparable U.S. Treasury obligations, they may nonetheless be higher than can be afforded by businesses, non-profit groups or public entities in severely economically distressed neighborhoods. The BEDI grant can be used to make Section 108 financing affordable by serving to "buy down" the interest rate up front, or make full or partial interest payments on the Section 108 loan. This might increase the financial viability of the businesses or other entities in the early start-up period, which might not otherwise be possible with Section 108 alone. This strategy would be particularly useful where a community was undertaking a large commercial or retail project in a brownfields area in order to act as a catalyst for other development in the area.

(f) *Combination of Techniques*. A combination of the above could be employed to implement a BEDI project successfully.

(B) *Eligible Applicants*. Any public entity eligible to apply for Section 108 loan guarantee assistance in accordance with 24 CFR 570.702 may apply for BEDI grant assistance under Section 108(q). Eligible applicants are CDBG entitlement units of general local government and non-entitlement units of general local government eligible to receive loan guarantees under 24 CFR part 570, subpart M. Urban Counties, as defined at 24 CFR 570.3 and 570.307, are eligible applicants for BEDI funds; units of general local government that participate in an Urban County program are not independently eligible applicants. For non-entitlement applicants other than those subject to 24 CFR 570, subpart F (which applies only to the State of Hawaii), applicants will be required to provide evidence in the application from an authorized official of the state agency responsible for administering the State CDBG program stating that it will support the related Section 108 loan with a pledge of its CDBG allocations pursuant to the requirements of 24 CFR 570.705(b)(2). Such evidence shall take the form of the HUD Certification titled "SECTION 108 LOAN GUARANTEES: State Certifications Related to Nonentitlement Public Entities" included in this program section to the SuperNOFA, or which may be obtained by downloading from the Internet at http://www.hud.gov. Note that effective January 25, 1995, non-entitlement public entities in the State of Hawaii are authorized to apply to HUD for Section 108 loans (see 59 FR 47510, December 27, 1994). Thus non-entitlement public entities in all 50 states and Puerto Rico are eligible to participate in the Section 108 and BEDI programs, with assistance of the state's or commonwealth's pledge of CDBG allocations.

(C) Eligible Activities and National Objectives. (1) BEDI grant funds and Section 108 loan guarantee funds may be used for activities listed at 24 CFR 570.703, provided such activities are carried out as part of a BEDI project as described in this program section of the SuperNOFA and meet the CDBG requirements at 24 CFR 570.200. Applicants are required to submit applications that seek funding for BEDI projects that will contribute to the redevelopment and revitalization of brownfields. Applications that fail to meet the threshold requirements found in Section V (B) of the General Section of the SuperNOFA and the program requirements of this section will not be rated, ranked, or otherwise considered by HUD.

(2) Each activity assisted with Section 108 loan guarantee or BEDI funds must

meet a national objective of the CDBG program as described in 24 CFR 570.208. Applicants must clearly identify in their narrative statement (as described in Section V (B) of this program section below) the CDBG national objective to be achieved by the proposed project and provide the appropriate CDBG national objective regulatory citation found at 24 CFR 570.208. Applicants must also address, when applicable, how the proposed activities will comply with the public benefit standards of the CDBG program as reflected in the regulation at 24 CFR 570.209.

(3) A grantee's aggregate use of its CDBG funds, including any Section 108 loan guarantee proceeds and Section 108(q) (BEDI) funds provided pursuant to this program section of the SuperNOFA, must comply with the CDBG primary objective requirements as described in Section 101(c) of the Act and 24 CFR 570.200(a) (3) for entitlement grantees, or 570.484 in the case of a recipient under a state's program.

(4) Applicants are reminded of the Department's Policy Priorities for FY 2003 found in Section II of the General Section of the SuperNOFA, several of which apply to this program section, as described below, under Rating Factor 3 in Section V of this program section.

### **IV. Program Requirements**

(A) General Requirements. Applicants for BEDI grant funds must comply with the statutory, regulatory, threshold and public policy requirements listed in Section V of the General Section of the SuperNOFA.

(B) *CDBG Program Regulations*. In addition to 24 CFR 570.701 (Definitions), § 570.702 (Eligible applicants), and § 570.703 (Eligible activities), as explained in Section III (C) of this program section of the SuperNOFA, the CDBG regulatory requirements cited in 24 CFR 570.707, including subparts J (Grant Administration), K (Other Program Requirements), and O (Performance Reviews) govern the use of BEDI funds, as applicable.

(C) Compliance with Applicable Environmental and Other Laws. Applicants are advised that an award of BEDI funding does not in any way relieve the applicant or third party users of BEDI funds from compliance with all applicable federal, state and local laws, particularly those addressing the environment. Applicants are further advised that HUD may require evidence that any project involving remediation has been or will be carried out in accordance with applicable law, including voluntary clean up programs.

(D) Related Section 108 Loan Guarantee Request. (1) Each BEDI application must be accompanied by a request for new Section 108 loan guarantee assistance. The request may take any of the four forms defined in paragraphs (a), (b), (c), or (d) below in this Section IV (D). Notwithstanding the form of your request for new Section 108 loan guarantee assistance, the applicant must include citations to the specific regulatory subsection supporting activity eligibility and National Objectives compliance for the Section 108 funds described in the application. (See Section III (C) of this program section of the SuperNOFA.) Both the BEDI and Section 108 funds must be used in conjunction with the same BEDI project. The request for new Section 108 guarantee assistance may be presented through:

(a) A full application for new Section 108 loan guarantee(s), including the documents listed at 24 CFR 570.704(b).

(b) A brief description (not to exceed three pages) of the project to be applied for in a subsequent new Section 108 loan guarantee application(s). Such a 108 application(s) shall be submitted within 60 days of written notice of BEDI selection, with HUD reserving the right to extend such period on a case-by-case basis where HUD determines there is evidence of good cause. BEDI awards will be conditioned on approval of actual Section 108 loan commitments and loan guarantee proceeds in a specific ratio of BEDI funds to Section 108 funds as approved by HUD in the BEDI award. The application description must be sufficient to support the basic eligibility of the proposed project and activities for Section 108 assistance. (See Section III (C) of this program section of the SuperNOFA.)

(c) A copy of a pending, unapproved Section 108 loan guarantee application, and any proposed amendments to the Section 108 application which are related to the BEDI application. The applicant's submission of such a BEDI/ Section 108 application shall be deemed by HUD to constitute a request to suspend separate processing of the Section 108 application. The Section 108 application will not be approved until on or after the date of the related BEDI award.

(d) A request for Section 108 loan guarantee assistance (analogous to Section IV (D)(1)(a) or (b) of this BEDI section of the SuperNOFA) that proposes to increase the amount of a previously approved application. However, any amount of Section 108 loan guarantee authority approved before HUD's announcement of a BEDI grant for the same project is not eligible to be used in conjunction with a BEDI grant under this program section.

(2) Further, a Section 108 loan guarantee amount that is required to be used in conjunction with a previously approved BEDI or EDI grant award, whether or not the Section 108 loan guarantee has been approved as of the date of this SuperNOFA, is not eligible for a BEDI award under this SuperNOFA. For example, if a public entity has a previously approved Section 108 loan guarantee commitment of \$12 million, even if none of the funds have been utilized, or if the public entity had previously been awarded a BEDI grant of \$1 million and had agreed to submit a Section 108 loan application for \$10 million in support of that BEDI grant, the public entity's application under this program section of this SuperNOFA must propose to increase the amount of its total Section 108 loan guarantee commitments beyond those amounts to which it has previously agreed. (*i.e.*, the \$12 million or \$10 million Section 108 loan guarantee commitments in this example).

(E) Prohibitions on Use of BEDI and Section 108 Funds. Certain restrictions shall apply to the use of BEDI and Section 108 funds:

(1) BEDI grant funds must not be used as a resource to immediately repay the principal of a loan guaranteed under Section 108. Repayment of principal is only permissible with BEDI grant funds as a matter of security if other sources projected for repayment of principal prove to be unavailable.

(2) Section 108 loan obligations may not be subordinated, directly or indirectly, to federally tax exempt obligations. Pursuant to Office of Management and Budget (OMB) Circular A–129 (Rev.) Appendix A, Sections II.2.c. and d., (Policies for Federal Credit Programs and Non-Tax Receivables), Section 108 guaranteed loan funds may not directly or indirectly support federally tax-exempt obligations.

(3) BEDI grant funds shall not be used in any manner by grantees to provide public or private sector entities with funding to remediate conditions caused by their own actions, where the public entity (or other known prospective beneficiary of the proposed BEDI grant) has been determined responsible for causation and remediation by order of a court or a federal, state, or local regulatory agency, or is responsible for the remediation as part of a settlement approved by such a court or agency. Applicants will be required in the BEDI Narrative Statement described in Section (V)(B) of this program section of the SuperNOFA to indicate that the proposed BEDI project will not be used to provide assistance as prohibited herein.

(4) Applicants may not propose projects on sites which are: (i) Listed or proposed to be listed on EPA's National Priority List (NPL); (ii) subject to unilateral administrative orders, court orders, administrative consent orders or judicial consent decrees issued or entered into by parties under the **Comprehensive Environmental** Response, Compensation, and Liability Act of 1980, as amended (CERCLA); or (iii) subject to the jurisdiction, custody or control of the United States government. Applicants will be required in the BEDI Narrative Statement described in Section (V)(B) of this program section of the SuperNOFA to indicate that the proposed BEDI project will not be undertaken at an ineligible site as provided herein.

(5) BEDI grant assistance cannot be used to leverage a Section 108 loan guarantee approved prior to the date of HUD's announcement of a BEDI grant pursuant to this SuperNOFA. However, the BEDI grant may be awarded before HUD approval of the Section 108 commitment if HUD determines that such award will further the purposes of the Act.

(6) A BEDI award will not be made if the Section 108 request contained in the application (See Section IV(D) of this program section) calls for the use of the Section 108-guaranteed obligation solely as security for other financing on the project.

(F) *Time-frames.* As a condition of any award under this program section, if the related Section 108 application has not been submitted and approved within ten (10) months of written HUD notification of selection for potential funding under this NOFA, HUD may deobligate the BEDI funds. BEDI grant awards will contain conditions requiring grantees to adhere to timeframes mutually agreed on by the applicant/grantee and HUD for implementing proposed projects and drawing Section 108 and BEDI funds. If BEDI grant funds and Section 108 loan proceeds are not disbursed to the applicant within the timeframes specified in the BEDI grant agreement, HUD reserves the right to cancel the award and recapture the BEDI funds.

(G) Limitations on Grant Amounts. (1) HUD expects to approve BEDI grant amounts for approvable applications with a range of ratios of BEDI grant funds awarded to new Section 108 loan guarantee commitments but the minimum ratio will be \$1.00 of Section 108 loan guarantee commitments for every \$1.00 of BEDI grant funds. However, if an applicant proposes a leverage ratio of exactly 1:1, that application, while still meeting the threshold requirement, will not receive any points under the Rating Factor 4, paragraph (1): "Leverage of Section 108 Funds."

To receive points under this Factor, applications will have to exceed the 1:1 minimum ratio, and the higher the ratio the more points will be awarded, to the extent consistent with the points available for Rating Factor 4, paragraph (1). Because the proposed ratio of BEDI funds to Section 108 funds represents an applicant's financial commitment, HUD will condition the BEDI grant award on the grantee's achievement of that specific ratio. Its failure to meet that condition by obtaining timely HUD approval of a commitment for, and issuance of, the required Section 108 guaranteed obligations ratio may result in the cancellation and recapture of all or a proportionate share of the BEDI grant award.

(2) HUD will cap BEDI awards at a maximum of \$2 million per project. An application in excess of \$2 million will be reduced to the extent HUD determines that such a reduction is appropriate.

<sup>1</sup>(3) Åfter selection, but prior to grant award, if HUD determines that an application can be funded at a lesser BEDI grant amount than requested and still be feasible and consistent with the proposed plan and the purposes of the Act, it reserves the right to reduce the amount of the BEDI award and/or increase the required Section 108 loan guarantee commitment.

(4) In the event a BEDI grant is awarded and has been reduced below the original request (*e.g.*, the application contained some activities that were ineligible, exceeded the \$2 million cap, or there were insufficient funds to fund the last competitive application at the full amount requested), the applicant will be required to modify the project plans and application to conform to the terms of HUD approval before HUD will execute a grant agreement.

(5) HUD also may proportionately reduce or deobligate the BEDI award if a grantee does not submit an approvable Section 108 loan guarantee application, issue Section 108-guaranteed obligations and receive loan guarantee proceeds on a timely basis (including any extension authorized by HUD) in the amount required by the BEDI/108 leveraging ratio, which will be approved by HUD as a special condition of the BEDI grant award (see Section IV (F) above of this program section of the SuperNOFA).

(6) Any modifications or amendments to an application approved pursuant to this SuperNOFA, whether requested by the applicant or by HUD, must be within the scope of the approved original BEDI application in all respects material to rating the application, unless HUD determines that the revised application remains within the competitive range and is otherwise approvable under this SuperNOFA competition.

(7) In the case of a requested increase in guarantee assistance for a project with a previously approved Section 108 loan guarantee commitment (as further discussed in Section IV (D)(1)(d), above), the BEDI assistance approved will be based on the increased amount of Section 108 loan guarantee assistance.

(H) *Timing of Grant Awards and Disbursements.* (1) To the extent a full and complete Section 108 application is submitted with the BEDI grant application, HUD will evaluate the Section 108 application immediately following the competition for BEDI grant funds. Note that the 108 application must be submitted to the appropriate HUD field office concurrently with submission to Headquarters.

(2) Notwithstanding any earlier obligation or award of BEDI funds to a grantee, or execution of a grant agreement, HUD will not permit the grantee to draw down BEDI funds before the issuance of the obligations evidencing the related Section 108 guaranteed loan.

(3) Pursuant to the FY 2003 HUD Appropriations Act (under the "Brownfields Redevelopment" heading) and 31 U.S.C. 1552(a), FY 2003 BEDI funds must be obligated (*i.e.*, awarded) by HUD by September 30, 2004, and must be disbursed by HUD to the grantee by September 30, 2009. FY 2002 BEDI funds must be obligated by September 30, 2003 and must be disbursed by HUD to the grantee by September 30, 2008. FY 2001 BEDI funds are not subject to statutory obligation or disbursement deadlines. In all cases, however, HUD reserves the right to require earlier disbursement under a BEDI grant agreement.

(I) Obligation to affirmatively further fair housing. All BEDI grantees are obliged to affirmatively further fair housing, even when the proposed activities do not appear to be directly related to housing. Therefore, applicants that propose to use BEDI funds must include in their applications an explanation of how they propose to

further fair housing opportunities for persons on the basis of race, color, national origin, sex, religion, familial status, or disability. Applicants should respond to this requirement under Rating Factor 2, subfactor (2)(c). Affirmative activities include, but are not limited to: initial and periodic assessments of the extent to which affordable and accessible housing opportunities are provided or denied to persons by race, color, national origin, sex, religion, familial status, or disability; outreach to persons in underserved population groups or advocacy organizations representing such persons; affirmative fair marketing of job or housing opportunities; housing choice; addressing environmental justice concerns; or ensuring that employment, housing and other benefits of the BEDI grant are made available to those individuals and families living at or near the brownfields site prior to its redevelopment.

### V. The Application Selection Process

# (A) Rating and Ranking

(1) Each rating factor and the maximum number of points are provided below. The maximum number of points to be awarded is 104. To be eligible for funding, a BEDI application must obtain a total score of at least 75 points. All applications meeting BEDI program and threshold requirements will be rated under the selection criteria below. Applications must include citations to the specific regulatory subsections supporting eligibility of activities and compliance with National Objectives. (See Section III (C) of this program section of this SuperNOFA). The applicant must also provide narrative statements in response to each of the rating factors below.

(2) All applications meeting BEDI program and threshold requirements will be rated under the selection criteria below. Applications must include citations to the specific regulatory subsections supporting eligibility of activities and compliance with National Objectives. (*See* Section III (C) of this program section of the SuperNOFA). The applicant must also provide narrative statements in response to each of the rating factors below.

Applications will be selected for funding as follows:

(3) All BEDI grant applications that meet threshold requirements will be ranked separately in order of points assigned with the applications receiving more points ranked above those receiving fewer points.

(4) In the event two or more applications are given the same score,

but there are insufficient funds to fund all of the tied applications, the application(s) with the highest score(s) on Rating Factor 3 (Soundness of Approach) shall be selected. If there is still a tie, the following Factors will be considered sequentially, with the application having the high score on that Factor taking precedence until the tie is broken: Rating Factor 1 (Capacity and Experience), Rating Factor 2 (Distress/Extent of the Problem), Rating Factor 4 (Leveraging Resources), and Rating Factor 5 (Achieving Results and Program Evaluation).

(5) Fundable BEDI grant applications must meet the threshold requirements stipulated in Section V of the General Section of this SuperNOFA and be complete as required by the submission requirements of this program section of the SuperNOFA or they will not be ranked. Brownfields economic development projects will be funded in rank order until the total aggregate amount of the applications funded is equal to the maximum amount available in the competition (subject to the limitations described in Section IV(G) above).

#### (B) BEDI Narrative Statement

(1) Applications must contain narrative statements printed in 12 point type, with sequentially numbered pages for the entire application, including forms and exhibits. The BEDI narrative statement must not exceed three (3) 8.5" by 11" pages, doubled-spaced. The BEDI narrative statement should:

(a) Describe the activities that will be carried out with the BEDI grant funds, and explain the nature and extent of the brownfields problem(s) affecting the site and/or structure(s) already on the site;

(b) Describe how the proposed uses of BEDI funds will qualify as eligible activities under 24 CFR 570.703 and meet the National Objectives under 24 CFR 570.208 of the CDBG program. In describing how the proposed uses will meet the National Objectives of the CDBG program and the activity eligibility requirements of the Section 108 program, applications must also include citations to the specific regulatory subsections supporting eligibility of activities and compliance with National Objectives. (See Section III(C) of this program section of this SuperNOFA) and;

(c) Indicate that: (i) the proposed assistance will not be used to provide funding to parties to remediate conditions caused by their own actions for which they have been determined to be legally responsible, as specified in Section IV(E)(3) of this program section; and (ii) that the proposed brownfields site is not ineligible as provided in Section IV(E)(4) of this program section.

(2) The applicant must also provide in narrative form responses to each of the rating factors below.

(C) Factors for Award Used to Evaluate and Rate Applications. HUD will evaluate all applications for funding assistance based on the following factors, the responses to which demonstrate the quality of the proposed project or activities, and the applicant's capacity and commitment to use the BEDI funds in accordance with the purposes of the Act.

(D) *Responses to Rating Factors 1–5.* Responses to Rating Factors 1–5 below shall not exceed fifteen (15) doublespaced pages combined.

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points Maximum)

This factor addresses the extent to which the applicant has the organizational resources necessary to successfully implement the proposed activities in a timely manner. The rating of the "applicant" or the "applicant's organization and staff" will include any subcontractors, consultants, and subrecipients that are firmly committed (see definition in Section III(A)(1) above) to participate in the activities described in the application. In responding to subfactors (1) and (2) of this Factor, applications that merely summarize the amount of funds received, spent or managed will receive fewer points than those providing specific measurable information on program activities undertaken, outcomes of these activities and their accomplishments. In rating this factor, HUD will consider the following:

(1) Applicant Capacity (Up to 10 points). The applicant should demonstrate that it has the organization, the staff and the financial resources in place to implement the specific steps required to successfully carry out its proposed BEDI/Section 108 project. The applicant should offer evidence of this capacity through a description that includes:

(a) Performance in the administration of its CDBG, HOME or other HUD programs, including a description of successfully completed projects and other outcomes or accomplishments under these programs;

(b) Performance, if any, in carrying out economic development projects similar to that proposed, including brownfields economic development or redevelopment projects, if any, and if applicable, the ability to conduct prudent underwriting; (c) Ability to carry out projects and programs in a timely manner. An applicant must address its performance in spending previously awarded HUD and other funds, if any, in a timely manner, including, for CDBG entitlement recipients, the extent to which the CDBG entitlement recipient has met the HUD standard that the total amount of its undisbursed, entitlement grant funds may not be more than 1.5 times the entitlement grant amount for the current program year (see 24 CFR 570.902(a)(1)(i));

(d) If applicable because the applicant has such designation, the capacity to achieve state and local commitments, including maximizing the federal tax benefits made available as a result of a federal Renewal Community/ **Empowerment Zone/Enterprise** Community designation (including Enhanced Enterprise Community (EEC) designation). Applicants that have been designated as a Renewal Community (RC), Empowerment Zone (EZ) or Enterprise Community (EC/EEC) must respond to this subfactor even if the proposed brownfields economic development project is not to be located within the boundaries of the designated RC/EZ/EC; and

(e) An applicant that has previously received a BEDI or an EDI grant award or, within the past five years, a Section 108-guaranteed loan commitment, must describe the status of the implementation of those project(s) assisted with any BEDI or EDI funds or with any Section 108-guaranteed loan funds so approved within the last five years. An applicant must address any delays that have been encountered and the actions it is taking to overcome any such delays in carrying out the project(s) in a timely manner. For any such previously funded BEDI or EDI grant projects, or for those Section 108 guaranteed-loan projects committed within the past five years, HUD will award more rating points for applications providing evidence of achievement of specific measurable outcomes in carrying out approved activities funded with such guaranteed loan and/or grant funds.

If any of the rating criteria listed under (a) through (e) above do not apply to an application, the rating for this subfactor (1) shall be based solely upon the other applicable criteria.

(2) Partner Capacity (Up to 10 points). In response to this subfactor (2), the applicant should describe the experience and performance of subrecipients, private developers and other businesses, nonprofit organizations (including grassroots faith-based and other community-based organizations), and other entities, if any, that have a role in implementing the proposed BEDI/108 program. Applicants are encouraged to identify specific economic development or other projects undertaken by each entity, which reflect the capacity of each entity to fulfill its responsibilities under the proposed brownfields economic development project, including the location, scale, and timeframe for completion of other relevant projects. If there are no third parties participating with the applicant in the proposed project, points under this subfactor (2) will be allocated under subfactor (1) and added to the maximum points possible under subfactor (1).

Experience will be judged in terms of recent (*i.e.*, within the past 5 years) and successful performance of activities relevant to those proposed in the BEDI application. The more recent and extensive the experience is, the greater the number of points that will be awarded for this Factor.

In addition to the application, HUD also may rely on information at hand or available from public sources such as newspapers, from performance and/or monitoring reports, Inspector General or Government Accounting Office reports or findings, hotline complaints that have been proven to have merit, audit reports and other reliable public information in rating this Factor.

# Rating Factor 2: Distress/Extent of the Problem (20 Points Maximum)

This Factor addresses the extent to which there is need for funding the proposed activities based on levels of distress in both the jurisdiction of the public entity that is the applicant *and* the geographic or target area that will benefit from the project. In responding to this Factor, applications will be evaluated on the extent to which the level of distress for the target area is documented and compared with national data and data for the jurisdiction.

(1) In applying this Factor, HUD will consider current levels of distress defined in standard geographic terms in the target area, as defined by the applicant. This may be Census Tract(s) or Block Groups immediately surrounding the project site up to a radius of one-half mile; or it may be the target area proposed to be served by the project. HUD will also consider the current levels of distress in the applicant public entity's jurisdiction. The applicant should describe the nature of the distress that the project is designed to address and the rationale for its definition of the area to be benefited. Examples of project beneficiaries may include: (a) those receiving or using

products or services produced by the project, and (b) those employed by the project.

To the extent that the applicant's Consolidated Plan, its Analysis of Impediments to Fair Housing choice (AI), and/or its Anti-Poverty Strategy found therein identify the level of distress in the jurisdiction and the neighborhood in which the project is to be carried out, references to such documents should be included in preparing the response to this Factor. Applications that fail to reference these sources will receive fewer points under this Factor.

Notwithstanding the above, an applicant proposing a project to be located outside the area for which benefit is claimed could still receive points under this Factor if a clear rationale is provided linking the proposed project location and the benefits to be derived by persons living in the target area.

(2) Applicants should provide data that address the following specific indicators of distress:

(a) Poverty Rate (Up to 5 points). Data should be provided in both absolute and percentage form (*i.e.*, whole numbers and percents) for both the target area and the applicant's jurisdiction as a whole; an application that compares the local poverty rate in the following manner to the national average at the time of submission will receive points under this section as follows:

(i) Less than the national average, but with a poverty rate in the target area that is greater than the applicant's jurisdiction: 2 points;

(ii) Equal to or greater than, but less than twice, the national average: 3 points;

(iii) Equal to or greater than twice the national average: 5 points.

(b) Unemployment Rate (Up to 5 points). An application that compares the local unemployment rate for the applicant's jurisdiction and the target area in the following manner to the national average at the time of submission will receive points under this Section as follows:

(i) Less that the national average, but with an unemployment rate in the target area that is greater than the applicant's jurisdiction: 2 points;

(ii) Equal to or greater than, but less than twice, the national average: 3 points;

(iii) Equal to or greater than twice the national average: 5 points.

(c) Consolidated Plan and Analysis of Impediments to Fair Housing Choice (Up to 5 points). Describe any unmet needs as identified in the jurisdiction's Consolidated Plan and, pursuant to Section IV(I) of this program section of the SuperNOFA, any impediments to fair housing identified in the jurisdiction's Analysis of Impediments to Fair Housing Choice that will be directly addressed by the proposed project.

(d) Other Indicators of Social and/or Economic Decline (Up to 5 points). Applicants should provide other indicators of social or economic decline that best capture the applicant's local situation. Examples that could be provided under this section include information demonstrating the target area and the jurisdiction's stagnant or falling tax base, including recent (within the last three years) commercial or industrial closings, downturns or layoffs; housing conditions, such as the number and percentage of substandard and/or overcrowded units; rent burden (defined as average housing cost divided by average income) for both the target area and jurisdiction; local crime statistics. The response to this subfactor (d) should paint a portrait of the extent of need and distress in the target area and jurisdiction.

HUD requires use of sound and reliable data (*e.g.*, U.S. Census data, state statistical reports, university studies/reports that are verifiable) to support distress levels cited in each application. A source for all information along with the publication or origination date must also be provided. Updated Census data are available as follows for the listed indicators:

Unemployment rate—estimated monthly for counties, with a two-month lag;

Poverty rate—estimated every two years, with a three-year lag, with 2000 being the most recent available.

In rating applications under this Factor, HUD reserves the right to consider sources of available objective data other than, or in addition to, those provided by applicants, in order to compare such data to those provided by applicants.

#### Rating Factor 3: Soundness of Approach (35 Points Maximum)

This factor addresses the quality and cost-effectiveness of the proposed plan for the brownfields economic development project. Brownfields economic development projects that do not involve new investments by an identified private sector party and that do not result in near-term, measurable economic benefits, such as projects that involve only the preparation of a site for potential redevelopment by an unidentified party, or the capitalization of a loan pool for loans to unidentified borrowers, will receive fewer points under this Factor. The relationship between the proposed eligible activities, community needs and purposes of the program funding must be clearly described, as set forth below, in order to receive points for this Factor. In rating this Factor, HUD will consider the following:

(1) Consistency/Appropriateness of Proposed Activities with Identified Needs (Up to 8 points). The applicant should address the extent to which the proposed plan for use of BEDI grant/ Section 108-guaranteed loan funds will address the needs described in Rating Factor 2 above, regarding the distress and extent of the problem in the target area or area to be benefited and the longterm benefit for current residents of the target area. The applicant should provide a clear and quantified explanation of this relationship. As part of the response to this Factor, an applicant should also fully describe:

(a) How the project will achieve one of the National Objectives under the Community Development Block Grant program (see 24 CFR 570.208) and the eligible activities that will be carried out under 24 CFR 570.703, including citations to the specific regulatory subsections supporting eligibility of activities and compliance with National Objectives; and

(b) How the project will address the following policy priorities:

(i) For all BEDI projects, the extent to which the proposed project will improve the quality of life in the nation's communities, by bringing private capital to distressed communities; and

(ii) For BEDI projects that include the construction or rehabilitation of housing:

(A) The extent to which the project will increase affordable housing and homeownership opportunities for lowand moderate income persons, the disabled, the elderly, minorities and families where English may be the second language, whether through the provision of housing or employment which will enable residents to access affordable housing and have a choice of such housing in environmentally healthy and revitalized neighborhoods; and

(B) The extent to which the project will encourage accessible design features for persons with disabilities.

(2) Feasibility and Demonstrable Benefits (Up to 15 points). In responding to this subfactor (2), the applicant should demonstrate the extent to which the redevelopment plan for the brownfields site is logical, feasible and likely to achieve its stated purpose. Applicants are reminded that HUD's intention is to fund brownfields economic development projects and activities that will quickly produce measurable economic benefits and advance the purposes of the BEDI program. The applicant's response should demonstrate the extent to which the project is "ready to go," meaning that the project is likely to be completed within three to five years from the date of the BEDI award and will produce near-term, measurable economic benefits. Points for this subfactor will be awarded in two parts, for the following:

(a) Implementation Steps (Up to 8 points). The applicant's response should discuss the extent to which the redevelopment plan demonstrates a clear understanding of each of the steps required to implement the brownfields economic development project, including the actions that all parties responsible for implementing the project must complete. The applicant's response to this subfactor should address:

(i) Environmental Investigation. This subfactor (i) will consider the extent to which the redevelopment plan takes into account environmental issues typical of many brownfields remediation efforts. Proposed projects on sites where the nature and degree of environmental contamination is not well-quantified, where no environmental investigation has commenced, or that are the subject of on-going litigation or environmental enforcement actions will receive fewer points under this subfactor (i). Similarly, fewer points will be awarded to proposed projects at sites with exceptionally expensive contamination problems that may be beyond the scope of the BEDI and Section 108 programs' financial resources or other resources firmly committed to the project as described in the application, and sites subject to pending and current litigation that may not be available for remediation and development or redevelopment in a time-frame that will produce near-term and measurable economic benefits through the use of BEDI and Section 108 funds.

(ii) Site Control. This subfactor (ii) will consider the extent to which control of the proposed project site has been secured or is being sought.

(iii) Regulatory and Other Approvals. This subfactor (iii) will consider the extent to which any required zoning classifications, environmental regulatory approvals, waivers, general and special use permits, assessment district designations, public easements or rights-of-way have been secured or are being sought. (iv) User Agreements. This subfactor (iv) will consider the extent to which any development agreements, leases, memoranda of understanding or other agreements integral to the success of the project have been secured or are being sought.

(b) Timing and Delivery of Project Benefits (Up to 7 points). The applicant's response should set forth the strategy and schedule for the delivery of the project's measurable economic benefits.

(i) Project Benefits. The response to this subfactor (i) should include a full description of the problem (e.g., the extent of environmental contamination, the need for jobs, the shortage of affordable housing, etc.) and the measurable economic benefits that will accrue from the project (*e.g.* the number of permanent jobs, the amount of commercial or industrial space to be created, the number of housing units to be provided, etc.). The response to this subfactor (i) must also include the time frame in which the measurable economic benefits are to be delivered. For multi-phase projects, the response to this Factor must clearly delineate the different phases of the project and indicate whether or not they are to be funded by BEDI/Section 108 funds. Brownfields economic development projects that provide near-term, measurable economic benefits directly through the creation or retention of jobs will receive a greater number of points under this subfactor (i). BEDI projects that utilize innovative construction techniques, technologies or other strategies in order to achieve increased energy efficiency will also receive a greater number of points under this subfactor (i).

(ii) Project Schedule. The applicant should provide a specific time schedule (with both beginning and end dates) for carrying out the project and identify interim measurable benchmarks (acquisition, site improvements, construction, etc.) to be accomplished. The applicant should also include a proposed schedule for drawing down all funds necessary to complete the project, including BEDI and Section 108 funds.

A timeline form is provided in Appendix A to this program section of the NOFA for the purpose of illustrating the project schedule, but HUD will consider the timeline form only as an illustration of the narrative response to this subfactor (ii).

(3) Section 108 Application (Up to 2 points). BEDI applications accompanied by a full and complete Section 108 application will receive up to two (2) points for this subfactor (3). BEDI applications accompanied by a copy of

a currently pending but unapproved Section 108 loan guarantee application for the same project described in the BEDI application will also receive up to two (2) points under this subfactor (3).

(4) Financial Feasibility/Need (Up to 10 points). The applicant should demonstrate the extent to which the project is financially feasible based on its proposed use of BEDI and Section 108 funds. In responding to this subfactor (4), applicants are encouraged to accompany their narrative response, as appropriate, with a development and operating pro forma or similar analysis of the proposed project financing. Such pro forma or other financial analysis will not be counted in the fifteen page limitation on the narrative response to the Rating Factors as provided in Section V (D) of this program section. In the narrative response, applicants must clearly address the question of why the BEDI funds are critical to the success of this project by providing the following items, as applicable:

(a) Project Costs and Financial Requirements. A funding sources and uses statement should be provided that specifies the source of funds for each identified use or activity, along with the derivation of project costs;

(b) Use of BEDÍ and Section 108 Funds. The applicant should discuss the critical gaps that exist in the financing of the proposed project, why those gaps exist and how the BEDI and Section 108 funds will be used to fill those gaps; and

(c) Funding Criteria. The applicant should describe the criteria used for determining funding need and feasibility.

### **Rating Factor 4: Leveraging Resources** (15 Points Maximum)

In evaluating this factor, HUD will consider the extent to which the response demonstrates the likelihood that the project will leverage both Section 108 loan and other public or private funds as part of the total project resources. This factor has two subfactors, each with its own maximum point total:

(1) *Leverage of Section 108 funds* (Up to 8 points).

The minimum ratio of Section 108 funds to BEDI funds in any project may not be less than 1:1. Points will be awarded based upon the extent to which the proposed project leverages an amount of Section 108 funds greater than a 1:1 ratio. If the application has a ratio of 1:1, it will not receive any points under this subfactor. The higher the ratio of additional new Section 108 funds to BEDI funds proposed in an application, the more points it will receive under this subfactor, within the points available hereunder. (See Section IV (G)(1) and (5) of this program section of the SuperNOFA regarding the conditioning of BEDI awards on achievement of a specific BEDI/Section 108 leveraging ratio.)

(2) *Leverage of Other Financial Resources* (Up to 7 points).

HUD will evaluate the extent to which other funds (public or private) are leveraged by BEDI grant funds, and the extent to which such other funds are firmly committed to the project. This could include the use of CDBG funds, other federal or state grants or loans, local general funds, project equity or commercial financing provided by private sources or funds from nonprofits or other sources. Funds will be considered committed to the project if they meet the definition of "Firm Commitment'' found in Section III(A)(1) above, and may be subject to completion of any environmental review required under 24 CFR part 58 for the project. In order for an applicant's commitment of CDBG funds to be accepted by HUD as additional financing for a project, a resolution from the local governing body (*e.g.*, city/borough council) authorizing the amount and permitted use(s) of the funds must be provided. Additionally, with respect to all commitments, in order for a commitment to receive points under this Factor—such as a commitment to donate or purchase real property or to provide in-kind services—the party making the commitment must assign a monetary value to the commitment and provide the basis for that value.

### Rating Factor 5: Achieving Results and Program Evaluation (10 Points Maximum)

This factor emphasizes HUD's commitment to ensuring that applicants maintain commitments made in their application and assess their performance to ensure that performance goals are met. The applicant's response to this Factor should identify: (1) Project outcomes for the proposed BEDI project; (2) interim benchmarks of the project; and (3) performance indicators that will allow the applicant to measure its performance in achieving the identified interim benchmarks and the project outcomes. Achieving results means that the applicant has clearly identified the outcomes of the brownfields economic development project, *i.e.*, the measurable economic benefits to be achieved. The applicant must also identify the interim benchmarks that will lead to the achievement of the project outcomes. The performance indicators selected by the applicant to measure performance should be

objectively quantifiable and measure actual achievements against anticipated achievements. The response to this Factor should identify what will be measured, how it will be measured, and the procedures that are in place to make adjustments if performance targets for the interim benchmarks or the project outcomes are not met within established timeframes. BEDI grant agreements will provide for a periodic report by the grantee on the progress of the grantee in achieving the interim benchmarks and project outcomes of the BEDI project, until such time as the project outcomes are achieved.

In response to this Factor, applicants are encouraged to address any of the following applicable outcomes or ultimate goals identified by HUD for BEDI projects: The number of jobs to be created or retained; the amount of increased wages resulting from the creation or retention of jobs; the number of housing units to be constructed or rehabilitated; the total square feet of commercial and industrial space to be created; the total number of low- and moderate-income persons to benefit from the project; the total number of businesses assisted by the project; the number of acres of brownfields returned to productive economic use; and any increased land value as a result of the BEDI project. Applicants may also propose alternative or additional outcomes or goals related to other benefits expected for the neighborhood or for persons assisted, as part of the evaluation plan. A logic model is provided in the General Section of the SuperNOFA for the purpose of illustrating the evaluation plan, but HUD will consider the logic model only as an illustration of the narrative response to this Factor.

### **Bonus Points**

An application may receive up to four (4) bonus points, until the maximum of four points are achieved. Two bonus points may be awarded for each of the following:

(a) Projects that are located either in federally-designated Empowerment Zones, Enterprise or Renewal Communities, or Strategic Planning Communities (See Section VI (C)(2) of the General Section of the SuperNOFA) for advice on locating a list of designated communities);

(b) Projects that are located in Brownfields Showcase Communities designated by EPA. A list of the federally designated Brownfield Showcase Communities is listed in Appendix B of this program section of the SuperNOFA and is also available from the SuperNOFA Information Center or through the HUD Web site, *http://www.hud.gov.* 

### VI. Application Submission Requirements

(A) *BEDI Funding.* An application for a BEDI grant under this program section of the SuperNOFA must have the following items listed in this Section VI to be complete. The standard forms, certifications and assurances that are required for the BEDI application (and listed in paragraph (I) below) can be found in Appendix B to the General Section. The remaining application items that are forms (*i.e.*, excluding such items as narratives or letters, etc.), referred to as the "non-standard forms", can be found in Appendix A to this program section of the SuperNOFA.

(B) *Transmittal Letter* signed by the authorized representative of the eligible applicant indicating that it is submitting the application for funding under the Brownfields Economic Development Initiative Program and is requesting funding consideration for a BEDI project.

(Ć) Checklist and Submission Table of Contents indicating the page numbers where the submission items can be found in the application (form HUD– 40076–A EDI/BEDI).

(D) *BEDI Narrative Statement* (not to exceed 3 pages) describing BEDI-funded eligible activities within the proposed project and indicating that funding will not be used for a prohibited purpose and that the proposed site for the project is not ineligible under the BEDI program. (See Section V (B) of this program section.)

(Ĕ) *EDI/BEDI/Section 108 Funding Eligibility Statement.* A completed EDI/ BEDI Section 108 Funding Eligibility Statement (form HUD–40076–E EDI/ BEDI).

(F) Request for Loan Guarantee Assistance. A request for loan guarantee assistance under Section 108, as further described in Section IV (D) of this program section of the SuperNOFA. Full application guidelines for the Section 108 program are found at 24 CFR 570.704.

(G) Narrative Responses to Factors for Award (not to exceed 15 pages overall):

(1) Rating Factor 1: Capacity and Relevant Organizational Experience. Provide a narrative indicating the capacity of the applicant's organization and staff and any third parties to perform the work for which it is requesting funding.

(2) Rating Factor 2: Need Statement Identifying the level of Distress/Extent of the Problem. Provide a narrative statement including any documentation supporting the statement of need, accompanied by a completed form HUD–40076–B EDI/BEDI.

(3) Rating Factor 3: Soundness of Approach. Include the activities, budget and time frame for conducting activities and providing project benefits in the narrative response, accompanied by form HUD 40076–C EDI/BEDI.

(4) Rating Factor 4: Leveraging Resources. The response must include a completed copy of form HUD–40076–D EDI/BEDI, "Rating Factor 4: Leveraging Resources—Sources and Uses Statement," accompanied by any letters of firm commitment as defined in Section III (A)(1) of this program section.

(5) Rating Factor 5: Achieving Results and Program Evaluation: Provide a narrative response to this factor, accompanied by the logic model provided in the General Section of the SuperNOFA.

(H) *Request for Funds.* A single application must contain a request for funds for a single BEDI/108 project. An applicant may submit an additional application for each additional unrelated BEDI/108 project, but in no event will HUD rate and rank more than one BEDI project per application.

(I) Additional Application Forms and Certifications. In addition to any forms that have been submitted in response to Section VI (A) through (H) above (which may be found at Appendix A), the following forms and certifications must also be submitted in accordance with Section V (H) of the General Section of this SuperNOFA:

(1) Application for Federal Assistance (HUD–424);

(2) Federal Assistance Funding Matrix (HUD 424–M);

(3) Standard Form for Assurances— Non-Construction Programs (HUD 424-B) and/or Standard Form for Assurances—Construction Programs (SF 424–D): not required for BEDI applications since the "Leveraging Resources—Sources and Uses Statement" serves the same purpose as a budget form, but must be submitted with the Section 108 application. Since these forms contain assurances of compliance with civil rights and other regulatory requirements, BEDI applicants may elect to provide the signed assurances either with the BEDI or the Section 108 application, if the latter is submitted with the BEDI application.

(4) Applicant/Recipient Disclosure/ Update Report, HUD–2880;

(5) Certification of Consistency With EZ/EC Strategic Plan, HUD–2990.

These forms are found in the Appendix B to the General Section of this SuperNOFA. The non-standard forms for the BEDI applications are in Appendix A to this program section.

If an applicant wishes to receive an acknowledgment of HUD's receipt of its application, it should submit a completed Acknowledgment of Receipt of Application form.

#### VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

## **VIII. Environmental Requirements**

(A) Environmental Reviews. After the completion of this competition and after HUD's award of BEDI grant funds, pursuant to 24 CFR 570.604, each project or activity assisted under this program is subject to the provisions of 24 CFR part 58, including limitations on the BEDI grantee and Section 108 public entity's commitment of HUD and non-HUD funds prior to the completion of environmental review, notification and release of funds. No such assistance will be released by HUD until a request for release of funds is submitted and the requirements of 24 CFR part 58 have been met. All public entities, including non-entitlement public entities, shall submit the request for release of funds and related certification, required pursuant to 24 CFR part 58, to the appropriate HUD field office for each project to be assisted.

(B) Environmental Justice. (1) Executive Order 12898 (Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations) directs federal agencies to develop strategies to address environmental justice. Environmental justice seeks to rectify the disproportionately high burden of environmental pollution that is often borne by low-income, minority, and other disadvantaged communities, and to ensure community involvement in policies and programs addressing this issue.

(2) Brownfields are often located in distressed neighborhoods, contribute to neighborhood blight, and lower the quality of social, economic, and environmental health of communities. The BEDI program is intended to promote the clean up and redevelopment of brownfields sites and HUD expects that projects presented for BEDI funding will integrate environmental justice concerns and provide measurable economic benefits for affected communities and their current residents for the long term. -

# IX. Authority

Section 108(q), Title I, Housing and Community Development Act of 1974, as amended, (42 U.S.C. 5301); 24 CFR

part 570. Appendices. Appendix A, the non-standard forms for the BEDI application,

and Appendix B, a listing of federally designated Brownfields Showcase Communities, follow.

Appendix A

OMB Approval No. 2506-0153 (exp.8/31/2004)

# CHECKLIST AND SUBMISSION TABLE OF CONTENTS

The following checklist helps you to ensure that all of the required items have been submitted in order to receive consideration for funding. The applicant should assemble the application package in the order shown below, check off each item included in its submission package and note the corresponding page number where the response is located.

Check <u>Off</u>		Page <u>Number</u>						
	Application for Federal Assistance (HUD-424)							
	Transmittal Letter							
	Checklist and Submission Table of Contents	p. 1						
	Applicant Narrative Statement (3 pages)	p						
	EDI/BEDI/108/CDBG Funding Eligibility Statement form (2 pages)	p						
	Request for Loan Guarantee Assistance (check off one of the four options)	p						
	Formal application							
	Brief description; formal application to be submitted in 60 days							
	Copy of previously submitted, but not yet approved, Section 108 application.							
	Request for Section 108 loan guarantee amendment to increase previously approved amount							
	Response to Rating Factors							
	#1 Capacity of the Applicant and Relevant Organizational Experience	p						
	#2 Distress/Extent of the Problem	p						
	Distress/Extent of the Problem form (optional)	p						
	#3 Soundness of Approach	p						
	Project Timeline form	p						
	#4 Leveraging Resources/Financial Need	p						
	Sources and Uses Statement form	p						
	#5 Results and Program Evaluation	p						
	Application Forms and Certifications							
	Section 108 Certifications	p						
	Applicant Assurances and Certifications (HUD-424B)							
	Certification and Disclosure Form Regarding Lobbying (SF-LLL)	p p						
	Applicant/Recipient Disclosure Update Report (HUD-2880)							
	Certification Regarding Debarment & Suspension (HUD-2992)							
	Certification of Consistency with EZ/EC Strategic Plan (HUD-2990)							
	Certification of Consistency with the Consolidated Plan (HUD-2991) <u>Appendices</u>							
	Written Agreements or Signed Letters of Understanding - Rating Factor 1	p						
	Third Party Funding Commitment Letters - Rating Factor 4, subfactor 3	p last page						
	Acknowledgment Application Receipt							

form HUD-40076-A EDI/BEDI (exp.8/2004) Previous editions obsolete

# RATING FACTOR 2: DISTRESS/EXTENT OF PROBLEM (optional form)

Applicant: \_\_\_\_\_

Project Name/Title: \_\_\_\_\_

**Instructions:** The applicant is required to provide information related to the poverty rate for the Target Neighborhood (the area in which EDI/BEDI assistance will be used) and the larger jurisdiction. In addition, the applicant may include optional indicators such as the unemployment rate, median income of persons living in the area, or other indicators of the applicant's choosing. A data source and date are required for each indicator. Use of data from the applicant's Consolidated Plan and/or its Analysis of Impediments to Fair Housing Choice (AI) is encouraged.

Required Indicator	Target <u>Neighborhood</u>	Jurisdiction	Data Source & Da	te
1 Poverty Rate		AF2-11-1-		

	Optional Indicators	Target <u>Neighborhood</u>	Jurisdiction	Data Source & Date
2	Unemployment	-		
3	Median Income			
4			<u></u>	
5				
6				
7				
8				

Definitions: Describe how the areas are defined (i.e., city boundaries, census tracts, zip codes, etc.)

Neighborhood: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

form HUD-40076-B EDI/BEDI(exp.8/2004) Previous editions obsolete

# RATING FACTOR 3: SOUNDNESS OF APPROACH PROJECT TIMELINE

Applicant: \_\_\_\_

Project Name/Title: \_\_\_\_\_

Instructions: Identify and list each major task/activity associated with the project. Darken appropriate boxes for quarter(s) when task/activity will occur. Fill in the amount of EDI/BEDI/108 funds associated with each task/activity in column labeled EDI/BEDI/108 Funds for Task." Fill in the amount of other sources of funding associated with each task in the column labeled "Other Funds." If the project extends beyond the timeframe indicated on the form, please attach justification/description of project term. Use as many as you need to show beginning -- end timeframes for all phases.

\_\_\_\_\_

Γ														EDI/BEDI/	Other
				ar 1				ar 2				ar 3		108 Funds	Funds
	Tasks/Activities	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	<u>for Task</u>	<u>for Task</u>
	EXAMPLE: Construction													\$1,500,000	\$2,500,000
				1998			9996	86666	9999	99999			00000		
1															
										99393					
2															
3															
4															
-															
5															·
							1944		9999						
7															
						8668									
8															
										4944					
9															
				5050											
10															
11															
				9999		9999									
12															
										<u>9999</u>		493999			
L	TOTAL														

form HUD-40074-C EDI/BEDI (exp.8/2004) Previous editions obsolete

# RATING FACTOR 4: LEVERAGING RESOURCES/FINANCIAL NEED SOURCES & USES STATEMENT

Applicant: \_

Project Name/Title:

Sources	Amount	<u>Uses</u> <u>Amount</u>
Federal		Acquisition of Real Property
EDI or BEDI (circle one)		Construction/Rehab
Section 108		(excl. infrastructure & remediation)
CDBG		Infrastructure
		Remediation
		M&E
		Working Capital
State/Local		Creation of Loan Fund for
		ED Activities
		Project Delivery Costs
		Contingency
		Loan Loss Reserve
		Land Writedown
		Interest Rate Writedown
Private (include debt financing		Credit Enhancements
Equity		
TOTAL:		TOTAL:

**Instructions:** Fill in the dollar amounts corresponding to each project source in the **Amount** column on the left half of the table. Sources of funding not listed should be added under the relevant category (Federal, State/Local, Private). For each of the project uses (on the right half of the table), fill in the dollar amount to be spent in the Amount column. Add additional uses in the blank lines at the bottom of the Uses column.

> form HUD-40076-D EDI/BEDI(exp.8/2004) Previous editions obsolete

# EDI/BEDI/SECTION 108/CDBG FUNDING ELIGIBILITY STATEMENT Page 1 of 2

Applicant: \_\_

Project Name/Title: \_\_\_\_\_

<u>Instructions</u>: The applicant should first enter the total project cost (line 16). Then, working backwards, the applicant should enter the total costs paid with CDBG (line 14) and non CDBG-related funds (line 15). These two amounts should equal the total listed in line 16. Next, the applicant should enter dollar amounts on lines 1-13 in order to demonstrate among which eligible activities the EDI/BEDI, Section 108 or CDBG funds are to be allocated.

Eligible Activities 1/	EDI or BEDI	Section 108	CDBG_2/	Total
1 Acquisition of Real Property 24 CFR 570.703(a)				
2 Rehabilitation of Publicly Owned Real Propert 24 CFR 570.703(b)	y			
3 Payment of Interest 24 CFR 570.703(c)				
4 Relocation Payments 24 CFR 570.703(d)				
5 Clearance, Demolition, Removal 24 CFR 570.703(e)				
6 Site Preparation 24 CFR 570.703(f)				
7 Payment of Issuance Fees 24 CFR 570.703(g)				
8 Housing Rehabilitation 24 CFR 570.703(h)				
* 9 Economic Development Activities 24 CFR 570.703(i) (and 570.203/.204)				
10 Construction of Housing 24 CFR 570.703(j)				
11 Debt Service Reserve 24 CFR 570.703(k)				
12 Public Facilities 24 CFR 570.703(l)				
13 Public Facilities - Colonias 24 CFR 570.703(m)				
14 Subtotal				
15 Costs Paid with Non CDBG-Related Funds				
16 Total Project Costs 3/				

1/ The eligible Section 108 activities are defined in detail at 24 CFR 570.703.

2/ CDBG grants and program income other than EDI, BEDI or Section 108.

3/ This figure should match the total provided on the Sources & Uses statement.

# EDI/BEDI/SECTION 108/CDBG FUNDING ELIGIBILITY STATEMENT Page 2 of 2

Applicant: \_\_\_\_

Project Name/Title: \_\_\_\_\_

National Objective 1/								
	Single Project (check o	one only)	Loan Fund (check all that apply)					
	Low-Mod Area Benefit	24 CFR 570.208(a)(1)		Low-Mod Area Benefit	24 CFR 570.208(a)(1)			
	Low-Mod Limited Clientele	24 CFR 570.208(a)(2)		Low-Mod Limited Clientele	24 CFR 570.208(a)(2)			
	Low-Mod Area Housing	24 CFR 570.208(a)(3)		Low-Mod Area Housing	24 CFR 570.208(a)(3)			
	Low-Mod Job Creation/Retention	24 CFR 570.208(a)(4)		Low-Mod Job Creation/Retention	24 CFR 570.208(a)(4)			
	Slum/Blight Area Basis	24 CFR 570.208(b)(1)		Slum/Blight Area Basis	24 CFR 570.208(b)(1)			
	Slum/Blight Spot Basis	24 CFR 570.208(b)(2)		Slum/Blight Spot Basis	24 CFR 570.208(b)(2)			
	Slum/Blight Urban Renewal	24 CFR 570.208(b)(3)		Slum/Blight Urban Renewal	24 CFR 570.208(b)(3)			
	Urgent Need/Imminent Threat	24 CFR 570.208(c)		Urgent Need/Imminent Threat	24 CFR 570.208(c)			

Public Benefit
<u>PLEASE NOTE</u> : This section is applicable only to projects which plan to spend funds on eligible economic development activities as defined by 24 CFR 570.703(i).
A. If this project will meet the public benefit standard based upon the number of jobs to be created [see 570.209(b)(3)(i)(A)], enter the total number of jobs:
B. If this project will meet the public benefit standard based upon the number of low- and moderate-income persons served in the project area [see 570.209(b)(3)(i)(B)], enter the number of low- and moderate-income persons living in the project area:

1/ The CDBG national objectives are defined in detail at 24 CFR 570.208.

form HUD-40076-E EDI/BEDI(exp.8/2004) Previous editions obsolete SECTION 108 LOAN GUARANTEE State Certifications Related to Nonentitlement Public Entities U.S. Department of Housing and Urban Development Office of Community Planning and Development

# Pursuant to 24 CFR §570.704(b)(9), the SECTION 108 LOAN GUARANTEE

# State Certifications Related to Nonentitlement Public Entities

State of \_\_\_\_\_\_, with regard to the Section 108 Loan guarantee application submitted by the \_\_\_\_\_\_ (Nonentitlement Public Entity), certifies that:

- (i) It agrees to make the pledge of grants required under 24 CFR §570.705(b)(2).
- (ii) It possesses the legal authority to make such pledge.
- (iii) At least 70 percent of the aggregate use of the CDBG grant funds received by the State, guaranteed loan funds, and program income during the one, two, or three consecutive years specified by the State for its CDBG program will be for activities that benefit low and moderate income persons.
- (iv) It agrees to assume the responsibilities described in 24 CFR §570.710.

Signature

Name

Title

Date (mm/dd/yyyy)

form HUD-40122 (05/2002)

#### Appendix B

### Federally Designated Brownfields Showcase Communities

- The following lists Federally Designated Brownfield Showcase Communities:
- (1) Baltimore, Maryland
- (2) Cape Charles/Northhampton County,
- Virginia
- (3) Chicago, Illinois(4) Dallas, Texas
- (5) Denver, Colorado
- (6) Des Moines, Iowa
- (7) East Palo Alto, California
- (8) Eastward Ho (Consortium), Florida (8) Gila River Indian Community, Arizona (9) Glen Cove, New York (10) Houston, Texas(11) Jackson, Mississippi (12) Kansas City, Kansas/Missouri (13) Los Angeles, California (14) Lowell, Massachusetts (15) Metlakatla Indian Community, Alaska (16) Milwaukee, Wisconsin(17) Mystic Valley Development Commission, Massachusetts (Cities of Everett, Malden and Medford) (18) New Bedford, Massachusetts
- (19) Niagara Region, New York (Cities of Buffalo, Niagara Falls, Counties of Niagara and Erie) (20) Portland, Oregon (21) State of Rhode Island (22) St. Louis, Missouri/East St. Louis, Illinois (23) St. Paul, Minnesota (24) Salt Lake City, Utah (25) Seattle/King County, Washington (26) Stamford, Connecticut (27) Trenton, New Jersey BILLING CODE 4210-32-P

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# SELF-HELP HOMEOWNERSHIP OPPORTUNITY PROGRAM (SHOP)

Billing Code 4210-32-C

# Funding Availability for Self-Help Homeownership Opportunity Program (Shop)

## **Program Overview**

Purpose of the Program. To facilitate and encourage innovative homeownership opportunities through self-help housing where the homebuyer contributes a significant amount of sweat-equity toward the construction of the new dwelling.

*Available Funds.* \$25,085,875 in Fiscal Year 2003 funds.

*Eligible Applicants.* You must be a national or regional nonprofit organization or consortium.

Application Deadline. July 3, 2003. Match. None.

#### Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following additional information:

### I. Application Due Date, Standard Forms, Further Information, and Technical Assistance

*Application Due Date.* Applications for SHOP grants are due on or before July 3, 2003.

Application Submission Procedures. Applicants must follow the specific Mailing and Receipt Procedures and Proof of Timely Submission located in the General Section of this SuperNOFA.

Address for Submitting Applications. Submit one original and two copies of the application to Department of Housing and Urban Development, Office of Community Planning and Development, Processing and Control Unit, 451 Seventh Street, SW, Room 7251, Washington, DC 20410, ATTN: Self-Help Homeownership Opportunity Program (SHOP).

For Application Forms. Only national and regional nonprofit organizations and consortia are eligible to apply for SHOP funding under this NOFA. This notice contains all the information necessary for submission of your application. Consequently, there is no separate application kit. Copies of the standard forms are located in the General Section of this SuperNOFA or you may request copies by calling HUD's SuperNOFA Information Center at: 1–800–HUD–8929. If you have a hearing or speech impairment, please call the Center's TTY number at 1-800-HUD–2209. When requesting standard forms, you should refer to SHOP and provide your name and address (including zip code) and telephone number (including area code). See Section VI for application submission

requirements. You may also access the application requirements on the Internet through HUD's Web site at *http://www.hud.gov/grants.* 

Further Information and Technical Assistance. You may contact Ms. Lou Thompson, Office of Affordable Housing Programs, Department of Housing and Urban Development, Room 7164, 451 Seventh Street, SW., Washington, DC 20410; telephone (202) 708–2684, ext. 4594 (this is not a tollfree number). This number can be accessed via TTY by calling the Federal Information Relay Service Operator at 1–800–877–8339.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you should consult the HUD Web site at http://www.hud.gov/grants.

### **II. Amount Allocated**

The amount available for this program is \$25,085,875.00 in Fiscal Year 2003 Funds. Any unobligated funds from previous competitions or additional funds that may become available, as a result of deobligation or recaptures from previous awards or budget transfers, may be used in addition to the Fiscal Year 2003 appropriation to fund applications submitted in response to this NOFA.

### **III. Program Description; Eligible Applicants; Eligible Activities**

(A) *Program Description.* SHOP funding is intended to facilitate and encourage innovative homeownership opportunities on a national geographically-diverse basis through self-help housing where the homebuyer contributes a significant amount of sweat-equity toward the construction or rehabilitation of the dwelling.

Decent, safe, and sanitary non-luxury dwellings developed under SHOP must be made available to eligible homebuyers at prices below the prevailing market prices. Eligible homebuyers are low-income individuals and families (*i.e.*, those whose annual incomes do not exceed 80 percent of the median income for the area, as established by HUD) who are unable to purchase a dwelling. Housing assisted under this Notice must involve community participation in the form of labor contributed by homebuyers and, if the program permits them, volunteers in the construction of dwellings and by other activities that involve the community in the project.

(B) *Eligible Applicants.* You must be a national or regional nonprofit public

or private organization or consortium that has the capacity and experience to provide or facilitate self-help housing homeownership opportunities. Your organization or consortium must undertake eligible SHOP activities directly and/or provide assistance to your local affiliates. Your organization or consortium must undertake eligible SHOP activities directly and/or provide assistance to your local affiliates. "Regional" is defined for the purpose

"Regional" is defined for the purpose of this program to be an area such as the Southwest or Northeast that must include at least two states. The states in the region need not be contiguous and the operational boundaries of the organization need not precisely conform to state boundaries.

"Consortium" for the purposes of SHOP is defined as two or more nonprofit organizations that individually have the capacity and experience to provide or facilitate selfhelp housing and come together to submit a single application for SHOP funding on a national or regional basis. If you are a consortium, an agreement must be executed by all consortium members forming the consortium for the purpose of applying for and using FY 2003 SHOP funds before the application is submitted to HUD. The consortium agreement must be submitted as part of your application. All consortium members must be identified in your application. Your application must be submitted as one integrated document that demonstrates the consortium's comprehensive approach to self-help housing. However, the application must describe the program design of each consortium member if they are different from one another. One organization must be chosen as the lead entity. The lead entity must submit the application and, if selected for funding, will execute the grant agreement with HUD and assume responsibility for carrying out grant activities in compliance with all program requirements. If funded, the lead entity must enter into a separate agreement with each consortium member that incorporates the requirements of the Grant Agreement between HUD and the consortium and outlines the individual consortium member's responsibilities for compliance with SHOP.

"Affiliate" is defined for the purpose of this program to be:

(i) A local self-help housing organization which is a subordinate organization (*i.e.*, chapter, local, post, or unit) of a central organization and which is covered by the group exemption letter issued to the central organization under section 501(c)(3) of the Internal Revenue Code; (ii) A local self-help housing organization with which the applicant has an existing relationship, *e.g.*, the applicant has provided technical assistance or funding to the local selfhelp housing organization; or

(iii) A local self-help housing organization with which the applicant does not have an existing relationship, but to which the applicant will provide necessary technical assistance and mentoring as part of funding under the application.

Your application may not propose to fund any affiliate or consortium member that is also included in another SHOP application. You must ensure that any affiliate or consortium member under your FY 2003 application is not also seeking funding from another SHOP applicant for FY 2003 funds. If they apply under more than one national or regional organization or consortium, they may be disqualified for any funding.

(C) *Eligible Activities.* The only eligible activities are:

(1) Land acquisition (including financing and closing costs), which may include reimbursing an organization, consortium, or affiliate, upon approval of any required environmental review, for non-grant amounts of the organization, consortium, or affiliate advanced to acquire land before completion of the review;

(2) Infrastructure improvements (installing, extending, constructing, rehabilitating, or otherwise improving utilities and other infrastructure, including removal of environmental hazards); and

(3) Administration, planning and management development shall not exceed 20 percent of any SHOP grant. Administrative costs are the costs of general management, oversight and coordination of the SHOP grant; staff and overhead costs of the SHOP grant; costs of providing information to the public about the SHOP grant; cost of affirmatively furthering fair housing; and indirect costs (such as rent and utilities) of the grantee or affiliate in carrying out the SHOP activities. Indirect costs may only be charged to the SHOP grant under a cost allocation plan prepared in accordance with OMB Circular A–122. Funds may be used for both single-family and multifamily dwellings

(D) *Ineligible Costs:* Costs associated with the rehabilitation, improvement, or construction of dwellings are not eligible uses of program funds.

### **IV. Program Requirements**

In addition to the statutory, regulatory, threshold and public policy requirements listed in Section V of the General Section of this SuperNOFA, each applicant must meet and comply with the following SHOP statutory, threshold, and other program requirements:

#### (A) Threshold Requirements

(1) You, the applicant, must be eligible to apply under SHOP (see Section III(B) of this program section of the SuperNOFA).

(2) The amount of funding you request must support no less than 30 self-help units and may not exceed an average investment of \$10,000 per unit in SHOP funding.

(3) The population you plan to serve must be eligible under SHOP. Eligible homebuyers are low-income individuals and families (*i.e.*, those whose incomes do not exceed 80 percent of the median income for the area, as established by HUD).

(4) You must demonstrate that you have successfully completed at least 30 self-help homeownership units within a national or regional area in which the homebuyers contributed a significant amount of sweat-equity, and, if your program permitted it, volunteer labor was used toward the construction of the dwellings within the 24-month period immediately preceding the publication of this SuperNOFA.

(5) Your program must require homebuyers to contribute a minimum of 200 hours of sweat equity on the construction of their own homes. This excludes the contribution of volunteer labor, except for assistance for homebuyers with disabilities.

### Submission Threshold Requirements

(1) Evidence of your public or private non-profit status, such as a copy of a current Internal Revenue Service ruling that your organization is exempt from taxation under section 501(c)(3) or 501(c)(4) of the Internal Revenue Code of 1986. Where an IRS ruling is unavailable, you may submit a certified copy of your approved charter, articles of incorporation or bylaws demonstrating that you are established as a nonprofit organization under state law. If you are a consortium, each participant in your consortium must be a nonprofit organization. Each consortium member must submit evidence of its nonprofit status to the lead entity for inclusion in the consortium's application package.

Threshold requirements (2) through (5) require no separate submissions. In order for the application to be rated and ranked, these requirements must be addressed under the submission requirements for the rating factors listed in Section V(D) of this program section of this SHOP NOFA below.

(B) Statutory and Program Requirements. This program does not have regulations. You must comply with all statutory requirements applicable to the SHOP program as cited in Section X, Authority, of this SHOP program section and program requirements cited in this program section of the SuperNOFA. Pursuant to these requirements, you must:

(1) Develop, through significant amounts of sweat-equity by each homebuyer and any additional volunteer labor, at least 30 dwelling units at an average cost of no more than \$10,000 per unit in SHOP funds for land acquisition and infrastructure improvements;

(2) Use your grant to leverage other sources of funding, including private or other public funds, to complete construction of the housing units;

(3) Develop quality dwellings that comply with local building and safety codes and standards, that will be made available to homebuyers at prices below the prevailing market price;

(4) Schedule activities to expend all grant funds awarded and substantially fulfill your obligations under your grant agreement, including timely development of the appropriate number of dwelling units. Grant funds must be expended within 24 months of the date that grant funds are first made available for drawdown under a line of credit established by HUD for the Grantee, except that grant funds provided to affiliates that develop five or more units must be expended within 36 months; and

(5) Not require a homebuyer to make an up-front financial contribution to a unit other than cash contributed for down payment or closing costs at the time of acquisition.

## **V. Application Selection Process**

(A) *Rating.* HUD will review all applications in accordance with the Application Selection Process in Section VI of the General Section of this SuperNOFA and in this SHOP program section of the SuperNOFA. HUD will review all applications based on the threshold factors listed in Section IV of this program section. Applications that meet all threshold requirements will be rated according to the selection factors in this program section of the SuperNOFA. Applications that do not meet all threshold factors will be rejected and not rated.

(B) Ranking and Selection Procedures. Applications that receive a total rating of 75 points or more (without the addition of Empowerment Zones/ Enterprise Communities/Urban Enhanced Enterprise Communities/ Strategic Planning Communities, or Renewal Communities [RC/EZ/ECs] bonus points) will be eligible for selection, and HUD will place them in rank order. After adding any bonus points for RC/EZ/ECs, HUD will consider rank order, funds availability, and past performance in the selection and funding of applications. HUD reserves the right to:

(1) Fund less than the amount requested by any applicant based on the application's rank, the applicant's past performance, and the amount of funds requested relative to the total amount of available funds; and

(2) Fund less than the full amount requested by any applicant to ensure a fair distribution of the funds and the development of housing on a national, geographically-diverse basis as required by the statute; and/or

(3) Not award funds to an applicant with significant performance problems.

HUD will not fund any portion of an application that is ineligible for funding under program statutory requirements, or which does not meet the requirements of the General Section of this SuperNOFA or the requirements in this SHOP section of the SuperNOFA. The minimum grant award shall be the amount necessary to complete at least 30 units at an average investment of not more than \$10,000 per unit or a lesser amount if lower costs are reflected in the application. If any funds remain after all selections have been made, these funds may be available for other competitions.

(C) Applicant Debriefing. In accordance with the requirements of Section XI(A)(4) of the General Section of this SuperNOFA, applicants requesting to be debriefed must send a written request to Ms. Lou Thompson, Office of Affordable Housing Programs, Department of Housing and Urban Development, Room 7164, 451 Seventh Street, SW, Washington, DC 20410.

(D) Factors for Award Used to *Evaluate Applications.* HUD will rate all SHOP applications that successfully complete technical processing using the Rating Factors and the Application Submission Requirements described below. The maximum number of points for this program is 102. This includes two RC/EZ/EC bonus points, as described in Section III(C)(1) of the General Section of the SuperNOFA. In evaluating applications for funding, HUD will take into account an applicant's past performance in managing funds, including accounting for funds appropriately, the timely use of funds received from HUD, meeting

performance targets for completion of activities, and the number of persons served.

## Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (20 Points)

This factor examines the extent to which you, as a single applicant or as a consortium (including individual consortium members), have the experience and organizational resources necessary to carry out the proposed activities in a timely manner.

In evaluating this factor, HUD will consider your recent and relevant experience in carrying out the activities you propose, and your administrative and fiscal management capability to administer the grant, including the ability to account for funds appropriately. All applicants, including individual consortium members, must have capacity and experience in administering or facilitating self-help housing. If you are sponsoring affiliate organizations that do not have a history of developing self-help housing, HUD will assess your organization's experience in providing technical assistance and the ability to mentor new affiliates. HUD will assess your organization's past performance based upon performance reports submitted for completion of eligible activities and the number of households/families provided housing, financial status information focusing on expediency of draws and use of funds, monitoring reports, audit reports and other information available to HUD in making its determination under this factor. If vou are not a current recipient of HUD funds, you should submit any existing internal or external performance reports or other information that will assist HUD in making this determination.

# Submission Requirements for Rating Factor 1

(1) (7 points) You must describe your past experience in carrying out self-help housing activities (specify the time frame when these activities occurred) that are the same as, or similar to, the activities you propose for funding, and demonstrate reasonable success in carrying out and completing those activities. You must include the average number of sweat equity hours provided per family, and volunteer labor, if your program permitted it. You may demonstrate reasonable success by showing that your previous activities were carried out as proposed consistent with the time frame you proposed for completion of all work. You must show that established benchmarks for acquiring properties and completing

housing construction were met and performance reports were submitted, as required. You must also describe any obstacles and/or delays that were encountered, and the actions taken to overcome them to successfully complete your program.

(2) (7 points) You must provide a description of your organization's or consortium's management structure. You must also describe the key staff and their roles and responsibilities for day-to-day management of your proposed SHOP program and activities within the organization or consortium if funds are awarded. If you elect to work with affiliates that do not have capacity and experience, you must state how you will provide technical assistance and mentor these organizations to develop capacity either directly or indirectly.

(3) (4 points) You must demonstrate your organization's ability to handle financial resources with adequate financial control and accounting procedures. You must describe your financial control procedures for SHOP and how they meet 24 CFR 84.21, "Standards for Financial Management Systems." You are requested to submit a copy of your most recent audit if one is required to be performed for your organization. Only an audit of the lead entity would need to be provided with an application for a consortium.

(4) (2 points) You must demonstrate your experience and ability in constructing and altering homes by describing the kinds of features that you have used to design homes in accordance with universal design or otherwise make homes accessible to the elderly or persons with disabilities. You must provide data on the number of units and the timeframe in which units were constructed and/or altered.

# Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor examines the extent to which you identify the housing need, or problems in the areas that your proposed activities will target, and the urgency of meeting that need.

The purpose of this factor is to make sure that funding is provided where a need for funding exists. Under this factor, you must identify the need or needs in the community that your proposed SHOP activities are designed to address or, if you plan to select specific affiliates only after you receive SHOP funding, you must demonstrate how you plan to identify need prior to your selection of affiliates.

# Submission Requirements for Rating Factor 2

### Extent of Need

(1) (7 points) Identify the extent of need for SHOP funds in all communities or areas in which your proposed activities will be carried out or describe the specific criteria you will use to select communities or projects based on need after you have received an award under SHOP. National and regional organizations and consortia that select affiliates after grant award must submit a listing of affiliates surveyed on which they are projecting their need for SHOP funding.

#### Quality of Documentation

(2) The kind of information you submit to demonstrate the need or needs in the target areas may include, but is not limited to, the following:

(a) (6 points) Quality of data demonstrating:

(i) Housing market data such as information included in the local Five-Year Consolidated Plan or other data sources, such as local tax assessor databases or relevant realtor information.

(ii) Data dealing with such factors as housing density, housing affordability, housing age or deterioration, homeownership rate (especially minority) and lack of adequate infrastructure or utilities.

(b) (2 points) Quality of data demonstrating:

(i) Need for accessible homes in the area.

(ii) Evidence of housing discrimination.

(iii) Evidence from the local Analysis of Impediments to Fair Housing Choice that shows the need for this program.

Applicants will receive higher scores both for the level of need documented and for the quality of documentation.

### Rating Factor 3: Soundness of Approach (40 points)

This factor examines the quality of your plan of proposed activities. In evaluating this factor HUD will consider:

(1) Your specific use of SHOP funds, the number of units and the type(s) of housing to be constructed, the use of sweat equity/volunteer labor; your established timeline for performance; your schedule for expending funds and completing construction; the proposed budget and cost effectiveness of your program; and your plans to reach all potentially-eligible homebuyers, including those with disabilities or least likely to apply.

(2) How your planned activities further the Department's FY 2003 policy priorities noted in Section II of the General Section. You will receive one rating point for each priority your program will address and associated with performance measures. For FY 2003, HUD's policy priorities that apply to the SHOP program are:

(a) Providing increased homeownership and rental opportunities for low- and moderateincome persons, persons with disabilities, the elderly, minorities, and families with limited English proficiency.

(b) Improving our Nation's communities.

(c) Encouraging accessible design features: visitability in new construction and substantial rehabilitation and universal design.

(d) Providing full and equal access to grass-roots faith-based and other community-based organizations in HUD program implementation.

(e) Improving housing conditions for families living in the Colonias and migrant farm workers.

(f) Participation of minority serving institutions in HUD programs. (g) Participation in Energy Star.

#### Submission Requirements for Factor 3

(1) (3 points) Identify all activities that you propose to fund with SHOP. You should identify the specific use of SHOP funds and the proposed number of units to be assisted with SHOP funding, the housing type(s) (single family or multifamily, or both) and the form of ownership (fee simple, condominium, cooperative, etc.) you propose to use.

(2) (4 points) Submit a construction and completion schedule that expends SHOP funds and substantially fulfills your obligations, including the completion of the appropriate number of dwelling units, within 24 months, or in the case of affiliates that develop five or more units, within 36 months, and demonstrates that remaining housing construction will be completed within a reasonable period of time. Your schedule must show the number or percentage of dwelling units that will be completed and conveyed to homebuyers at the end of the 24- and 36-month periods and the timeframe for completing any unfinished units.

(3) (4 points) Submit a timetable listing milestones against which HUD is to measure your performance progress in final selection of local affiliates if they are not specifically identified in the application, expending funds, and completing acquisition, infrastructure and housing construction activities within the schedule in Item 2 above. These milestones should be at reasonable intervals (*e.g.*, monthly, quarterly).

(4) (2 points) Describe how your proposed activities address the need or needs you identified under Rating Factor 2 above.

(5) (5 points) Provide a detailed budget with a break out for each proposed task and each budget category (acquisition, infrastructure improvements, and administration) funded by SHOP in the HUD–424C and 424CB. If SHOP funds will be used for administration of your grant, you must include the cost of monitoring consortium members and affiliates at least once during the grant period. Your budget must also include leveraged funding to cover all costs of completing construction of the proposed number of units.

(6) (2 points) Demonstrate that projected costs for the proposed activities do not deviate substantially from the norm in the locale in which your activities will take place, will not exceed an average cost of \$10,000 per unit in SHOP funds, and that your proposed activities are cost effective.

(7) (7 points) Describe how each of the Department's policy priorities are furthered by your proposed activities. You will receive one point for each policy priority addressed. To receive a point for a policy priority, you must describe how your proposed work activities address the specific policy and list proposed performance measurements related to it.

(8) (2 points) Describe how you will reach potential homebuyers through the use of services and materials that are accessible or visitable to all persons, including persons with disabilities (*e.g.*, languages, formats, locations, distribution, and use of minority media to attract those least likely to apply).

(9) (4 points) Describe your criteria, including the income range of targeted homebuyers, and procedures for selecting homebuyers. If the selection criteria used by individual consortium members or affiliates are different from your criteria, you must describe the differences.

(10) (2 points) Describe how your program will provide reasonable accommodations for persons with disabilities by providing "sweat equity" assignments that can be performed by the client regardless of disability. Describe the types of tasks that persons with disabilities will be required to perform.

(11) (5 points) Describe your proposed plan for overseeing the performance of consortium members and affiliates, including a plan for monitoring each consortium member and affiliate for program compliance at least once during the term of the grant. Your plan should address when and how you will shift funds among consortium members and affiliates to ensure effective use of SHOP funds within your schedule identified in Item 3 above.

### **Rating Factor 4: Leveraging Resources** (15 Points)

This factor addresses your ability to secure other resources that can be combined with HUD's program resources to achieve the purposes of SHOP. HUD will consider only those leveraging contributions for which current firm commitments have been provided. Leveraged resources can be counted only if you have secured a firm financial commitment described in this Factor. A firm commitment means the agreement by which the contributing partner or entity agrees to perform or provide resources for an activity specified in your application that demonstrates your financial capacity to deliver the resources necessary to carry out the self-help housing activity. Firm commitments of resources may be in the form of cash funding, in-kind contributions, or personnel from federal, state, local, and private sources, which are jointly referred to as your leverage partners. Together with the SHOP grant funds, these commitments must be sufficient to develop the proposed number of units in your application, which must be 30 units or more. Firm commitments must be substantiated by documentation required in item 1 below. Along with leveraged resources, HUD will also consider the extent that the applicant's proposed sweat-equity requirements will serve to reduce costs to the homebuyers.

### Submission Requirements for Factor 4

(1) (10 points) Provide firm written commitments (letters, agreements, etc.) from the source of the commitment that will be used to complete the number of self-help housing units stated in your application. Written commitments must include your organization's name, the contributing organization's name (including designation as a federal, state, local or private source), and the proposed type and level of commitment and responsibilities as they relate to your proposed program. This leveraging commitment must be signed by an official of the organization legally able to make the commitment on behalf of the organization and must be specifically targeted to support your FY 2003 SHOP application. If your organization depends upon fund raising and donations from unknown sources/ providers and you signed the HUD 424,

in order to receive credit you must still submit a separate letter committing a specific amount of dollars in fund raising to your proposed FY 2003 SHOP program. Written commitments may be contingent upon your receiving a grant award. Written commitments must be included as an appendix and do not count against the page limitation. Letters expressing support do not count as leveraging. To receive full credit for leveraging, an applicant's firm commitments must be clearly identified for this FY 2003 SHOP grant and must equal the amount needed to complete all properties, exclusive of the proposed SHOP grant amount.

(2) (5 points) Provide a description of the individual sweat-equity requirements (types of tasks and number of hours required of homebuyers) of your program. Include the dollar value of the sweat equity contribution and how this contribution of labor will reduce the costs of the home to the homebuyer. Reasonable accommodation must be allowed for persons with disabilities to participate in your program. Applicants showing a higher reduction in cost as a result of the sweat equity contribution by the homebuyer will receive a higher score.

### **Rating Factor 5. Achieving Results and Program Evaluation (10 points)**

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and assess their performance to realize performance goals. HUD requires SHOP applicants to develop an effective, quantifiable, outcome oriented evaluation plan for measuring performance and determining that goals have been met using the Logic Model form provided in the General Section. "Out-comes" are benefits accruing to the families and/or communities during or after participation in the SHOP program. Outcomes are not the actual development of the self-help housing units. Applicants must clearly identify the outcomes to be achieved and measured. Examples of outcomes are increasing the homeownership rate in a neighborhood or among low-income families by a certain percentage, increasing financial stability (e.g. increasing assets of the low-income homebuyer households through additional savings, home equity) or increasing housing stability (e.g., whether persons and families assisted remain in the home one, two, or five or more years after completion).

In addition, applicants must establish interim benchmarks and outputs for their proposed programs that lead to the ultimate achievement of outcomes. "Outputs" are the direct products of the applicant's program activities. Examples of outputs are the number of the houses constructed, number of sweat equity hours, or number of homes rehabilitated. Outputs should produce outcomes for your program.

Program evaluation requires that you, the applicant, identify program outcomes, outputs, benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your evaluation plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability.

#### Submission Requirements for Factor 5

You must submit a program evaluation plan that demonstrates how you will measure your own program performance. Your plan must identify the outcomes you expect to achieve or goals you hope to meet over the term of your proposed grant and benchmarks and timeframes for accomplishing these goals. Your plan must show how you will measure actual accomplishments against anticipated achievements. You must indicate how your plan will measure the performance of individual consortium members and affiliates, including the standards and measurement methods, and the steps you have in place or how you plan to make adjustments if you begin to fall short of established benchmarks and timeframes.

### VI. Application Requirements, Assembly Format, and Checklist for Application Submission

Your application consists of the items listed in this Section VI. The standard forms, certifications, and assurances that are applicable to this funding (collectively, referred to as the "standard forms") can be found in Appendix B to the General Section of the SuperNOFA.

Assembly Format. You should assemble your application as outlined below, with tabs designating forms, rating factors, and appendices. Your FY 2003 application has page limitations on your responses to the five rating factors. If you are a national or regional organization, you are limited to 60 pages of narrative responding to the five rating factors. This limitation does not include other required information, such as your audit and commitment letters, which must be included in the appendix. If you are a consortium, you are permitted up to 10 additional pages total to address the capacity and soundness of approach of your individual consortium members if they are different. Make certain that you number all pages sequentially and insert tabs marking each factor. Except for the narrative statements addressing the five rating factors, forms, certifications, assurances, and requested appendices, any other information that is submitted will not be considered. For example, commitments letters will be considered, but not counted against the page limitations; however, general expressions of support will not be considered. Any information beyond the above-noted 60–70 page limitations for the five rating factors will not be reviewed in the rating and ranking process.

In order to receive full consideration for funding, you should assemble your application according to the following checklist to ensure that all of the required items have been submitted.

HUD–424, Application for Federal Assistance (signed by the authorized representative of the organization eligible to receive funds)

HUD–424B, Applicant Assurances and Certifications

Table of Contents

Evidence of Non-Profit status Consortium Agreement, if

applicable.

# Narrative Statement Addressing: (See page limitations above.)

\_\_\_\_\_ Factor 1—Capacity of the Applicant and Relevant Organizational Staff

Problem Factor 2—Need/Extent of the

\_\_\_\_\_ Factor 3—Soundness of Approach

Factor 4—Leveraging Resources

Factor 5—Achieving Results and Program Evaluation

Evaluation Plan—Logic Model form

# Forms, Certifications and Assurances

HUD 424C, Budget Summary for Competitive Grant Programs HUD 424CB, Grant Application Detailed Budget

SF–LLL, Disclosure of Lobbying Activity, as applicable

HUD–2880, Applicant/ Recipient Disclosure/Update Report

HUD–2990, Certification of Consistency with the RC/EZ/EC

Strategic Plan

HUD–2993, Acknowledgment of Application Receipt

## Appendices

Recent audit, if available. A copy of your code of conduct and a narrative description of the methods you will use to ensure that all officers, employees and agents of your organization become aware of your code of conduct.

Leveraging documentation written commitment letters.

Survey of potential affiliates, if applicable.

## VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

## **VIII. Environmental Requirements**

The provisions contained in section 305(c) of the Multifamily Housing Property Disposition Reform Act of 1994, Environmental Review, implemented in the Environmental Review regulations at 24 CFR part 58, are applicable to properties assisted with SHOP funds. All SHOP assistance

is subject to the National Environmental Policy Act of 1969 and related federal environmental authorities. SHOP grant applicants are cautioned that no federal or non-federal funds or assistance which limits reasonable choices or could produce a significant adverse environmental impact may be committed to a project until all required environmental reviews and notifications have been completed by a unit of general local government, tribe or state and until HUD approves a recipient's request for release of funds under the environmental provisions contained in 24 CFR part 58. Notwithstanding the preceding sentence, in accordance with section 11(d)(2)(A) of the Housing Opportunity Extension Act of 1996 and HUD Notice CPD-01-09, an organization, consortium or affiliate receiving SHOP assistance may advance non-grant funds to acquire land prior to completion of an environmental review and HUD's approval of a request for release of funds and environmental certification. Any advances to acquire land prior to such approval are made at the risk of the organization, consortium or affiliate and reimbursement from SHOP funds for such advances will depend on the result of the environmental review.

### IX. HUD Reform Act of 1989

The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of the SuperNOFA at Section XI.

# X. Authority

The funding made available under this program section of the SuperNOFA is authorized by section 11 of the Housing Opportunity Program Extension Act of 1996 (42 U.S.C. 12805 note) (the "Extension Act"). BILLING CODE 4210-32-P

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# YOUTHBUILD PROGRAM

Billing Code 4210-32-C

## Funding Availability for the Youthbuild Program

## **Program Overview**

Purpose of the Program. The purpose of the Youthbuild program is to assist disadvantaged young adults in distressed communities in completing their high school education, to provide on-site construction training experiences which also results in the rehabilitation or construction of housing for homeless persons and low- and very low-income families, to foster leadership skills, to further opportunities for placement in apprenticeship programs, and to promote economic self-sufficiency.

Available Funds. Approximately \$54,642,500 is available for Fiscal Year (FY) 2003.

Adjustments to Funding. HUD reserves the right to utilize this year's funding to fund previous years errors prior to rating and ranking this years' applications. HUD reserves the right to reallocate funds between categories to achieve the maximum allocation of funds. Any available funds that remain after all applications within funding range have been selected or obligated will be reallocated between categories one (1) and two (2) by rank order between applications at the discretion of the selecting official or designee.

*Eligible Applicants.* Eligible applicants are public or private nonprofit agencies, including grassroots faith-based and other community-based organizations, State or local housing agencies or authorities, State or units of local government, or any entity eligible to provide education and employment training under other Federal employment training programs, as further defined in HUD's regulation at 24 CFR 585.4.

Application Deadline. June 6, 2003. Match. None.

#### Additional Information

If you are interested in applying for funding under this program, please carefully review the General Section of this SuperNOFA and the following additional information. Mailed Applications. Your application will be considered timely filed if your application is received in HUD Headquarters on or before 5:15 p.m. eastern standard time on the application due date.

# I. Application Due Date and Technical Assistance

Application Due Date. Completed applications (one original and two copies) must be submitted and received by HUD on or before 5:15 p.m., June 6, 2003 at the address shown below.

Application Submission Procedures. New Security Procedures. HUD has implemented new security procedures that impact application submission procedures. Please read the following instructions carefully and completely. No hand deliveries will be accepted.

Address for Submitting Applications. Completed applications (one original signed application and two copies) must be submitted to the Processing and Control Unit, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 7255, Washington, DC 20410, Attention: Youthbuild Program. When submitting your application, please include your name and mailing address (including zip code) and telephone number and fax number (including area code).

There is no Application Kit for the FY2003 Youthbuild NOFA. This SuperNOFA clearly describes the requirements for completing a successful application and all forms and certifications needed to complete the application are included in the General and YouthBuild Sections of the SuperNOFA.

For information concerning the HUD Youthbuild program, contact Ms. Phyllis Williams, Community Planning and Development Specialist, Office of **Rural Housing and Economic** Development, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 7137, Washington, DC 20410; telephone (202) 708–2290 (this is not a toll-free number). Persons with speech or hearing impairments may access this number via TTY by calling the toll-free Federal Information Relay Service at 1-800-877-8339.

For Technical Assistance. Prior to the application deadline, HUD's staff will be available to provide general guidance on the application submission process and location of information, but not guidance in preparing your application.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of an application. For more information about the date and time of this broadcast, you should consult the HUD Web site at http://www.hud.gov.

#### **II. Amount Allocated**

(A) Available Funds. Approximately \$54,642,500 in Fiscal Year (FY) 2003 funding will be made available through this program section of this SuperNOFA for the Youthbuild program. The breakdown of funding is discussed below.

(B) *The FY 2003 HUD Appropriations Act.* The Department of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 2003 (the "FY 2003 HUD Appropriations Act") made \$60,000,000 available of which \$54,642,500 is allocated for grants.

(C) Funding Categories. HUD will award up to \$54,642,500 on a competitive basis. Funds will be divided between three categories of grants as described below. In each fiscal year, the Secretary shall reserve five percent (5%) of the amounts available for activities under this subtitle pursuant to section 402 to carry out subsections (b) and (c), (Subtitle D— Hope for Youth: Section 458 (42 U.S.C. 12899g).

Category 1 Grants. *New Applicants.* HUD will award up to \$10,000,000 for new applicants that have not previously received implementation grants since the inception of the program for a period not to exceed 30 months. The maximum amount awarded to a successful applicant in this category is \$400,000.

Category 2 Grants. *Grants up to \$700,000.* HUD will award up to *\$34,642,500* for grants up to *\$700,000* for a period not to exceed 30 months. The maximum amount awarded to a successful applicant in this category is *\$700,000.* Any eligible applicant can apply in Category 2.

Category 3 Grants. Underserved and Rural Areas. HUD will award up to \$10,000,000 for grants to organizations serving clients in underserved and rural areas as defined in this NOFA for a period not to exceed 30 months. The maximum amount awarded to a successful applicant in this category is \$400,000.

Applicants must indicate on their transmittal/cover letter which funding categories they are applying for.

# III. Program Description and Eligible Activities

(A) *Program Description*. The purposes of the Youthbuild Program are to:

(1) Provide economically disadvantaged young adults with opportunities to obtain an educational experience that will enhance their employment skills, as a means to achieving self-sufficiency;

(2) Foster the development of leadership skills and commitment to community;

(3) Expand the supply of permanent affordable housing for homeless and low- and very low-income persons by providing implementation grants for carrying out a Youthbuild program;

(4) Provide disadvantaged young adults with meaningful on-site training experiences in housing construction and rehabilitation that will enable them to render a service to their communities by helping to meet the housing needs of homeless persons and low-income families; and

(5) Give to the greatest extent possible, job training, employment, contracting and other economic opportunities to low-income young adults.

HUD also focuses on the Youthbuild Program as a way to foster the development of nonprofit organizations, including grassroots faith-based and other community-based organizations which over time can provide the services mentioned above to disadvantaged youth and which at the same time rely less on HUD's financial support to carryout these activities.

#### (B) Eligible Activities

(1) Work and activities associated with the acquisition, architectural and engineering work, rehabilitation or construction of the housing, as defined in HUD's regulations at 24 CFR 585.309, 585.310, and 585.311.

(2) Relocation payments and other assistance required to comply with HUD's regulation at 24 CFR 585.308;

(3) Costs of ongoing training and technical assistance needs related to carrying out a Youthbuild program;

(4) Education, job training, counseling, employment, leadership development services and optional activities that meet the needs of the participants including entrepreneurial training, drivers' education, apprenticeship opportunities, financial literacy, credit counseling, assistance programs for those with learning disabilities, and in-house staff training;

(5) Outreach to potential participants;(6) Wages, benefits, and need-based

stipends for participants and;

(7) Administrative costs, which must not exceed 10 percent of the grant award. HUD encourages you to use grant funds for outreach, recruitment, training and other services for the participants that facilitate program implementation. Please refer to HUD's regulation at 24 CFR 585.305 for further details on eligible activities.

### **IV. Program Requirements**

In addition to the requirements listed in the General Section of this SuperNOFA, as an applicant you must comply with the following Youthbuild program requirements.

### (A) Threshold Requirements

(1) *Eligible Applicants*. Eligible applicants are public or private nonprofit agencies, including grassroots faith-based and other community-based organizations, State or local housing agencies or authorities, State or units of local government, or any entity eligible to provide education and employment training under other Federal employment training programs.

(2) Eligible Participants. Participants in a Youthbuild program must be very low-income high school dropouts between the ages of 16 and 24, inclusive, at the time of enrollment. Up to 25 percent of participants may be above very low-income, or may be high school graduates (or equivalent), but must have educational needs (such as lack of reading, writing and communication skills) that justify their participation in the program.

(3) Locational Limitations. You may submit more than one application in the current competition if your program's participant recruitment and housing areas are in different jurisdictions. Each application you submit may only propose activities to carry out one Youthbuild program, *i.e.*, to start a new Youthbuild program or to fund new classes of Youthbuild participants for an existing program.

(4) Response to NOFA—Page Limitation. The total narrative response to all factors identified in Section VI of this program NOFA must not exceed 15 pages, and must be submitted on 8.5" by 11" paper, using a 12 point font, with lines double spaced and printed only on one side. Please note that submitting pages in excess of the page limit will not disqualify your application. However, HUD will not review or consider the information on any excess pages, which may result in a lower score or failure to meet a threshold.

(5) Youthbuild Program Components. Applications that receive assistance under this Youthbuild Program section of the SuperNOFA must contain the three components described as follows: (a) Educational and ish training

(a) Educational and job training services;

(b) Leadership training, counseling, and other support activities; and

(c) On-site training through actual housing rehabilitation and/or new construction work, new construction may be subject to the accessible design and construction requirements of the Fair Housing Act [see Section II(C) of the General Section of the SuperNOFA], including the provision of alternative training experiences that are necessary as a reasonable accommodation for students with disabilities. (6) Identification of and Access to Property. Your application must identify the location of the site(s) or property(ies) (e.g. addresses, parcel numbers, etc.) that will be used for onsite construction. Your application MUST contain a letter from the property owner or property management company(ies) allowing access to the housing site(s) for on-site construction training. HUD may deem as ineligible any application that fails to specifically identify the location of the on-site construction.

Site Selection—In determining the site or the location of a federally assisted facility, the applicant may not select sites that will exclude qualified persons with disabilities, or otherwise subject them to discrimination under the Youthbuild Program.

New Construction—Substantial Alterations—Other Alterations. If the Applicant undertakes to participate in New Construction, Substantial Alterations or Other Alterations, it must conform to the accessibility standards outline in the Regulations Implementing the Rehabilitation Act of 1973 at 24 CFR, Part 8, §§ 8.22, 8.23(a) and 8.23(b).

(7) *Training Requirement*. Each program must be structured so that 50 percent of each participant's time is spent in on-site training and the other 50 percent in educational training.

(8) Economic Opportunities for Low and Very Low-Income Persons (Section 3). Section 3 of the Housing and Urban Development Act of 1968, (12 U.S.C. 1701u) is applicable to the Youthbuild program. Please see Section II of the General Section of the SuperNOFA.

(9) Participation in Local Workforce Investment Act One-Stop Center. Youthbuild grantees are mandatory partners in one-stop centers authorized by the Workforce Investment Act of 1998 (Pub. L. 105–220).

(10) *First time applicants.* If you are a first time applicant applying for funding under Category 1, you must have a graduating class of not more than 20 participants.

(11) *Grant Period*. You must expend funds awarded within 30 months of the effective date of the grant agreement.

(12) *Maximum Awards.* Under the competition established by this Youthbuild Program section of the SuperNOFA, the maximum award for a Youthbuild grant is \$700,000.

(13) Potential Environmental Disqualification. HUD reserves the right to disqualify an application where one or more environmental thresholds are exceeded if HUD determines that it cannot conduct the environmental review and satisfactorily complete the review within the HUD application review period. (*See* 24 CFR 585.307.) Environmental thresholds are explained in Appendix A of this program section of this SuperNOFA.

### (B) Desirable Elements of a Youthbuild Program

You should document the extent to which HUD's initiatives are furthered by the proposed activities. Such initiatives include:

(1) Promoting healthy, safe, and energy efficient homes;

(2) Affirmatively furthering fair housing by promoting greater opportunities for housing choice for minorities and persons with disabilities;

(3) Providing opportunities for selfsufficiency, particularly for persons enrolled in welfare to work programs;

(4) Providing educational, apprenticeship and job training opportunities;

(5) Promoting welfare reform;

(6) Encouraging visitability in new construction and substantial rehabilitation activities; and

(7) Encouraging universal design.

#### **VI. Application Selection Process**

Applicants must meet all of the applicable threshold requirements of Section V (B) of the General Section of the SuperNOFA and Sections IV(A), (B) and C of this program section of the SuperNOFA. HUD will review each application and assign points in accordance with the selection factors described in this section. The maximum number of points is 102. This maximum includes two Renewal Community/ **Empowerment Zone/Enterprise** Community (RC/EZ/EC) bonus points as described in Section VI(C) of the General Section of the SuperNOFA. An application must receive a minimum of 75 points to be eligible for funding.

(Å) Rating and Kanking.

(1) General. To review and rate applications, HUD may establish panels including officials from other Federal agencies and outside experts or consultants to obtain certain expertise and other outside points of view. In evaluating applications for funding, HUD will take into account an applicant's past performance in managing funds, including the ability to account for funds appropriately, timely use of funds received either from HUD or from other Federal, State or local programs and meeting performance targets for completion of activities and number of persons served or targeted for assistance. HUD may use information relating to these items based on information at hand or available from public sources such as newspapers, Inspector General or Government

Accounting Office Reports or Findings, hotline complaints that have been proven to have merit, or other such sources of information.

(2) *Rating.* All applications for funding will be evaluated against the rating factors described in Section (VI) of this NOFA.

(3) *Ranking.* Applications will be ranked separately within each of the three funding categories. Applications will be selected for funding in accordance with their rank order in each category.

(4) To be eligible for funding, an application must have an overall minimum score of 75 points. If two or more applications are rated fundable and have the same score, but there are insufficient funds to fund all of them, HUD will select the application(s) with the highest score for Rating Factor 3 (Soundness of Approach). If two or more applications still have the same score, the highest score in the following factors will be selected sequentially until one highest score can be determined: Rating Factor 1 (Capacity of the Applicant and Relevant Organization); Rating Factor 4 (Leveraging of Resources) and Rating Factor 2 (Need/Extent of the Problem).

(B) *Categories of Grants.* HUD will make grants in three categories:

(1) *Category 1 Grants.* Grants for new applicants that have not previously received funding under the Youthbuild program since the inception of the Program and that have elected not to apply under Category 2 or 3. HUD will make available approximately \$10,000,000 to new applicants proposing grant(s) of \$400,000 or less for activities not to exceed 30 months.

(2) *Category 2 Grants.* HUD will make available approximately \$34,642,500 to applicants proposing grant(s) of \$700,000 or less for activities not to exceed 30 months.

(3) *Category 3 Grants.* HUD will make available \$10,000,000 for applicants proposing grant(s) of \$400,000 or less to establish programs in underserved and rural areas not to exceed 30 months. Rural and Underserved areas are defined as follows:

(a) *Rural Area.* A Rural area is defined in one of five ways:

(i) A place having fewer than 2,500 inhabitants (within or outside of metropolitan areas).

(ii) A county with an urban population of 20,000 inhabitants or less.

(iii) Rural portions of extended cities, as identified by the U.S. Census Bureau.

(iv) Open country, which is not part of or associated with an urban area. The United States Department of Agriculture (USDA) describes "open country" as a site separated by open space from any adjacent densely populated urban area. Open space includes undeveloped land, agricultural land or sparsely settled areas but does not include physical barriers, (such as rivers and canals), public parks, commercial and industrial developments, small areas reserved for recreational purposes, and open space set aside for future development.

(v) Any place with a population not in excess of 20,000 and not located in a Metropolitan Statistical Area.

(b) Underserved Area. An underserved area is defined as an area comprised of census tracts with the following distress criteria:

(i) A census tract where the unemployment remains high (50 percent or more above the nation's unemployment rate) and

(ii) A census tract where high rates of poverty (50 percent or more above the national average) persists.

(C) Potential Environmental Disqualification. HUD reserves the right to disqualify an application where one or more environmental thresholds are exceeded if HUD determines that it cannot conduct the environmental review and satisfactorily complete the review within the HUD application review period. (See 24 CFR 585.307.) Environmental thresholds are explained in Appendix A of this program section of this SuperNOFA. Complete form 2Cl3a, 2C13b, or 2C13c and form 2C15 only if you are proposing to use Youthbuild funds for new housing construction or rehabilitation.

(D) Notification of Approval or Disapproval. HUD will notify you whether or not you have been selected for an award. If you are selected, HUD's notice to you of the amount of the grant award based on the approved application will constitute HUD's CONDITIONAL approval, subject to negotiation and execution of the grant agreement by HUD.

(E) Rating Factors for Award Used to Evaluate and Rate Applications. The factors for rating and ranking applicants, and maximum points for each factor, are provided below. The maximum number of points for the program is 102. This includes two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA.

(F) Application Debriefing. Applicants requesting to be debriefed must send a written request (see General Section IX(G)(3)) to Ms. Jackie Williams-Mitchell, Director, Office of Rural Housing and Economic Development (ORHED), Office of Community Planning and Development, 451 Seventh Street, SW., Room 7137, Washington, DC 20410. Debriefing information can be found in Section VII(E)(2) of the General Section of the SuperNOFA.

### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (15 points)

This factor addresses the qualifications and experience of the applicant and participating parties to implement a successful young adult education, training program in accordance with your work plan as further described in Factor 3. HUD will review and evaluate information provided documenting recent capability. Experience within the last 5 years will be considered recent. In reviewing this rating factor, HUD will evaluate the following sub-factors:

(1) Team Member Čomposition and Experience (5 points). Your experience and the experience of your project director, core staff competencies including your day-to-day program manager, consultants and contractors. You must demonstrate that your program manager has the background, experience and capacity to implement all of the program components of the proposed work plan, as evidenced by recent work experience (within the last 5 years) in managing projects of the same or similar size, dollar amount, types of activities and beneficiaries as those proposed in your work plan. If any gaps exist in your experience or organizational structure to carry out the program, describe how you will fill those gaps including the hiring of consultants or other outside parties.

(2) Organizational Structure (5 points). The structure of your organization, management structure, including reporting relationships of key staff, a system for coordinating with outside contractors or third party service providers, a mechanism for an internal and external auditing relationships, and an accounting system which meets Federal accounting system requirements. You should provide a clear description of how your organizational structure will operate to carry out your work plan.

(3) Relevant Experience (5 points). The objectives and accomplishments of your past experience in conducting similar activities. You must describe your past project objectives and accomplishments which are similar to those of your proposed work plan to show your effectiveness and timeliness in managing similar projects. If you have received similar grants including previous Youthbuild grants, you must describe your effectiveness of your administration including timeliness and performance in meeting reporting

requirements and your ability to have resolved problems that presented themselves during the grant period. In addressing timeliness of reports, you must compare when your reports were due with when they were actually submitted. You must describe your achievements, including those of previous Youthbuild grants, of specific measurable outcome objectives. Specific outcome objectives include: number of youths recruited, trained and received GEDs; number of youths obtaining jobs (*i.e.*, those that are a part of a career path or apprenticeship program), number of youths participating in apprenticeships and number of housing units rehabilitated or constructed and made available for low and very low income persons.

Also, you must describe the extent to which you or participating partners have been successful in past education, training and employment programs and activities, including Federally-funded Youthbuild programs. If you have received a Youthbuild grant, you must submit copies of your last two progress reports or, if applicable, a closeout report. In applying the rating criteria, HUD will take into consideration your performance (including meeting target dates and schedules) as reported.

The more recent, relevant, and successful the experience of the proposed team members, organization and other participating entities in relation to the work plan, the greater the number of points that you will receive. For previous and existing Youthbuild grantees, applicants that can demonstrate a closer and greater linkage between the expected outcomes and the previously generated outcomes will receive a higher amount of points for this Factor.

# Rating Factor 2: Need/Extent of the Problem (25 Points)

This Factor addresses the extent to which there is need for funding the proposed activities based on levels of distress and an indication of the urgency of meeting the need/distress in the applicant's target area. In responding to this Factor, applications will be evaluated on the extent to which the level of need for the proposed activity and the urgency in meeting the need are documented and compared to the target area and national data.

(1) In applying this Factor, HUD will consider current levels of distress for the area (*i.e.*, Census Tract(s) or Block Groups) immediately surrounding the project site or the target area to be served by the proposed project, and in the nation. This means that an application that provides data that show levels of distress in the target area expressed as a percent greater than the national average will be rated higher under this Factor.

Notwithstanding the above, an applicant proposing a project to be located outside the target area could still receive points under the Distress Factor if a clear rationale and linkage is provided linking the proposed project location and the benefits to be derived by persons living in more distressed area(s) of the applicant's target area.

(2) Applicants should provide data that address indicators of distress, as follows:

(a) Poverty (5 points)—data should be provided in both absolute and percentage form (*i.e.*, whole numbers and percents) for the target area(s); an application that compares the local poverty rate in the following manner to the national average at the time of submission will receive points under this section as follows:

- (i) Less than the national average—0 points
- (ii) Equal to but less than twice the national average—1 point
- (iii) Twice but less than three times the national average—3 points
- (iv) Three or more times the national average—5 points
- (b) Unemployment (5 points)—for the project area;
- (i) Less than the national average—0 points
- (ii) Equal to but less than twice the national average—1 point
- (iii) Twice but less than three times the national average—2 points
- (iv) Three but less than four times the national average—3 points
- (v) Four but less than five times the national average—4 points
- (vi) Five or more times the national average—5 points
- (c) High School Dropouts (10 points) for the project area;
- (i) Less than the national average—0 points
- (ii) Equal to but less than twice the national average—2 points
- (iii) Twice but less than three times the national average—4 points
- (iv) Three but less than four times the national average—6 points
- (v) Four but less than five times the national average—8 points
- (vi) Five or more times the national average—10 points

(d) Concrete examples of social and/ or economic decline that best capture the applicant's local situation (5 points). Examples that could be provided under this section are information on the community's stagnant or falling tax base, including recent commercial or industrial closings, housing conditions, such as the number and percentage of substandard and/or overcrowded units, rent burden (defined as average housing cost divided by average income) for the target area and urgency in addressing problems facing youth, local crime statistics, etc.

(3) In rating applications under this Factor, HUD reserves the right to consider sources of available objective data, such as the U.S. Census, other than, or in addition to, those provided by applicants, and to compare such data to those provided by applicants and local crime statistics for the project site.

HUD requires use of sound and reliable data (*e.g.*, U.S. Census data, State statistical reports, university studies/reports that are verifiable) to support distress levels cited in each application. A source for all information along with the publication or origination date must also be provided.

Updated Census data are available as follows for the listed indicators:

(a) Unemployment rate—estimated

- monthly, with a two-month lag;
- (b) Population—estimated for incorporated places through 2000;
- (c) Poverty rate—2000 data being the most recent available.

# Rating Factor 3: Soundness of Approach (40 points)

This factor addresses the extent to which your proposed program is coordinated with other ongoing and related activities in the area you propose to serve, how well your program outcomes result in increased independence and empowerment to your beneficiaries at the conclusion of the grant period. HUD will evaluate the extent to which your application meets the following three elements:

(1) Coordination of activities (2 points). The extent to which you have coordinated your activities with other known organizations that are not directly in your proposed work activities, but with which you share common goals and objectives and are working toward meeting these objectives in a holistic and comprehensive manner. The goal of coordination is to ensure that programs do not operate in isolation. The more your activities are coordinated with other agencies in your service area, the more points you will receive. An example of coordination activities would be the applicant's partnership with an existing child day care facility (which is not funded by program) that provides day care services to the Youthbuild participants during the hours they are being trained or receiving education.

(2) Self-Sufficiency (1 point). The extent to which your application implements practical solutions within the grant term that result in assisting beneficiaries of grant program funds in achieving independent living, economic empowerment, educational opportunities, housing choice or improved environments which are free from environmental hazards such as lead hazards, brownfields, overcrowded housing, etc. Applicants that clearly describe the extent to which proposed activities result in increased independence and empowerment for their beneficiaries will receive higher points in this sub-factor.

(3) Sustainability (2 points). The extent to which your program exhibits the potential to be financially selfsustaining by decreasing dependence on Youthbuild funding and relying more on state, local and private funding so your activities can be continued after your grant award is complete. Applicants that demonstrate a reduced dependence on Youthbuild funds over the life of their award will receive a greater number of points for this subfactor.

Youthbuild Program Work Plan. There must be a clear relationship between your proposed activities, community needs and the purpose of the Youthbuild program. HUD will consider the overall quality and feasibility of your proposed work plan and budget which must be consistent with the Youthbuild program as measured by your specific activities and outcomes.

Specifically, HUD will consider the following categories when assessing your proposed work plan:

(1) *Program Components.* (15 points). (a) Outreach strategy, recruitment strategy and selection activities. HUD will determine the extent to which you demonstrate a clear linkage with the following work plan activities and proposed outcomes and results. Points will be awarded based upon overall quality and feasibility of the outreach, recruitment and selection activities, the number and types of outreach activities, number of youths to be recruited including eligible participants who are harder to reach and comprehensiveness of the local selection process.

Letters describing specific resources or services to be contributed by nonapplicant organizations must be included in your application. In evaluating this category, HUD will consider:

(i) Specific steps you will take to attract potential eligible participants who are unlikely to be aware of this program (because of race, color, national origin, religion, ethnicity, sex or disability) and selection strategies;

(ii) Special outreach efforts you will make to recruit eligible young women, young women with dependent children, and persons receiving public assistance; and

(iii) Recruitment arrangements you have made with public agencies, courts, homeless shelters, local school systems, local workforce development systems, one-stop centers and, community-based organizations, etc. You will receive a greater number of points if your outreach and recruitment arrangements are consistent with the purpose of the Youthbuild program and your project goals and the resources provided.

(b) Educational and job training services and activities. HUD will evaluate the extent to which you demonstrate a clear linkage with the following work plan activities and proposed outcomes and results.

Letters describing specific resources or services to be contributed by nonapplicant organizations must be included in your application. Points will be awarded based upon the quality and feasibility of your proposed curriculum, qualifications of instructors and proposed wages and stipends for youth participants. In evaluating this category, HUD will consider:

(i) The types of in-class academic and vocational instruction you will provide;

(ii) The number and qualifications of program instructors and ratio of instructors to participants;

(iii) Scheduling plan for classroom and on-the-job training needed to meet program requirements and ensure timely completion of your program; and

(iv) Reasonable payments of participants' wages, stipends, and incentives. You will receive a greater number of points if your educational and job training services are consistent with the purpose of the Youthbuild program and your project goals and the resources provided.

(c) Leadership development. HUD will determine the extent to which you demonstrate a clear linkage with work plan activities and proposed outcomes and results. Letters describing specific resources or services to be contributed by non-applicant organizations must be submitted in your application. Points will be awarded based upon the quality and feasibility of your proposed leadership curriculum, qualifications of instructors and the impact of the proposed leadership activities on the target area. You must describe the leadership development training you will offer to participants and strategies for providing the training to build group cohesion and peer support. You will

receive a greater number of points if your leadership development activities are consistent with the purpose of the Youthbuild program and your project goals and the resources provided.

(d) Support services. HUD will determine the extent to which you demonstrate a clear linkage with work plan activities and proposed outcomes and results.

Letters describing specific resources or services to be contributed by nonapplicant organizations must be included in your application. Points will be awarded based upon the quality and feasibility of your proposed support services strategy and stipends for the participants.

You must assess the need for counseling and referral services during each stage of program implementation: outreach strategy, recruitment strategy, youths interviewed and not selected for the program, program participants, youths who drop out of the program and graduates of the program. Describe how the participant needs will be addressed, document counseling and referral services to be offered to participants, the type of counseling, social services, and/ or need-based stipends you will provide.

Applicants will receive a greater number of points if your support service activities are consistent with the purpose of the Youthbuild program and your project goals and the resources provided.

(e) Follow-up assistance and support activities to program graduates. HUD will evaluate the extent to which you provide assistance to Youthbuild program participants after graduation. Letters describing specific resources or services to be contributed by nonapplicant organizations must be included in your application. Points will be awarded based upon the quality and feasibility of your proposed strategy. You must describe the type of proposed assistance and support which should be based upon an assessment of the needs of the program graduates and should include continued linkage to the local Youthbuild program, counseling and social service referral services. You will receive a greater number of points if your follow-up assistance and support service activities to program graduates are consistent with the purpose of the Youthbuild program and your project goals and the resources provided.

(f) On-site training. HUD will evaluate the extent to which the work plan provides for quality and comprehensive on-site construction training by addressing the categories below. Letters describing specific resources or services to be contributed by any non-applicant organizations must be included in your application. Points will be awarded based upon the quality and feasibility of your proposed curriculum, experience of proposed instructors, number of youth to be trained and wages or stipends for participants. HUD will consider:

(i) The housing construction or rehabilitation activities participants will undertake at the site(s) to be used for the on-site training component of the program as provided in the training curriculum and methodology for carrying out on-site training;

 (ii) The qualification and number of on-site supervisors;

(iii) The ratio of trainers to participants;

(iv) The number of participants per site; and

(v) The amounts, wages, and/or stipends you will pay to participants during on-site work. All applicants will receive a greater number of points if your on-site training plan is consistent with the purpose of the Youthbuild program and your project goals and the resources provided.

(2) *Strategy for Job Placement.* (2 points). HUD will evaluate the quality and feasibility of your proposed strategy to place youth participants in permanent jobs.

Letters describing specific resources or services to be contributed by nonapplicant organizations must be included in your application. You will be rated on the following factors: (a) Proposed number of youth to obtain jobs that promote economic self-sufficiency (*i.e.* those that are a part of career paths or apprenticeship programs); (b) proposed number of youths who will continue post-secondary or secondary education; (c) proposed number of youths to receive entrepreneurship training. Two points of this factor will be awarded based upon the comprehensiveness and feasibility of your strategies and procedures to place youth participants in related apprenticeships and commitments from construction trade unions. You will receive a greater number of points if your strategy for job placement is consistent with the purpose of the Youthbuild program, your proposed project and the resources provided.

(3) *Expected Outcomes.* (3 points). Program outcomes for the Youthbuild Program must include: (a) Number of participants; (b) attainment of a GED or certificate by participants; (c) number of housing units constructed; (d) number of housing units rehabilitated; (e) placement of participants in employment or education; and (f) literacy and numeracy. As part of this evaluation, HUD will assess the cost effectiveness of your stated outcomes as compared to the funds that you are requesting in the Youthbuild Grant Budget. You will receive a greater number of points if your proposed outcomes are consistent with the purpose of the Youthbuild program, your proposed project and the resources provided.

(4) Housing Program Priority. (10 points). HUD will assign Housing Program Priority points to all applications that contain evidence that housing resources for other Federal, State, local or private sources that are available and firmly committed to cover all costs, in full, for the following housing activities for the proposed Youthbuild program: acquisition, architect and engineering fees, construction, and rehabilitation. Applications that do not include proper documentation of firm financial commitments of non-Youthbuild resources or propose to use Youthbuild grant funds, in whole or in part, or do not evidence site control, for any one of the housing activities listed above will not be entitled to housing program priority points. Forms 2C, Housing Site Description, and 2C10, Youthbuild Grant Individual Housing Project Site Estimate, must be completed to receive the Housing Program Priority points.

(5) Policy Priorities. (5 points). Policy Priorities are further defined in Section II of the General Section of the SuperNOFA. Applicant should document to the extent HUD's policy priorities are enhanced by the proposed activities. Applicants who include activities that can result in the achievement of these Departmental policies priorities as described below and in Section II of the General Section of this SuperNOFA, will receive higher rating points in evaluating their application for funding. Five Departmental policy priorities are listed below. Applicant will receive 1 rating point for each policy priority addressed in the program of activities section under this rating factor as described in Section VI(b) of this program NOFA. Policy Priorities include:

(a) Improving our Nation's Communities

(b) Providing Full and Equal Access to Grass-Roots Faith-Based and Other Community—Based Organizations in HUD Program Implementation.

(c) Participating in Energy Star.

(d) Encouraging Accessible Design Features.

(e) Ending Chronic Homelessness within Ten Years.

# **Rating Factor 4: Leveraging Resources** (10 Points)

(Exhibit 4B Non-Housing Program Resources Must Be Complete and You Must Provide Letters of Firm Commitment From the Donor With the Amount of Cash or In-Kind Contribution) This factor addresses the ability of the applicant to secure non-HUD resources. This factor measures the extent to which you have established partnerships with other entities to secure resources for your proposed program. Each commitment described in the narrative for this Factor must have a firm commitment letter. Grantees who leverage significant resources will receive a greater number of points.

HUD will evaluate the extent to which firm commitments of resources are obtained from Federal, State, local, and private and nonprofit sources. HUD will award a greater number of points based upon a comparison of the extent of leveraged funds and the requested Youthbuild grant. The greater the amount of resources leveraged, the higher the points that will be awarded. In assigning points for this criterion, HUD will consider the level of nonapplicant resources obtained for cash or in-kind contributions to cover the following kinds of areas:

(1) Social services (*i.e.*, counseling and training);

(2) Use of existing vocational, adult, and bilingual educational courses;

(3) Donation of labor, resource personnel, supplies, teaching materials, classroom, and/or meeting space; and

(4) Other commitments. In rating this element, HUD will consider only those contributions for which current firm commitments have been provided. HUD will evaluate the level of resources from other organizations and agencies proposed based on their importance to the total program. Leveraging will only be counted if you have secured a firm financial commitment. A firm commitment letter means an agreement by which an applicant's partner or contributing entity agrees to perform an activity specified in the application and demonstrates the financial capacity to deliver the resources necessary to carry out the activity, and commits the resources to the activity either in cash, through in-kind services or contributions and is irrevocable, subject only to approval and receipt of a FY 2003 Youthbuild grant.

For all applicants, each letter of commitment must include the organization's name, the applicant's name, the proposed program, the proposed total level of commitment and responsibilities as they relate to the proposed program. The commitment letter must also be signed by an official of the organization legally able to make commitments on behalf of the organization and not earlier than the date that this NOFA is published. In documenting a firm commitment, the applicant's partner or contributing entity must:

(i) Specify the authority by which the commitment is made, the amount of the commitment and the use of funds. If the committed activity is to be selffinanced, the applicant's partner or contributing entity must evidence its financial capability through a corporate or personal financial statement or other appropriate means. If any portion of it is to be financed through a lending institution, the participant must evidence the institution's commitment to fund the commitment.

(ii) State the amount and use of the commitment, and the relationship of the commitment to the proposed investment; and

(iii) Affirm that its investment is contingent only upon receipt of FY 2003 Youthbuild funds and state a willingness on the part of the signatory to sign a legally binding commitment (conditioned on HUD environmental review and approval of a property, where applicable) upon award of the grant.

Resources from other Federal, State, Local governments or Private Entities. HUD encourages use of existing housing and homeless assistance programs administered by HUD or other Federal, State, local governments, or private and nonprofit housing programs as part of your Youthbuild program. In addition, HUD encourages use of other non-Youthbuild funds available for vocational, adult, and bilingual education programs or for job training under the Workforce Investment Act and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

Grantees who leverage significant resources will receive more points.

(1) Public sector sources—Federal, State, or local government sources to provide resources to carry out Youthbuild activities. (5 points)

(2) Private or nonprofit sector sources to provide resources to carry out Youthbuild activities. (5 points)

### **Rating Factor 5: Achieving Results and Program Evaluation (10 Points)**

This factor emphasizes HUD's commitment to ensuring that applicants keep promises made in their application and assesses their performance to ensure performance goals are met. Achieving results means you, the

applicant, have clearly identified the benefits, or outcomes of your program. Outcomes are ultimate goals. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals. Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your Evaluation Plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

Applicant should agree to cooperate with any HUD-approved evaluation by making staff available for interview, providing lists of participants and their contact information, and making available files under appropriate assurance of confidentiality of records.

Program outcomes for the Youthbuild Program must include:

(1) Number of participants;

(2) Number of housing units constructed;

(3) Number of housing units rehabilitated.

(4) Number of GED's or certificates attained by participants (numerator: of those who are enrolled in education, the number of participants who attain a diploma, GED or certificate; denominator: those who are enrolled in education).

(5) Number of participants placed in employment or education (numerator: of those who are not in education or employed at registration, the number of participants who have entered employment, the military or enrolled in post secondary education and/or advanced training/occupational skills training by the end of the first quarter after exit; denominator: of those who are not in education or employed at registration, the number of participants who exit during the quarter); and

(6) Literacy and numeracy gains (measures the increase in literacy and numeracy skills of participants through a common assessment tool administered at program registration and regular intervals thereafter).

Applicants are required to complete the Logic Model form (see appendix to the General Section). This rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability.

### VII. Application Submission Requirements

(A) Site Access Submission Requirements. You must submit identification of specific housing sites, and firm evidence of site access.

(1) Guidance on evidence of site access:

a. If the applicant or joint applicant has a contract or option to purchase the property, you should provide a statement to that effect and include a copy of the contract or option;

b. If a third party owns the property or has a contract or option to purchase, that third party must provide a letter to you stating the nature of the ownership and specifically providing you with access to the property for the purposes of the program and the time frame in which the property will be available. In the case of a contract or option, include a copy of the document; and

c. You must provide the required certification that the proposed activities are consistent with the HUD-approved Consolidated Plan in accordance with 24 CFR part 91 and referenced in the General Section of the SuperNOFA.

(B) Category 3 applicants only. You must state that the proposed project to be established will be located in an underserved and rural area as defined in Section (VI)(B)(3) of this notice.

(C) Application Items. Your application must contain the items listed in this section. These items include the standard forms, certifications, and assurances listed in the General Section of the SuperNOFA that are applicable to this funding (collectively, referred to as the "standard forms"). The standard forms can be found in Appendix B to the General Section of the SuperNOFA. The remaining application items that are forms (*i.e.*, excluding such items as narratives, letters), referred to as the "non-standard forms" can be found as Appendix B to this program section of the SuperNOFA. The items are as follows:

(1) HUD–424, Application for Federal Assistance.

(2) HUD–424B, Applicant Assurances and Certifications.

(3) HUD–424C, Budget Information for Construction Program.

(4) HUD–2880, Applicant/Recipient Disclosure/Update Form.

(5) SF–LLL, Disclosure of Lobbying Activities (if applicable);

(6) Letters from property owners allowing access to the housing site for construction training.

(7) Submission of 501(c)(3) status and/or letter certifying non-profit status if the applicant is a public non-profit organization. (8) Narrative Response to Factors for Award.

Factor 1—Capacity of the Applicant and Relevant Organizational Experience Factor 2—Need/Extent of the Problem Factor 3—Soundness of Approach, including the following non-narrative items:

(a) letters from non-applicant resource providers describing contributions or support, (b) documentation necessary to complete environmental review (Exhibit 2C15), and description of relocation, if applicable.

Factor 4—Leveraging Resources, including your letters(s) evidencing the leveraged commitment(s), which will not be counted in the 15 page limitation. Factor 5—Achieving Results and Program Evaluation.

(9) HUD–2990, Certification of Consistency with the EZ/EC Strategic Plan;

(D) The total narrative response to all factors identified in Section VI(C)(13) of this program NOFA must not exceed 15 pages, and must be submitted on 8.5" by 11" paper, using a 12 point font, with lines double-spaced and printed only on one side. Please note that submitting pages in excess of the page limit will not disqualify your application. However, HUD will neither review nor consider the information on any excess pages, which may result in a lower score or failure to meet a threshold.

## VIII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

### **IX. Environmental Requirements**

(A) Environmental Reviews. Environmental procedures apply to HUD approval of grants when you propose to use Youthbuild funds to cover any costs for the lease, acquisition, rehabilitation, or new construction of real property proposed for housing project development. Environmental procedures do not apply to HUD approval of your application when you propose to use your Youthbuild funds solely to cover costs for classroom and/or on-the-job construction training and support services.

If you propose to use your Youthbuild funds to cover any costs of the lease, acquisition, rehabilitation, or new construction of real property, you must submit all relevant environmental information in your application to support HUD decision-making in accordance with the environmental procedures and standards set forth in HUD Regulation 24 CFR 585.307.

## X. Authority

This program is authorized under subtitle D of title IV of the Cranston-Gonzalez National Affordable Housing Act, as added by section 164 of the Housing and Community Development Act of 1992 (Pub. L. 102–550, 106 Stat. 3723, 42 U.S.C. 12899). The Youthbuild Program regulations are found in 24 CFR part 585.

### Appendix A—Instructions for Completion of Youthbuild Environmental Requirements (Exhibit 2C(15))

#### A. Instructions to Applicants

1. If you propose to use Youthbuild funds to cover any costs of the lease, acquisition, rehabilitation, or new construction or real property, you shall submit all relevant environmental information in your application to support HUD decision making in accordance with the environmental procedures and standards set forth in 24 CFR 585.307. For each proposed Youthbuild property for which HUD environmental procedures apply, you are to prepare a separate Exhibit 2C(15) in which you supply HUD with environmental threshold information and letters from qualified data sources (see definition below) which support the information. HUD will review your submission and determine how, if necessary, HUD will comply with any Federal laws and authorities that may be applicable to your property proposed for Youthbuild funding. If environmental procedures apply and Exhibit 2C(15) with supporting documentation is not included then the application will be deemed ineligible.

You are to follow these instructions for preparing Exhibit 2C(15). The instructions advise you on how to obtain and document certain information to be supplied to HUD in this exhibit. Before selecting a property for Youthbuild funding, you should read these instructions and be advised that HUD encourages you to select, to the extent practicable, properties and locations that are free of environmental hazards and problems discussed in these instructions. The responses to the environmental criteria in Exhibit 2C(15) will be used to determine environmental approval or disapproval by HUD of proposals for physical development of properties.

2. After selecting a property for proposed Youthbuild funding, you are to determine the activities to be undertaken with your Youthbuild funds. You are to indicate in Section E whether the Youthbuild funds will be used for:

- (a) Lease or purchase of a property;
- (b) Minor rehabilitation or
- (c) Major rehabilitation; or
- (d) New construction of housing.

The activities proposed for Youthbuild funding will determine the kind of data that you will need to obtain from a qualified data source in order to complete Exhibit 2C(15).

3. Once you have selected a property and determined the activities for Youthbuild funding, you are advised to check with your city or county agency that administers HUD's Community Development Block Grant program and performs environmental reviews, or the local planning agency. This course of action is recommended in view of the fact that most, if not all of the data needed for preparing Exhibit 2C(15) is readily available from the local community development agency and the local planning agency. You are advised to ask the environmental staff of those agencies the following questions:

(a) Has the agency ever prepared an environmental review of the proposed Youthbuild property or the neighborhood in which the property is located, and if so, would it provide a copy to the applicant for use by HUD;

(b) Would the agency assist you in completing section G; or if the agency is not able to help complete any item in section G, would the agency advise you which local or State agency is the appropriate qualified data source for obtaining the information.

Also, you should check with the local planning agency before proceeding elsewhere for the information.

You are advised that the cost of preparing information and analyses needed for Exhibit 2C(15) is an eligible cost under the Youthbuild program and is reimbursable if you are approved for a grant.

4. Key terms used in these instructions are defined in the following section. Most of the other terms are technical and their definition would be known to qualified data sources.

(a) Qualified data source means any Federal, State or local agency with expertise or experience in environmental protection (*e.g.*, the local community development agency; the land planning agency; the State environmental protection agency; the State Historic Preservation Officer) or any other source qualified to provide reliable information on the particular subject. Please attach a letter supporting the information from each qualified data source to Exhibit 2C(15).

(b) Minor rehabilitation refers to proposed repairs and renovations to an existing building:

(i) Where the estimated cost of the work is less than 75 percent of the property value after completion;

(ii) That does not involve changes in land use from residential to nonresidential, or from nonresidential to residential;

(iii) That does not involve the demolition of one or more buildings, or parts of a building, containing the primary use served by the project; and

(iv) That does not increase unit density by more than 20 percent.

For minor rehabilitation of a building located in a floodplain, the criteria for substantial improvement modify this definition. (See Item B 3 below)

(c) Major rehabilitation refers to proposed repairs and renovations to an existing building:

(i) Where the estimated cost of the work is 75 percent or more of the property value after completion; or

(ii) That involves changes in land use from residential to nonresidential, or from nonresidential to residential; or

(iii) That involves the demolition of one or more buildings, or parts of a building, containing the primary use served by the project; or

(iv) That increases unit density by more than 20 percent.

(d) Multifamily housing means any residential building that contains five or more apartments or rooming units.

(e) Single-family housing means any residential building that contains one-to-four dwelling units.

Because each Federal environmental law or authority has compliance requirements that differ according to the type of proposed activity to be funded, you are required to supply information in Exhibit 2C(15) only for the type of activity for which the Youthbuild grant will be used.

(f) If you propose new construction or major rehabilitation of multifamily housing, you must supply complete and reliable environmental threshold information for items 1 through 13 in section G.

(g) If you propose new construction of single family housing, you must supply complete and reliable environmental threshold information for items 1 through 12 in section G.

(h) If you propose minor rehabilitation of multifamily or single-family housing, or the purchase or lease of a property, you must supply complete and reliable environmental threshold information for items 1 through 7 in section G.

5. Applicants subject to HUD's environmental procedures are to submit Exhibit 2C(15) and accompanying documentation to HUD with the applications for grant assistance. Such applicants are prohibited from committing or expending State, local or other funds in order to undertake property rehabilitation, construction (including demolition), or acquisition (including lease), until HUD and the grantee execute a grant agreement for the proposed Youthbuild project.

6. HUD reserves the right to disqualify any application where one or more environmental thresholds are exceeded if HUD determines that the compliance review cannot be conducted and satisfactorily completed within the HUD review period for Youthbuild applications.

# B. Environmental Threshold and Documentation Requirements

The threshold and documentation requirements for each of the Federal environmental laws and authorities are described below, following the same order as they appear in section G.

1. Site within designated coastal barrier resources:

*Threshold:* Youthbuild applicants are prohibited by Federal law from using Federal financial assistance for properties, if the properties are located within designated coastal barriers of the Atlantic Ocean, Gulf of Mexico, and the Great Lakes (Coastal Barrier Resources Act, as amended, 16 U.S.C. 3501).

\* *Documentation:* You are to select either A or B for the condition that best describes the property and report the option selected in item 1 of section G.

A. Your program operates in a community that does not contain any shores along the Atlantic Ocean, the Gulf of Mexico, or the Great Lakes. B. Your program operates in a community that does contain shores along the Atlantic Ocean, the Gulf of Mexico, or the Great Lakes, you must provide HUD with a finding made by a qualified data source stating that the proposed property is not located within a designated coastal barrier resource by citing the map panel number of the official maps issued by the Department of the Interior (DOI) on the basis of which the finding was made.

2. Site contaminated with toxic chemicals and radioactive materials:

Threshold: Under HUD policy, as described in 24 CFR 50.3(i), HUD will not approve the provision of financial assistance to residential properties on sites where contamination could affect the health and safety of occupants or conflict with the intended utilization of the property. Sites known or suspected to be contaminated by toxic chemicals or radioactive materials include but are not limited to sites: (i) Listed on either an EPA Superfund National Priorities List (NPL) or CERCLA (Comprehensive Environmental Response, Compensation, and Liability Act) List, or equivalent State list; (ii) located within 3,000 feet of a toxic or solid waste landfill site; or (iii) with an underground storage tank (which is not a residential fuel tank).

\* *Documentation:* You are to select either A or B for the condition that best describes property and report the option selected in item 2 of section G.

A. You are providing HUD with a finding made by a qualified data source stating that the proposed Youthbuild property and any neighboring properties do not contain any sites known or suspected to be contaminated with toxic chemicals and radioactive materials.

B. You are providing any site contamination data by a qualified data source in your letter for HUD's evaluation of contamination and/or suspicion of any contamination of a proposed property or any neighboring properties.

3. Site affecting a floodplain:

Threshold: A property located within a floodplain and proposed for funding is subject to Executive Order 11988, Floodplain Management. The Executive Order directs HUD to avoid, where practicable, proposed financial support for any floodplain property, whenever HUD has options to approve properties in flood-free locations. The Order does not apply to existing single-family properties proposed for purchase or lease except for: (a) Property that is located within a floodway or coastal high hazard area; and (b) substantial improvement. Substantial improvement for flood hazard purposes means any property rehabilitation which: (i) Increases the unit density of the property; or (ii) equals or exceeds 50 percent of the market value of the property before rehabilitation, but excluding the costs for correcting health, sanitary, and safety code violations. Note: Proposed funding for substantial improvement and new construction are subject to the Executive Order decision-making process. This may result in a disqualification of your application (refer above to number 7 under "Instructions to Applicants").

\* *Documentation:* You are to select A or B for the condition that best describes your property and report the option selected in item 3 of section G.

A. You are providing HUD with a finding made by a qualified data source stating that the property is not located within the Special Flood Hazard Area (SFHA).

B. You are providing HUD with a finding made by a qualified data source that the property is located within the Special Flood Hazard Area (SFHA) and indicating if the property is located within a floodway or coastal high hazard area.

The information for A and B must provide HUD with the flood map panel number obtained either from the official maps issued for the National Flood Insurance Program or from the property appraisal report used to make the finding.

For all proposed rehabilitation of properties that are located within a SFHA, you must provide HUD with estimates of: (1) The property value before rehabilitation, and (2) the cost of the proposed rehabilitation. Provide the estimates in section F.

If the property is found to be located within a SFHA, proceed to item 4 on flood insurance protection. Otherwise proceed to item 5.

4. Building requiring flood insurance protection:

*Threshold:* HUD will estimate the amount and period of flood insurance coverage that is to be made a condition of approval of any HUD financial assistance for a building located within a Special Flood Hazard Area (SFHA). The Flood Disaster Protection Act of 1973 requires owners of HUD-assisted buildings to purchase and maintain flood insurance protection as a condition of approval of any HUD financial assistance for the proposed purchase, rehabilitation, or new construction of any SFHA building. The law prescribes the coverage period and dollar amount of flood insurance protection.

Proof of Purchase of Flood Insurance Protection: You must provide HUD with proof of purchase of flood insurance protection for any proposed Youthbuild building located within the SFHA, whenever HUD funding is being used for property purchase, rehabilitation, or new construction. The standard documentation for compliance is the Policy Declarations form issued by the National Flood Insurance Program (NFIP) or issued by any property insurance company offering coverage under the NFIP. Whenever the requirement applies to coverage which extends to future years, the grant agreement will require that the insured has its insurer automatically forward to HUD, in the same manner as to the insured, an information copy of the Policy Declarations form, which is used to verify compliance. The Youthbuild applicant's responsibility ceases in cases where a mortgage loan is approved requiring flood insurance as condition of loan approval by a lender (other than the Youthbuild applicant), whose responsibility is to assure flood insurance coverage for the loan.

\* Documentation: You are to select either A or B for the condition that best describes your property and report the option selected in item 4 of section G.

A. You already own the property and attach a copy of the Policy Declarations form

confirming that a current flood insurance policy is in effect and the policy provides adequate coverage for the building proposed for the Youthbuild project located within the Special Flood Hazard Area.

B. After you have purchased (or constructed, in the case of proposed new construction) the Youthbuild property, you must obtain and maintain flood insurance protection. For the term and amount of coverage prescribed by law, you must provide HUD with a copy of the Policy Declarations form confirming that the flood insurance policy is in effect and the policy provides adequate coverage for the Youthbuild building located within the Special Flood Hazard Area.

5. Site within clear zones or accident potential zones of airports and airfields: *Threshold*: HUD policy as described in 24 CFR part 51, subpart D applies to HUD approval of financial assistance to: (a) Properties located within clear zones; and (b) in the case of new construction or major rehabilitation, properties located within accident potential zones.

(a) Clear zones: New construction and major rehabilitation of a property that is located on a clear zone site is prohibited. HUD financial assistance in a clear zone is allowed only for the proposed lease, purchase, or minor rehabilitation of properties (24 CFR 51.302(a)). For HUD funding approval for any property in a clear zone: (a) HUD will give advance written notice to the prospective property buyer in accord with 24 CFR 51.303(a)(3); and (b) a copy of the HUD notice signed by the prospective property buyer will be placed in the property file. The written notice informs the prospective property buyer of: (i) The potential hazards from airplane accidents, which studies have shown more likely to occur within clear zones than in other areas around the airport/airfield; and (ii) the potential acquisition by airport or airfield operators, who may wish to buy the property at some future date as part of a clear zone acquisition program.

(b) Accident potential zones: For properties located within the accident potential zone (APZ), HUD shall determine whether the use of the property is generally consistent with Department of Defense "Land Use Compatibility Guidelines for Accident Potential Zones."

\* *Documentation:* You are to select either A or B for the condition that best describes your property and report the option selected in item 5 of section G.

A. The property is not located within 3,000 feet of a civil airport or military airfield.

B. If your property is located within 3,000 feet of a civil airport or military airfield, you must provide HUD with a finding from the airport operator stating whether or not the property is located within a runway clear zone at a civil airport, or a clear zone or accident potential zone at a military airfield.

For properties that are located within a runway clear zone or a clear zone or accident potential zone, if you propose to rehabilitate such a property you must provide HUD with estimates of: (i) The cost of the proposed rehabilitation, and (ii) the property value after completion of the rehabilitation. The estimates are to be provided in section F. 6. Site is or affects an historic property: *Threshold*: Only if a property is proposed for rehabilitation or new construction must HUD in consultation with the State Historic Preservation Officer (SHPO), and following the Department of the Interior's Standards and Guidelines for Evaluation, make a determination whether the property is:

(a) Listed on or formally determined to be eligible for listing on the National Register of Historic Places;

(b) Located within or directly adjacent to an historic district; or

(c) A property whose area of potential effects includes an historic district or property.

Historic properties and districts are subject by law to special protection and historic preservation processing, which HUD must perform to comply with the regulations of the Advisory Council on Historic Preservation (ACHP: 36 CFR part 800). Note: If you are using information from the SHPO as a qualified data source you need to allow sufficient time to obtain the information from the SHPO. You may wish to make special arrangements with the SHPO for rapid review of the proposed property where this is practicable. In addition, for properties determined to be historic properties, HUD will require 30 to 90 days in most cases for HUD to perform historic preservation compliance with the ACHP regulations. This may result in a disqualification of the application (refer above to number 7 under "Instructions to Applicants").

\* *Documentation*: You are to select one of the following options that best describe the condition of your property and report the option selected in item 6 of section G.

A. You propose financial assistance for rehabilitation or new construction, and are providing HUD with a SHPO's finding that the proposed Youthbuild activity:

1. Is located within an area where there are no historic properties; or

2. Will have no effect on historic properties; or

3. Will have an effect on historic properties not considered adverse.

B. You propose financial assistance for rehabilitation or new construction, and are providing HUD with a SHPO's finding that the proposed Youthbuild activity will have an adverse effect on historic properties.

C. You are providing HUD with a copy of a letter from the SHPO stating any reasons for not being able to provide you with the requested information and finding.

7. Site near hazardous industrial

operations:

*Threshold:* Properties that are located near hazardous industrial operations handling fuels or chemicals of an explosive or flammable nature are subject to HUD safety standards (24 CFR 51, Subpart C). However, under the Youthbuild program, these standards would apply only if you propose: (a) construction of a building; (b) conversion of a non-residential land use to a residential land use including making habitable a building condemned for habitation; or (c) rehabilitation that increases the density of a residential structure by increasing the number of dwelling or rooming units. In the case of tanks containing common liquid

fuels, the requirement for an acceptable separation distance (ASD) calculation only applies to storage tanks that have a capacity of more than 100 gallons. \**Documentation:* You are to select one of the following options that best describes the condition of the property, and report the option selected in item 7 of section G.

A. The proposed project does not include: (1) Construction of a building; (2) conversion of a non-residential land use to a residential land use including making habitable a building condemned for habitation; or (3) rehabilitation that increases the density of a residential structure by increasing the number of dwelling or rooming units.

B. The proposed project includes: (1) Construction of a building; (2) conversion of a non-residential land use to a residential land use including making habitable a building condemned for habitation; or (3) rehabilitation that increases the density of a residential structure by increasing the number of dwelling or rooming units; and you are providing HUD with a finding by a qualified data source that the proposed property is not located within the immediate vicinity of hazardous industrial operations handling fuel or chemicals of an explosive or flammable nature by citing data used and the maps used.

Ĉ. The applicant proposes: (1) Construction of a building; (2) conversion of a nonresidential land use to a residential land use including making habitable a building condemned for habitation; or (3) rehabilitation that increases the density of a residential structure by increasing the number of dwelling or rooming units. The grantee provides HUD a finding made by a qualified data source stating: (1) That the proposed property is located within the immediate vicinity of hazardous industrial operations handling fuel or chemicals of an explosive or flammable nature; (2) the type and scale of such hazardous industrial operations; (3) the distance of such operations from the proposed property; (4) a preliminary calculation of the acceptable separation distance (ASD) between such operations and the proposed property; and (5) a recommendation as to whether it is safe to use the property in accord with 24 CFR Part 51, subpart C.

8. Site near high noise source:

Threshold: For new construction which is to occur in high noise areas (i.e. exceeding 65 decibels), applicants shall incorporate noise attenuation features to the extent required by HUD environmental criteria and standards contained in Subpart B (Noise Abatement and Control) of 24 CFR part 51. Approvals in a Normally unacceptable noise zone require a minimum of 5 decibels additional sound attenuation for buildings having noisesensitive uses if the day-night average sound level is greater than 65 decibels but does not exceed 70 decibels, or a minimum of 10 decibels of additional sound attenuation if the day-night average sound level is greater than 70 decibels but does not exceed 75 decibels.

Proposed housing sites with above 75 decibels are unacceptable and the noise attenuation measures require the approval of the Assistant Secretary for Community Planning and Development. In Unacceptable noise zones, HUD strongly encourages conversion of noise-exposed sites to nonhousing land uses compatible with the high noise levels.

For major rehabilitation projects involving five or more dwelling units located in the "Normally Unacceptable" and "Unacceptable" noise zones, HUD actively seeks to have project sponsors incorporate noise attenuation features, given the extent and nature of the rehabilitation being undertaken and the level of exterior noise exposure. \*Documentation: You are to select A or B

\**Documentation:* You are to select A or B for the condition that best describes their project and report the option selected in item 8 of section G.

A. You are providing HUD with a finding made by a qualified data source stating that the property proposed by the applicant for a major rehabilitation or new construction project involving five or more dwelling units is not located within: (1) 1,000 feet of a major noise source, road, or highway; (2) 3,000 feet of a railroad; or (3) 1 mile of a civil or 5 miles of a military airfield.

B. The applicant provides HUD with a finding made by a qualified data source: (1) Stating that the plans for the property proposed by the applicant for a major rehabilitation or new construction project involving five or more dwelling units will incorporate noise attenuation features in accord with HUD environmental criteria and standards contained in Subpart B (Noise Abatement and Control) of 24 CFR part 51; (2) stating whether the property is located within a "Normally Unacceptable" or "Unacceptable" noise zone; and (3) providing HUD plans and a statement of the anticipated interior noise levels.

9. Site affecting coastal zone management: *Threshold:* Only for proposed activities involving new construction or major rehabilitation of multifamily housing does the Coastal Zone Management (CZM) authority apply. Projects that can affect the coastal zone must be carried out in a manner consistent with the approved State coastal zone management program under Sec. 307 of the Coastal Zone Management Act of 1972, as amended.

\**Documentation:* You are to select either A or B for the condition that best describes the project and report the option selected in item 9 of section G.

A. You state that your project is not located within a coastal zone, as defined by the States Coastal Zone Management Plan.

B. If your project is located within a coastal zone, you are providing HUD with a finding made by the State CZM agency that the project proposed by the applicant is consistent with the approved State coastal zone management program.

10. Site affecting a sole source aquifer: *Threshold:* The sole source aquifer authority applies primarily to activities involving proposed new construction or conversion to housing of non-residential property. Projects which can affect aquifers designated by the Environmental Protection Agency (EPA) must be reviewed for impact on such designated aquifer sources. The Safe Drinking Water Act of 1974 requires protection of drinking water systems which are the sole or principal drinking water source for an area and which, if contaminated, would create a significant hazard to public health.

\**Documentation:* You are to select either A or B for the condition that best describes their project and report the option selected in item 10 of section G.

A. You are providing HUD with a finding made by a qualified data source stating that the proposed property is not located on nor does it affect a sole source aquifer designated by EPA.

B. If your project proposes new construction or conversion activities that are located on or may affect any sole source aquifer designated by the EPA, you are identifying the aquifer and providing HUD with an explanation of the effect on the aquifer from a qualified data source, and/or a copy of any comments on the proposed project that have been received from the EPA Regional Office as well as from any State or local agency with jurisdiction for protecting the drinking water system.

11. Site affecting endangered species:

*Threshold:* The Endangered Species Protection (ESP) authority applies primarily to activities involving proposed new construction or conversion to housing of a non-residential property. Projects which can affect listed or proposed endangered or threatened species or critical habitats require consultation with the Department of the Interior or the Department of Commerce in compliance with the procedure of Section 7 of the Endangered Species Act of 1973, as amended.

\**Documentation:* You are to select either A or B for the condition that best describes the property and report the option selected in item 11 of section G.

A. If your project proposes new construction or conversion activities, you are providing HUD with a finding made by a qualified data source that the project is not likely to affect any listed or proposed endangered or threatened species or critical habitat. The finding shall indicate whether the project is located within a critical habitat, and if so, explain why the project is not likely to affect the species or habitat.

B. If your project proposes new construction or conversion activities that are likely to affect listed or proposed endangered or threatened species or critical habitat, you are providing HUD with a statement from a qualified data source explaining the likely affect, and/or a finding made by the Fish and Wildlife Service of the Department of the Interior or the National Marine Fisheries Service of the Department of Commerce stating as acceptable the proposed mitigation that you will provide to protect any affected endangered or threatened species or critical habitat.

12. Site affecting a designated wetland: *Threshold:* New construction or conversion to housing of a non-residential property located within a designated wetland is subject to Executive Order 11990, Protection of Wetlands. This Executive Order directs HUD to avoid, where practicable, financial support for new construction on wetland property. Note: Proposed funding for new construction or conversion is subject to the Executive Order decision making process. This may result in a disqualification of the application (refer above to number 7 under "Instructions to Applicants").

\**Documentation:* You are to select A or B for the condition that best describes the property and report the option selected in item 12 of section G.

A. You are providing HUD with a finding made by a qualified data source stating that the property is not located within a designated wetland where new construction or conversion is proposed.

B. You are providing HUD with a finding made by a qualified data source that the property is located within a designated wetland, which applies only to property where new construction or conversion is proposed.

The information for A and B must provide HUD with the wetland panel number obtained from official maps issued by the Department of the Interior on the basis of which the finding was made, or where DOI has not mapped the area, a letter or other documentation from the Army Corps of Engineers or other Federal agency.

13. Significant impact to the human environment:

Threshold: HUD must perform an environmental assessment of any property proposed for major rehabilitation or new construction except for an individual singlefamily property having one-to-four dwelling units or a scattered site project of five or more units where the sites are more than 2,000 feet apart and there are not more than four units on any one site. It is the policy of the Department to reject proposals which have significant adverse environmental impacts and to encourage the modification of projects in order to enhance environmental quality and minimize environmental harm. This policy is authorized by the National Environmental Policy Act (NEPA) and the implementing regulations of the Council on Environmental Quality and HUD's Environmental Rule at 24 CFR part 50.

\*Documentation: You are to provide HUD with any information on any adverse environmental impacts that affect the property or that the project would create. You are to report this data on a separate sheet and attach it to Exhibit 2C(15). Examples of adverse impacts are: soil instability and erodibility; natural or person-made hazards and nuisances; air pollution; inadequate infrastructure (e.g., water supply, waste water treatment, storm water management, solid waste collection), inadequate public services (*i.e.*, fire, police, health care, social services, schools, parks) and transportation; and encroachment on prime farmlands and wild and scenic river areas. You are to identify any significant impacts to the human environment.

### Appendix B

The non-standard forms, which follow, are required for your Youthbuild application. BILLING CODE 4210-32-P U.S. Department of Housing and Urban Development Office of Community Planning and Development OMB Approval No. 2506-0142 (exp. 09/30/2003)

# FY 2003 Youthbuild SuperNOFA Forms

form HUD-40211 (04/2003)

# **Exhibit 2 C.** Housing Site Description. (Complete all sections.)

Public reporting burden for the collection of information is estimated to average 2 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the Youthbuild grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

1. Housing Site Identification	2. Number of housing un planned to be purchase		Type of housing to be produced: (check all that apply) residential rental homeowersnhip transitional housing for the homeless
			the homeless, attach a description of the plan ge). Label this narrative Exhibit 2C4.
5. Will all housing produced be pro- income, or very-low income persons		6. '	The on-site training will consist of:
YesNo			New Construction Rehabilitation
7. Are any of the units currently occ	upies?	8.	Name of the current owner of the property:
YesNo			
on the date of submission of this app displaced, the estimated cost of reloc organization that will provided reloca Label this attachment as Exhibit 2C7	lication, the number of displa ation services payments and ation assistance to occupants	iced, the services and the	the business or others occupying the property number to be temporarily relocated but not a, the source of funds for relocation, and the contact person's name and phone number.
2. Documentation of Access: Attach Label this attachment Exhibit 2C9.	required evidence of site acc	ess. (L	etter from the owner identified in No. 8)
10. Individual Housing Project Site	Estimate and Documentation	of Reso	purces
Complete the attached Exhibit 2C10 implementation program. Attach do			ed in conjunction with the Youthbuild h Exhibit 2C10.
11. Describe the applicant role and re this description Exhibit 2C11.	sponsibilities for the on-site	housing	construction or rehabilitation work. Label
12. Name the entity which will own			Housing Project Certifications.
property after the construction or rehading completed.	abilitation work is	Ηοι	using Certifications are Attached.
completed.			Yes No
14. Model Lease		15.	Environmental Threshold Information for
A Model Lease is attached		Exh	perty Proposed for Youthbuild funding ibit 2C15 and supporting documentation is ached
Yes No			Yes No

16. Picture: (optional). Provide a picture of each potential housing site. Label it Exhibit 2C16.

## Exhibit 2 C 10. INDIVIDUAL HOUSING PROJECT SITE ESTIMATE

Address of Property (include city, state, and zip code):

Grant Activities						
	Youthbuild	Other Federal	State	Local	Private	Total
Acquisition	\$	\$	\$	\$	\$	\$
<ol> <li>Architecture and Engineering</li> </ol>						
. Housing Construction						
I. Housing Rehabilitation		· · · · · · · · · · · · · · · · · · ·				
5. Total Housing Project Costs for Site						

#### Note 1: Include both cash and in-kind contributions

Note 2: When paid, in whole or in part, with Youthbuild program funds, the activities above will trigger applicable Youthbuild project-related restrictions contained in Youthbuild regulations CFR 585.309, 310, OR 311. Applicants who propose to use Youthbuild funds for one or more of these activities are required to complete the appropriate certifications.

## **Documentation of Housing Resources**

Attach a letter of commitment from each source of funding

Name of Provider (Donor)	Cash or	Dollar Value	Page No.	HUD Us
	In-Kind	Provided	of Letter	Only
		\$		
		\$		
	Hteo on the transfer			
		\$		
-				
		\$		
otal		\$		

## Exhibit 2 C 13a. Housing Project Certifications For Residential Rental Units

Applicants requesting Youthbuild Grant funds to fund any part of the acquisition, architectural and engineering fees, construction, operating costs or replacement reserves for a housing project that will be used for residential rental units, must make the following certification. If the rightful property owner is not the applicant, then these certifications must be signed by that property owner. A separate certification must be signed for each housing project.

The Applicant or Rightful Property Owner certifies that, for a period of not less than ten (10) years after construction or rehabilitation is completed and an occupancy permit is issued for the Youthbuild residential rental housing project receiving Youthbuild assistance, it:

- A. Will maintain at least a 90 percent level of occupancy for individuals and families with incomes less than 60 percent of the area median income, adjusted for family size. The remaining ten percent of the units will be made available to and occupied by low-income families. The income test will be conducted only at the time of entry for each unit available for occupancy. Each available rental unit will be made available to the 60 percent-of-area-median-income group for an advertising period of not less than 90 days upon each vacancy occurrence throughout the ten year period. Community-wide advertisements for tenants of this income group will be conducted. If, at the end of the 90-day advertising period, no qualifying tenant leases the unit, the unit will be advertised for individuals and families with incomes between 60 and 80 percent of the area median income adjusted for family size, for another 90 day period. Leases for tenants whose income are between 60 and 80 percent of the area median income (exclusive of the ten percent allowance) will be limited to one year and such temporary tenants are not covered by paragraphs C., E., and F. below.
- B. Will use the model lease submitted with the Youthbuild application with any modifications approved by HUD at the time of grant award.
- C. Will not terminate the tenancy or refuse to renew the lease of a tenant occupying a Youthbuild residential rental housing unit except for serious or repeated violations of the terms and conditions of the lease, or for violation of applicable Federal, state or local laws, or for other good cause. Any termination or refusal to renew the lease will be preceded by a not less than 30-day written notice to the tenant specifying the grounds for the action.
- D. Will maintain the premises in compliance with all applicable HUD, other Federal, State or local program housing quality standards and local code requirements. If no public assistance is involved other than the Youthbuild grant, HUD's Section 8 housing quality standards will be followed.
- E. Will develop and adopt a tenant selection plan that:
  - 1) is consistent with the purpose of providing housing for homeless and very low-income families and individuals:
  - is reasonably related to program eligibility and the certifying entity's ability to perform the obligations of the lease;
  - 3) gives reasonable consideration to the housing needs of families that would qualify for a preference under section 6 (c) (4) (A) of the United States Housing Act of 1937;
  - 4) provides for the selection of tenants from a written waiting list in the chronological order of their application, to the extent practicable, and for the prompt notification in writing of any rejected applicant of the grounds for any rejection; and
  - 5) acknowledges that a family holding tenant-based assistance under section 8 of the United States Housing Act of 1937 will not be refused tenancy because of the status of the prospective tenant as a holder of such assistance

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## Exhibit 2 C 13b. Housing Project Certifications For Transitional Housing

Applicants requesting Youthbuild Grant funds to fund any part of the acquisition, architectural and engineering fees, construction, rehabilitation, operating costs or replacement reserves for a housing property that will be used for Transitional housing for the homeless must make the certifications below. If the rightful property owner is not the applicant, then these certifications must be signed by that owner. A separate certification must be signed for each housing project.

The Applicant or Rightful Property Owner certifies that, for a period of not less than ten (10) years after construction or rehabilitation is completed and an occupancy permit is issued for the Youthbuild residential rental housing project receiving Youthbuild assistance, it:

- A. will ensure that the aggregate monthly rental for each Youthbuild project will not exceed the operating costs of the project (including debt service, management, adequate reserves and other documented operating costs) plus a six percent return on any equity investment of the project owner.
- B. Will, **if it is nonprofit organization**, use any profit received from the operation, sale or other disposition of the project for the purposes of providing housing for low-and moderate-income families. Any profit-motivated partners in a nonprofit partnership will receive: (i) not more than a six percent return on their equity investment from project operations; and (ii) upon disposition of the project, not more than an amount equal to their initial equity investment plus a return on that investment equal to the increase in the Consumer Price Index for the geographic location of the project since the time of the initial investment of such partner in the project.
- C. Will ensure that the transitional housing project shall adhere to the requirements regarding service delivery, housing standards and rent limitations applicable to comparable housing receiving assistance under title IV of the Stewart B. McKinney Homeless Assistance Act, unless these requirements are expressly waived by the Secretary of HUD to permit the conversion of the project to a permanent housing project.
- D. Will not convey ownership of the property unless the instrument of conveyance requires a subsequent owner to comply with the above certifications for the balance of the ten year period.

Signature	of	Authorized	Certifying	Official of	of:

Applicant	Rightful Property Owner
Title:	
Organization:	
Date:	
Address of Property:	

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## Exhibit 2C 13c. Housing Project Certifications for Homeownership

Applicants requesting Youthbuild Grant funds to fund any part of the acquisition, architectural and engineering fees, construction, or rehabilitation for a housing property that will be used for homeownership must provide the certifications below. If the rightful property owner is not the applicant, then these certifications must be signed by that property owner. A separate certification must be signed for each housing project.

The Applicant or Rightful Property Owner certifies that, for a period of not less than ten (10) years after construction or rehabilitation is completed and an occupancy permit is issued for the Youthbuild homeownership housing project receiving Youthbuild assistance it;

- A. Will ensure that the homeownership project will comply with the requirements of the HOPE II or HOPE III programs authorized under subtitles B or C respectively of title IV of the Cranston-Gonzales National Affordable Housing Act.
- B. Will not convey ownership of the property unless the instrument of conveyance requires a subsequent owner to comply with the above certification for the balance of the ten year period.

Signature of Authorized Applicant Orga		Rightful Property Owner
Title:		e-ensemblement
Organization:		
Date:	·····	
Address of Property:	······································	
		100 March 100 Ma

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# Exhibit 2 C 15. Environmental Threshold Information for a Property Proposed for Youthbuild Funding

	ld Applicant's Name.	Contract Person's Name.		Phone Number (Include Area Code
A. Street Code)	address for the property (	I Include City, State, Zip	mark of proper	ach a map of the community and on the map the location of the rty. s attached: Yes NO
			C. Att review local c Enviro Yes	ach a copy of any environmental v for the property obtained from the qualified data source. onmental review is attached: No
r		roposed use of the property ber of dwellings or rooming		ether single-family, multifamily or No. of units:
1	Proposed use:			No. of units:
Е. I	ndicate the activities for v Lease or purchase of a pro			nthbuild funds for the property. nor RehabilitationNew Constructio
F	potential zone of an airpor	t or airfield provide the fol		
	erty value before rehabilit in thousands)			Property value after completion of
(est. ) \$		(est. in thousands) \$		rehabilitation (est. in thousands) \$
G. 1 G. 1 1 c	For new construction or hrough 13. For new cor For minor rehabilitation of a property, complete i	\$ major rehabilitation of m istruction of single-family of multifamily or single-f tems 1 through 7. The de equired by the instruction	ultifami housing amily h signatio	\$ ily housing, complete items 1 g, complete items 1 through 12. ousing, or for the purchase or leas on "A" or "B" or "C" refers to the

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## Exhibit 4A.

TOTAL YOUTHBUILD GRANT BUDGET

Sources of Funds						
Grant Activities	Youthbuild	Other Federal		Local	Private	Total
1.Acquisition	\$	\$	\$	\$	\$	
2. Architecture and Engineering						
3. Housing Construction						
4. Housing Rehabilitation						
5. Relocation			· · · · · ·			-
6. Outreach and Recruitment Activities						
7. Education and job training (includes on-site training						
8. Trainee wage, etc.*						
9. Leadership development, counseling, support services			<b></b>			
10. Job placement and follow-up						
<ol> <li>Subtotal (sum of lines 1 through 10)</li> </ol>						
12. Costs of administering Grant**						
13. Total Costs (sum of lines 11 and 12)	\$	\$	\$	\$	\$	\$

• Include need-based stipends/benefits/incentives/tools/clothing, etc.

## Exhibit 4B. Non-

Non-Housing Program Resources

Information in this exhibit will be used to rate the Non-Housing Program Resources criterion. Applicants should refer to the specific instructions on how to complete this exhibit. Verify that the letter is acceptable. The "Dollar Value Provided" figure is total of those with an acceptable letter. Do not include any letters that are housing resources.

Provided	Page No. of Letter	Only
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## Line Item Budget for Federal Funds for the Rural Housing and Economic Development Program

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# RURAL HOUSING AND ECONOMIC DEVELOPMENT PROGRAM

Billing Code 4210-32-C

## Funding Availability for the Rural Housing and Economic Development Program

#### **Program Overview**

Purpose of Program: The purpose of the Rural Housing and Economic Development (RHED) program is to build capacity at the State and local level for rural housing and economic development and to support innovative housing and economic development activities in rural areas. The funds made available under this program will be awarded competitively, through a selection process conducted by HUD in accordance with HUD Reform Act.

Available Funds: Approximately \$24,837,500 million will be awarded in Fiscal Year (FY) 2003 plus any additional funds that would be available through recapture.

*Eligible Applicants:* Local rural nonprofit organizations, community development corporations, federally recognized Indian tribes, State housing finance agencies and State economic development and/or community development agencies.

Application Deadline: May 27, 2003. Match: None.

### **Additional Information**

If you are interested in applying for funding under this program, please carefully review the General Section of this SuperNOFA and the following information:

## I. Application Due Date, Further Information and Technical Assistance

Application Due Date: Applications for RHED grants must be received by the deadline date. Applications received after the deadline date will not be considered.

See the General Section of this SuperNOFA for specific procedures governing the form of application submission).

*Applications.* Your application will be considered timely filed if your application is received in HUD headquarters on or before 5:15 pm eastern standard time on the application due date.

Address for Submitting Applications: Completed applications (one original and two complete copies) must be submitted to: Processing and Control Unit, Room 7251, Office of Community Planning and Development, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410; ATTN: Office of Rural Housing and Economic Development. When submitting your application, please include your name, mailing address (including zip code), telephone number, and fax number (including area code).

Application Kits. An application kit for the RHED program is not necessary for submitting an application in response to this announcement. This announcement contains all the information necessary for the submission of your application for the Rural Housing and Economic Development Program.

Further Information and Technical Assistance. All information and materials required to submit an application for funding under the HUD Rural Housing and Economic Development program are included in the Appendix to this NOFA.

For information concerning the HUD Rural Housing and Economic Development program, contact Ms. Holly A. Kelly, Economic Development Program Specialist, Office of Rural Housing and Economic Development, Office of Community Planning and Development (CPD), U.S. Department of Housing and Urban Development, 451 7th Street, SW., Room 7137, Washington, DC 20410; telephone 202-708–2290 (this is not a toll-free number). Persons with speech or hearing impairments may access this number via TTY by calling the toll-free Federal Information Relay Service at 1-800-877-8339.

Prior to the application deadline, HUD staff at the number above will be available to provide general guidance and clarification of the NOFA, but not guidance in actually preparing your application. Following selection, but prior to award, HUD staff will be available to assist in clarifying or confirming information that is a prerequisite to the offer of an award by HUD.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of an application. For more information about the date and time of this broadcast, consult the HUD Web site at www.hud.gov.

#### **II. Amount Allocated**

(A) Available Funds. Approximately \$24,837,500 million in Fiscal Year (FY) 2003 funding (plus any additional funds that would be available through recapture) is being made available through this NOFA. The breakdown for this funding is below.

(B) Funding Categories and Maximum Award Amounts. HUD will award up to approximately \$25 million on a competitive basis in the following funding categories. Applicants must apply for funds in only one of the two categories: Category (1) Capacity Building or Category (2) Support for Innovative Housing and Economic Development Activities. Only one application will be accepted from any given organization. If more than one application is received from any one organization, the application that was received in the Processing and Control Unit at HUD Headquarters first will be considered for funding. All subsequent applications will be deemed ineligible.

Category 1 *Capacity Building.* HUD will award up to approximately \$10 million to applicants for capacity building activities. This amount will go directly to local rural non-profits, community development corporations (CDCs) and federally recognized Indian tribes to increase an organization's capacity to support innovative housing and economic development activities. The maximum amount awarded to a successful applicant in this category will be \$150,000. If you received two or more RHED grants for capacity building since 1999, you are not eligible to apply under this category.

Category 2 Support for Innovative Housing and Economic Development Activities. HUD will award up to approximately \$14,837,500 million to federally recognized Indian tribes, State Housing Finance Agencies (HFA)s, State community and/or economic development agencies, local rural nonprofits and Community Development Corporations (CDCs) to support innovative housing and economic development activities in rural areas nationwide. The maximum amount awarded to a successful applicant in this category will be \$400,000.

**Special Note:** Applicants are encouraged to ensure that the amount of RHED funds requested are consistent throughout their application including on the HUD 424 "Application for Federal Assistance", the Transmittal Letter, the application narrative sections (Rating Factors) and the HUD 424A "Budget Information". Inconsistencies may result in discrepancies between funding amounts requested and amounts awarded.

#### **III. Program Description; Eligible Applicants; Eligible Activities**

#### (A) Program Description

(1) *Background.* There has been a growing national recognition of the need to enhance the capacity of local rural non-profit organizations, community development corporations, federally recognized Indian tribes, State housing finance agencies (HFAs) and State economic development and/or community development agencies to expand the supply of affordable housing and to engage in economic development

activities in rural areas. A number of resources are available from the Federal government to address these problems, including programs of the United States Department of Agriculture (USDA), the **Economic Development Administration** (EDA), the Appalachian Regional Commission (ARC), the Department of the Interior (for Indian Tribes) and HUD. The Rural Housing and Economic Development program has been developed to supplement these resources and to focus specifically on capacity building and promoting innovative approaches to housing and economic development in rural areas. In administering these funds, HUD encourages you to coordinate your activities supported by any of the above mentioned agencies.

(2) Definitions

Appalachia's Distressed Counties means those counties in Appalachia that ARC has determined to have unemployment and poverty rates that are 150 percent of the respective U.S. rates and has a per capita income that is less than 67 percent of the U.S. per capita income, and has counties with 200 percent of the U.S. poverty rate and one other indicator such as percent of overcrowded housing, etc. Appendix B to this notice identifies ARC's list of distressed counties.

*Colonia* means any identifiable, rural community that:

(i) Is located in the state of Arizona, California, New Mexico, or Texas; (ii) Is within 150 miles of the border

between the U.S. and Mexico; and (iii) Is determined to be a Colonia on

the basis of objective need criteria, including the lack of potable water supply, lack of adequate sewage systems, and lack of decent, safe, sanitary, and accessible housing.

*Farmworker* means a farm employee of an owner, tenant, labor contractor, or other operator raising or harvesting agricultural or aquacultural commodities; or a worker in the employment of a farm operator, handling, planting, drying, packing, grading, storing, delivering to storage or market, or carrying to market agricultural or aquacultural commodities produced by the operator. Seasonal farm workers are those farm employees who typically do not have a constant year round salary.

A Firm commitment means the agreement by which an applicant's partner agrees to perform an activity specified in the application and demonstrates the financial capacity to deliver the resources necessary to carry out the activity, and commits the resources to the activity either in cash or through in-kind contributions and is

irrevocable, subject only to approval and receipt of a FY 2003 RHED grant. Each letter of commitment should include the organization's name, the applicant's name, the proposed program, the proposed total level of commitment and responsibilities as they relate to the proposed program. The commitment must be written on letterhead from the participating organization, must be signed by an official of the organization legally able to make commitments on behalf of the organization and dated not earlier than the date of publication of this NOFA. In documenting a firm commitment, the applicant's partner must:

(i) Specify the authority by which the commitment is made, the amount of the commitment, the use of funds and the relationship of the commitment to the proposed investment. If the committed activity is to be self-financed, the applicant's partner must evidence its financial capability through a corporate or personal financial statement or other appropriate means. If any portion of it is to be financed through a lending institution, the participant must provide evidence of the institution's commitment to fund the loan;

(ii) Affirm that the commitment is contingent only upon the receipt of FY 2003 RHED funds and state a willingness on the part of the signatory to sign a legally binding commitment (conditioned on HUD environmental review and approval of a property, where applicable) upon award of the grant.

*Federally Recognized Indian tribe* means any tribal entity eligible to apply for funding and services from the Bureau of Indian Affairs by virtue of their status as Indian Tribes. The list of federally recognized Indian tribes can be found in the notice published by the Department of the Interior on July 12, 2002, at 67 FR 46328, and is also available from HUD.

Innovative housing activities means projects, techniques, methods, combinations of assistance, construction materials, and energy efficiency improvements or financing institutions or sources new to the eligible area, or its population. The innovative activities can also build upon and enhance a model that already exists.

Local rural non-profit or Community Development Corporation means either:

(i) Any private entity with tax-exempt status recognized by the Internal Revenue Service (IRS) which serves the eligible rural area involved in the application (including local affiliates of national organizations that provide technical and capacity building assistance in rural areas); or (ii) Any public non-profit such as a Council of Governments that will serve specific local non-profit organizations in the eligible area.

Lower Mississippi Delta Region means the eight state, 235 county/parish region defined by Congress in the Lower Mississippi Delta Development Act, Pub. L. 100–460. Appendix C to this notice identifies the counties referenced in the Act.

*Rural area* may be defined in one of five ways:

(i) A place having fewer than 2,500 inhabitants (within or outside of metropolitan areas).

(ii) A county with an urban population of 20,000 inhabitants or less.

(iii) Territory, persons, and housing units in the rural portions of "extended cities." The U.S. Census Bureau identifies the rural portions of extended cities.

(iv) Open country that is not part of or associated with an urban area. The USDA describes "open country" as a site separated by open space from any adjacent densely populated urban area. Open space includes undeveloped land, agricultural land, or sparsely settled areas, but does not include physical barriers (such as rivers and canals), public parks, commercial and industrial developments, small areas reserved for recreational purposes, and open space set aside for future development.

(v) Any place with a population not in excess of 20,000 and not located in a Metropolitan Statistical Area.

State economic development and/or community development agency means any state agency that has promotion of statewide or local community/economic development as its primary purpose.

State housing finance agency means any state agency created to assist local communities and housing providers with financing assistance for development of housing in rural areas, particularly for low- and moderateincome people.

(B) *Eligible applicants*. Eligible applicants for each of the funding categories are as follows:

(1) For capacity building funding. If you are a local rural non-profit, including grassroots, faith-based and other community-based grassroots organization, CDC, or federally recognized Indian tribe, you are eligible for capacity building funding to carry out innovative housing and economic development activities which should lead to an applicant becoming selfsustaining in the future.

(2) For support for innovative housing and economic development activities funding. If you are a local rural nonprofit organizations, including grassroots, faith-based and other community-based grassroots organization, CDC, federally recognized Indian tribe, State HFA, or State economic development and/or community development agency, you may apply for funding to support innovative housing and economic development activities in rural areas.

(C) *Eligible activities.* The following are examples of eligible activities under the Rural Housing and Economic Development program. These examples are illustrative and are not meant to limit the activities that you may propose in your application:

(1) For capacity building funding. Capacity building for innovative rural housing and economic development involves the enhancement of existing organizations to carry out new functions and/or to more effectively perform existing functions. Activities may include, but are not limited to the following:

(a) Enhancement of existing functions or creation of new functions to provide affordable housing and economic development in rural areas;

(b) Acquisition of additional space and support facilities;

(c) Salaries for additional staff needed to conduct the work, including financial management specialists, and economic development specialists;

(d) Training of staff in the areas of financial management, economic development financing, housing accessibility and visitability standards, fair housing issues and complaint filing;

(e) Development of business plans in order for the organization to be selfsustaining;

(f) Development of Management Information Systems (MIS) and software to enable better and more accurate reporting of information to HUD and to other entities;

(g) Development of feasibility studies and market studies;

(h) Training on energy efficiency in construction for housing and commercial projects;

(i) Housing counseling services including fair housing counseling, the provision of information on budgeting, access to credit and other federal program assistance available;

(j) Conducting conferences or meetings with other Federal and State agencies to inform residents of programs, rights and responsibilities associated with homebuying opportunities; and;

(k) Arranging for technical assistance to conduct needs assessments, conduct asset inventories and to develop strategic plans. **Note:** Administrative costs for assistance under this funding category may not exceed fifteen percent (15%) of the total HUD RHED grant award.

(2) For support of innovative housing and economic development activities. This category is intended to support, but not be limited to, other costs for innovative housing and economic development activities. Activities may include, but are not limited to the following:

(a) Cost for using new or innovative construction, energy efficiency or other techniques that will result in the design and/or construction of innovative housing and economic development projects;

(b) Preparation of plans, architectural or engineering drawings;

(c) Preparation of legal documents, government paperwork and applications to allow construction of housing and economic development activities to occur in the jurisdiction;

(d) Financial assistance for the acquisition of land and buildings;

(e) Demolition of property to permit construction or rehabilitation activities to occur;

(f) Development of infrastructure to support the housing or economic development activities;

(g) Purchase of construction materials; (h) Job training to support the

activities of the organization;

(i) Homeownership counseling including fair housing counseling, credit counseling, budgeting, access to credit, and other federal assistance available;

(j) Conducting conferences or meetings with other Federal and State agencies to inform residents of programs, rights and responsibilities associated with homebuying opportunities;

(k) Development of feasibility studies and market studies;

(1) Development of Management Information Systems (MIS) and software to enable better and more accurate reporting of information to HUD and to other entities;

(m) Establishing Community Development Financial Institutions (CDFIs), lines of credit, revolving loan funds, microenterprises, and small business incubators; and

(n) Provision of direct financial assistance to homeowners/businesses/ developers, etc. This can be in the form of establishing default reserves, pooling/ securitization mechanisms, loans, grants, funding existing Individual Development Accounts or similar activities.

Applicants are reminded that they must affirmatively further fair housing in all their activities. Applicants should reference Section V(D) of the SuperNOFA General Section for clarification of AFFA requirements.

Applicants should demonstrate that their activities will continue to serve the populations that are in need and that beneficiaries will have a choice of innovative housing and economic development opportunities as a result of these activities.

**Note:** Administrative costs for assistance under this funding category may not exceed fifteen percent (15%) of the total HUD RHED grant award.

(D) Ineligible activities. Examples of ineligible activities for both funding categories include:

(a) the use of RHED grant funds for income payments to subsidize individuals or families;

(b) political activities;

(c) general governmental expenses other than expenses related to the administrative cost of the grant; or

(d) projects and activities intended for personal gain or private use.

#### **IV. Program Requirements**

(A) *General.* To be eligible for funding under this program section of this SuperNOFA, you must meet the threshold and statutory or regulatory requirements applicable to all programs set forth in Section V of the General Section of the SuperNOFA. In addition to the above, you must meet the following program specific requirements.

(B) Accounting System Requirements. RHED requires that successful applicants have in place an accounting system that meets the policies, guidance, and requirements as described in the following applicable OMB Circulars and Code of Federal Regulations:

(1) OMB Circular No. A–87 (Cost Principles Applicable to Grants, Contracts and Other Agreements with State and Local Governments);

(2) OMB Circular No. A–122 (Cost Principles for Nonprofit Organizations),

(3) OMB Circular No. A–133 (Audits of States, Local Governments, and Non-Profit Organizations);

(4) 24 ČFR part 84 (Grants and Agreements with Institutions of Higher Education, Hospitals, and other Non-Profit Organizations); and

(5) 24 ČFR part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Federally recognized Indian tribal governments).

These documents apply to the award, acceptance and use of assistance under the Rural Housing and Economic Development program NOFA, and to the remedies for noncompliance, except when inconsistent with the provisions of the FY 2003 HUD Appropriations Act, other Federal statutes or the provisions of this NOFA.

(C) *Ethical Standards*. HUD requires that all grantees adhere to core values and ethical business practices, as described in the General Section of the SuperNOFA as a condition of the award.

(D) Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses. HUD requires grantees to use small businesses, small disadvantaged businesses and womenowned businesses in conducting your work activities, if possible. Please refer to Section V(F) of the General Section of the SuperNOFA for specific requirements.

(E) Forms, Certifications and Assurances. Applicants are required to submit signed copies of the standard forms, certifications and assurances included in the Appendix of this NOFA signed by the managing officer of your organization.

(F) Environmental Review. Selection for award does not constitute approval of any proposed sites. Following selection for award, HUD will perform an environmental review of activities proposed for assistance under this part, in accordance with 24 CFR part 50. The results of the environmental review may require that proposed activities be modified or that proposed sites be rejected. Applicants are particularly cautioned not to undertake or commit HUD funds for acquisition or development of proposed properties (including establishing lines of credit that permit financing of such activities or making commitments for loans that would finance such activities from a revolving loan fund capitalized by funds under this NOFA) prior to HUD approval of specific properties or areas. Each application must contain an assurance that you, the applicant, will assist HUD to comply with part 50; will supply HUD with all available relevant information to perform an environmental review for each proposed property; will carry out mitigating measures required by HUD or select alternate property; and will not acquire, rehabilitate, convert, demolish, lease, repair or construct property, nor commit or expend HUD or local funds for these program activities with respect to any eligible property, until HUD approval of the property is received. In supplying HUD with environmental information, grantees are to use the same guidance as provided in the Notice CPD-99-01, entitled "Field Environmental

Processing for HUD Colonias Initiative (HCI) grants" issued January 27, 1999.

(G) *Conflicts of Interest.* Consultants and experts assisting HUD in rating and ranking applicants for funding under this NOFA are subject to 18 U.S.C. 208. Refer to Section V(M) of the General Section of the SuperNOFA.

(H) Grant Amounts. In the event, you, the applicant, are awarded a grant that has been reduced (e.g. the application contained some activities that were ineligible or budget information did not support the request), you will be required to modify your project plans and application to conform to the terms of HUD's approval before execution of the grant agreement. HUD reserves the right to reduce or de-obligate the award if suitable modifications to the proposed project are not submitted by the awardee within 90 days of the request. Any modifications must be within the scope of the original application. HUD reserves the right not to make awards under this NOFA

(I) *Grant Period.* Recipients will have 36 months from the date of the executed grant agreement to complete all project activities.

(J) *Lead-Based Paint Hazard Control.* All property assisted under the Rural Housing and Economic Development program is covered by the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821–4846) and HUD's implementing regulations at 24 CFR part 35.

(K) Adjustments to Funding. In addition to the items identified under Section VI(F) of the General Section of the SuperNOFA, HUD:

(1) reserves the right to utilize this year's funding to fund previous year's errors prior to the rating and ranking this year's applications. Additionally, HUD reserves the right to reallocate funds between categories to achieve the maximum allocation of funds in both categories.

(2) If after all eligible applicants have been selected for funding in Category 1 and funds remain, the remaining funds will be allocated to Category 2 to fund additional eligible applications in that category. If after all eligible applicants have been selected for funding in Category 2 and funds remain, the remaining funds will be allocated to Category 1 to fund additional eligible applications in that category. If a balance of funds remains, HUD reserves the right to utilize those funds toward the following year's competition.

(L) Economic Opportunities for Low and Very Low Income Persons (Section 3). Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1702u) is applicable to the RHED program. Please see Section V of the General Section of the SuperNOFA.

#### V. Application Selection Process

(A) Rating and Ranking. (1) General. To review and rate applications, HUD may establish panels which may include outside experts or consultants to obtain certain expertise and outside points of view, including views from other Federal agencies.

(2) *Rating.* All applicants for funding will be evaluated against the criteria below. In evaluating applications for funding, HUD will take into account an applicant's past performance in managing funds, including the ability to account for funds appropriately; timely use of funds received either from HUD or other Federal, State or local programs; meeting performance targets for completion of activities; and number of persons to be served or targeted for assistance. HUD may use information relating to these items based on information at hand or available from public sources such as newspapers, Inspector General or Government Accounting Office reports or findings, hotline complaints that have been found to have merit, or other such sources of information. In evaluating past performance, HUD will deduct points from rating scores as specified under Rating Factor 1, Capacity of the Applicant and Relevant Organizational Experience, described in this section below.

(3) *Ranking*. Applicants will be ranked separately within each of the two funding categories. Applicants will be selected for funding in accordance with their rank order in each category. An application must receive a minimum score of 75 points to be eligible for funding. If two or more applications are rated fundable and have the same score, but there are insufficient funds to fund all of them, the application(s) with the highest score for Rating Factor 2 (Need and Extent of the Problem) shall be selected. If applications still have the same score, the highest score in the following factors will be selected sequentially until one highest score can be determined, Rating Factor 3 (Soundness of Approach), Rating Factor 1 (Capacity and Experience), Rating Factor 5 (Achieving Results and Program Evaluation) and Rating Factor 4 (Leveraging Resources).

(B) *Initial screening*. During the period immediately following the application deadline, HUD will screen each application to determine eligibility. Applications will be rejected if they:

(1) Are submitted by ineligible applicants (including applicants that do not meet the threshold requirements described in the General Section of the SuperNOFA);

(2) Do not serve an eligible rural area;(3) Do not meet the objectives of the RHED program;

(4) Propose a program for which the majority of the activities are ineligible.

(C) Rating Factors for Award Used to Evaluate and Rate Applications. The factors for rating and ranking applicants, and maximum points for each factor, are provided below. The maximum number of points for this program is 102. This includes 100 points for all five rating factors and two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA.

(D) Notification of Approval and Disapproval. HUD will notify you whether or not you have been selected for an award. If you are selected, HUD's notice to you of the amount of the grant award based on the approved application will constitute HUD's conditional approval, subject to negotiation and execution of the grant agreement by HUD.

(E) Applicant Debriefing. Any applicant can obtain a debriefing of their application. Please refer to Section IX(A)(4) of the General Section of the SuperNOFA for details on the conditions and time frames for requesting a debriefing. In addition, applicants requesting a debriefing must send a written request to Ms. Jackie Williams-Mitchell, Director, Office of Rural Housing and Economic Development (ORHED), at the address listed in Section I of this NOFA under "For Further Information and Technical Assistance."

(F) *Rating Factors.* The following Rating Factors will be used to review, evaluate and rate your application.

#### Rating Factor 1—Capacity of the Applicant and Relevant Organizational Experience (15 Points).

This rating factor addresses the extent to which you have the organizational resources necessary to successfully implement your proposed work plan as further described in Rating Factor 3 in a timely manner, specifically within the 36 month award period.

Rating standards applicable to individual funding categories. The two funding categories have different objectives. Accordingly, in addition to the generally applicable rating standard discussed above, different standards as discussed below will be used to judge the experience and qualifications of the applicants for each of the two funding categories. HUD fully supports emerging organizations that desire to develop internal capacity. Therefore, the following categories will be evaluated:

(1) For Capacity Building applications (15 points). Team members, composition, experience, organizational structure and management capacity. Your response to this subfactor should clearly state the need which your organization is to address through the request for assistance. In addition, you should describe how the enhanced capacity realized through the assistance will fulfill that need. HUD will evaluate the experience of your project director, core staff, any outside consultants, contractors, subrecipients, and project partners to implement all of the work activities in your workplan as they relate to innovative housing and economic development activities. In evaluating your capacity to do the work, HUD will assess the recentness and relevancy of the prior work experience of each of the parties listed above to execute the prescribed activities; the services that consultants or other parties will provide to fill gaps in your staffing structure to enable you to carry out the proposed workplan; the experience of your project director in managing projects of similar size, scope, and dollar amount; the lines of authority and procedures that you have in place for ensuring that workplan goals and objectives are being met, consultants and other project partners are performing as planned, and that beneficiaries are being adequately served. In responding to this sub-factor, please indicate how the capacity building assistance will strengthen or otherwise impact your organization's current housing or economic development program portfolio, or if you are a new grantee, how the capacity assistance will ensure that you can carry out your proposed activities. In judging your response to this factor, HUD will only consider work experience gained within the last three years. When responding, please be sure to provide the dates, job titles and relevancy of the past experience to work undertaken by the employee or contractor under your proposed RHED application. The more recent, relevant, and successful the experience of your team members is in relationship to the workplan activities, the greater the number of points you will receive.

(2) For Support for Innovative Rural Housing and Economic Development Activities applications

(a) (5 points). *Team members, composition, and experience.* HUD will evaluate the experience of your project director, core staff, any outside consultants, contractors, subrecipients, and project partners to implement all of

the work activities in your workplan. In evaluating your capacity to do the work, HUD will assess the recentness and relevance of the prior work experience of each of the parties listed above to execute the prescribed activities; the services that consultants or other parties will provide to fill gaps in your staffing structure to enable you to carry out the proposed workplan; the experience of your project director in managing projects of similar size, scope, and dollar amount; the lines of authority and procedures that you have in place for ensuring that workplan goals and objectives are being met, that consultants and other project partners are performing as planned, and that beneficiaries are being adequately served. In judging your response to this factor, HUD will only consider work experience gained within the last seven years. When responding, please be sure to provide the dates, job titles and relevancy of the past experience to work undertaken by the employee or contractor under your proposed RHED application. The more recent, relevant, and successful the experience of your team members are in relationship to the workplan activities, the greater the number of points that you will receive.

(b) (5 points). Organizational structure and management capacity. HUD will evaluate the extent to which you can demonstrate your organization's ability to manage a workforce composed of full-time and/or part-time staff as well as any consultant staff and your ability to work with community-based groups or organizations in resolving issues related to affordable housing and economic development. In evaluating this sub-factor, HUD will take into account your experience in working with community-based organizations to design and implement programs which address the identified housing and economic development issues. The more recent, relevant, and successful the experience of your organization and any participating entities, the greater the number of points you will receive.

(c) (5 points). *Experience with* performance based funding requirements. HUD will evaluate your experience in producing timely products and reports in any previous grant programs undertaken with HUD funds or other Federal, State, local or non-profit or for-profit organization funds. In assessing points for this subfactor, HUD reserves the right to take into account your past performance in meeting performance and reporting goals on any previous HUD awards. HUD will deduct one point for each of the following activities related to previous HUD grant programs for which unsatisfactory performance has been verified and related to: (1) Mismanaging funds, including the inability to account for funds appropriately; (2) untimely use of funds received either from HUD or other Federal, State, or local programs; and (3) significant and consistent failure to meet performance targets. Among the specific outcomes to be measured are the number of jobs created or retained, the number of people trained, the number of housing units rehabilitated or constructed and made available for low- and moderateincome persons, or other relevant objective performance measures related to your previous job experience and/or grant programs. Applicants that can demonstrate a closer and greater linkage between the expected outcomes and the previously generated outcomes will receive higher points for this sub-factor.

# Rating Factor 2—Need and Extent of the Problem (25 Points)

The Rural Housing and Economic Development program is designed to address the problems of rural poverty, inadequate housing and lack of economic opportunity. This Factor addresses the extent to which there is a need for funding the proposed activities based on levels of distress, and an indication of the urgency of meeting the need/distress in the applicant's target area. In responding to this Factor, applications will be evaluated on the extent to which the level of need for the proposed activity and the urgency in meeting the need are documented and compared to the target area and national data

(1) In applying this factor, HUD will compare current levels of need in the area (*i.e.*) Census Tract(s) or Block Group(s), immediately surrounding the project site or the target area to be served by the proposed project and in the national level of need. This means that an application that provides data that show levels of need in the project area expressed as a percent greater than the national average will be rated higher under this Factor. Notwithstanding the above, an applicant proposing a project to be located outside the target area could still receive points under the Rating Factor 2 if a clear rationale and linkage is provided linking the proposed project location and the benefits to be derived by persons living in more distressed area(s) of the applicant's target area.

(2) Applicants should provide data that address indicators of need as follows:

(a) *Poverty Rate* (5 points)—data should be provided in both absolute and percentage form (*i.e.*, whole numbers and percents) for the target area(s). An application that compares the local poverty rate in the following manner to the national average at the time of submission will receive points under this section as follows:

(i) Less than the national average = 0 points;

- (ii) Equal to but less than twice the
- national average = 1 point;
- (iii) Twice but less than three times the national average = 3 points;
- (iv) Three or more times the national average = 5 points.
- (b) *Unemployment* (5 points)—for the target area:
- (i) Less than the national average = 0 points;
- (ii) Equal to but less than twice the national average = 1 points;
- (iii) Twice but less than three times the national average = 2 points;
- (iv) Three but less than four times the national average = 3 points;
- (v) Four but less than five times the national average = 4 points;

(vi) Five or more times the national average = 5 points.

(c) Other indicators of social and/or economic decline that best capture the applicant's local situation (5 points)-Data that could be provided under this section are information on the community's stagnant or falling tax base, including recent commercial or industrial closings; housing conditions, such as the number and percentage of substandard and/or overcrowded units; rent burden (defined as average housing cost divided by average income) for the target area; local crime statistics, etc. To the extent that the applicant's statewide or local Consolidated Plan, its Analysis of Impediments to Fair Housing choice (AI), and/or its Anti-Poverty Strategy identify the level of distress in the community and the neighborhood in which the project is to be carried out, references to such documents should be included in preparing the response to this Factor.

In rating applications under this Factor, HUD reserves the right to consider sources of available objective data other than, or in addition to, those provided by applicants, and to compare such data to those provided by applicants for the project site. This data includes the use of U.S. Census data.

(a) HUD requires use of sound and reliable data (*e.g.*, U.S. Census data, State statistical reports, university studies/reports that are verifiable) to support distress levels cited in each application. A source for all information along with the publication or origination date must also be provided.

(b) Updated Census data are available for the following indicators: (i) Unemployment rate—estimated monthly for counties, with a two-month lag;

(ii) Population—estimated for incorporated places and counties, through 2000;

(iii) Poverty rate—2000 data being the most recent available.

(c) Demographics of Distress—Special Factors (10 points). Because of HUD's concern with meeting the needs of certain underserved areas, you will be awarded a total of ten points if you are located in or propose to serve one or more of the following populations, if your application demonstrates that 100 percent of the beneficiaries supported by RHED funds are in one or more of the following populations. You must also specifically identify how each population will be served and that the proposed service area meets the definition of ''eligible rural area'' as described in Section III(A)(2) of this NOFA:

(i) Areas with very small populations in non-urban areas (2,500 population or less);

(ii) Seasonal farmworkers;(iii) Federally recognized Indian

Tribes;

(iv) Colonias;

(v) Appalachia's Distressed Counties; or

(vi) The Lower Mississippi Delta Region (8 states and 235 counties/ parishes). For these underserved areas, you should ensure that the populations that you serve and the documentation that you provide is consistent with the information described in the above paragraphs under this rating factor.

# Rating Factor 3—Soundness of Approach (30 points)

This factor addresses the overall quality of your proposed workplan, taking into account the project and the activities proposed to be undertaken; the cost-effectiveness of your proposed program; and the linkages between identified needs, the purposes of this program and your proposed activities and tasks. In addition, this factor addresses your ability to ensure that a clear linkage exists between innovative rural housing and economic development. In assessing costeffectiveness, HUD will take into account your staffing levels, beneficiaries to be served, a timetable for the achievement of program outcomes, the delivery of products and reports and any anticipated outcomes or products. You will receive a greater number of points if your workplan is consistent with the purpose of the RHED program, your program goals and the resources provided.

(a) Management Plan (24 points). A clearly defined management plan that identifies each of the projects and activities you will carry out to further the objectives of this program; describes the linkage between rural housing and economic development activities; and addresses the needs identified in Factor 2, including needs that had been previously identified in a statewide or local Analysis of Impediments to Fair Housing Choice (AI) or Consolidated Plan. The populations that were described in Rating Factor 2 for the purpose of documenting need should be the same populations that will receive the primary benefit of the activities, both immediately and long term. The benefits should be affirmatively marketed to those populations least likely to apply for and receive these benefits without such marketing. Your timetable should address the measurable goals and objectives to be achieved through the proposed activities; the method you will use for evaluating and monitoring program progress with respect to those activities; and the method you will use to ensure that the activities will be completed on time and within your proposed budget estimates. Applicants that have a clearly defined management plan and can produce results in less than 36 months will receive higher rating points for this sub-factor. Your management plan should also include the budget for your program, broken out for each line item. Documented projected cost estimates from outside sources are also required. Applicants should submit their workplan on a spreadsheet showing each project to be undertaken and the tasks (to the extent necessary or appropriate) in your workplan to implement the project with your associated budget estimate per activity/ task. Your workplan should provide the rationale for your proposed activities and any assumptions used in determining your project timeline and budget estimates. Failure to provide your rationale may result in an application receiving fewer points for lack of clarity in the proposed management plan.

This sub-factor should include information that indicates the extent to which you have coordinated your activities with other known organizations (*e.g.* through letters of participation or coordination) that are not directly participating in your proposed work activities, but with which you share common goals and objectives and are working toward meeting these objectives in a holistic and comprehensive manner. The goal of this coordination is to ensure that programs do not operate in isolation. Additionally, your application should demonstrate the extent to which your program exhibits the potential to be financially self-sustaining by decreasing dependence on RHED funding and relying more on state, local, and private funding. The goal of sustainability is to ensure that the activities proposed in your application can be continued after your grant award is complete.

(b) *Policy Priorities (6 Points).* Policy Priorities are further outlined in Section II of the General Section of the SuperNOFA. You should document the extent to which HUD's Policy Priorities are furthered by the proposed activities. Applicants that include activities that can result in the achievement of these **Departmental Policy Priorities as** described below and in Section II of the General Section of this SuperNOFA will receive higher rating points in evaluating their application for funding. Six Departmental Policy Priorities are listed below. You will receive 1 rating point for each Policy Priority addressed in your program of activities under this rating factor as described in Section VI (b) of this program NOFA. When Policy Priorities are included, describe in brief detail how those activities will be carried out. The Policy Priorities include (1 point each):

(a) Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency;

(b) Improving our Nation's Communities;

(c) Encouraging Accessible Design Features;

(d) Providing Full and Equal Access to Grass-Roots Faith-Based and Other Community-Based Organizations in HUD Program Implementation;

(e) Participation in Energy Star; (f) Ending Chronic Homelessness within Ten Years

# Rating Factor 4—Leveraging Resources (10 Points)

This factor addresses the extent to which applicants for any of the two funding categories have obtained firm commitments of financial or in-kind resources from other Federal, State, local, and private sources. For every RHED dollar anticipated, you should provide the specific amount of dollars leveraged. In assigning points for this criterion, HUD will consider the level of outside resources obtained for cash or in-kind services that support activities proposed in your application. HUD will

award a greater number of points based upon a comparison of the extent of leveraged funds compared to the requested RHED grant. This criterion is applicable to both funding categories under this NOFA. The level of outside resources for which commitments are obtained will be evaluated based on their importance to the total program. You must provide evidence of leveraging by including in the application letters of firm commitment to participate from any entity, including your own organization, which will be providing matching funds to the project. Each commitment described in the narrative of this factor must be in accordance with the definition of "firm commitment" as defined in Section III(A)(2) of this NOFA. The commitment letter must be on letterhead from the participating organization, must be signed by an official of the organization legally able to make commitments on behalf of the organization and must not be dated earlier than this NOFA is published.

Points for this Factor will be awarded based on the satisfactory provisions of evidence of leveraging and financial sustainability, as described above, and the ratio of requested HUD RHED funds as follows:

(i) 50% or more of requested HUD RHED funds will receive 10 points;
(ii) 39–30% of requested HUD RHED funds will receive 8 points;
(iii) 29–20% of requested HUD RHED funds will receive 6 points;
(iv) 19–9% of requested HUD RHED funds will receive 4 points;
(v) Less than 9% of HUD RHED funds requested will receive 0 points.

## **Rating Factor 5—Achieving Results and Program Evaluation (20 Points)**

This Factor emphasizes HUD's commitment to ensuring that applicants keep promises made in their application and assesses their performance to ensure performance goals are met. Achieving results means you, the applicant, have clearly identified the benefits or outcomes of your program. Outcomes are ultimate project end goals. Benchmarks or outputs are interim activities or products that lead to the ultimate achievement of your goals. Program evaluation requires that you, the applicant, identify program outcomes, interim products or benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your Evaluation Plan should identify what you are going to

measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established time frames.

Program outcomes for the Rural Housing and Economic Development Program must include where applicable: (1) Number of housing units constructed; (2) number of housing units rehabilitated that will be made available to low-to-moderate-income participants; (3) number of jobs created; (4) percentage change in earnings as a result of employment for those participants; (5) number of participants trained; (6) the percent of participants trained that find a job; (7) number of new businesses created; (8) number of existing businesses assisted; and (9) annual estimated savings for lowincome family as a result of energy efficiency improvements. In addition, applicants that receive capacity building funds must include goals (and report accomplishments) for the following, where applicable: (1) Increase in program accomplishments as a result of capacity building assistance (e.g. number of employees hired or retained, efficiency or effectiveness of services provided) and (2) Increase in organizational resources as a result of assistance (e.g., dollars leveraged).

Applicant must complete the "Logic Model" HUD Form included in the General Section of the SuperNOFA and submit the completed form with their application.

<sup>1</sup> This rating factor reflects HUD's goal to embrace high standards of ethics, management and accountability. HUD will hold a training broadcast via satellite for potential applicants to learn more about Rating Factor 5. For more information about the date and time of the broadcast, consult the HUD Web site at www.hud.gov.

#### **RC/EZ/EC Bonus Points (2 Points)**

HUD will award two bonus points to all applications that include documentation stating that the proposed eligible activities/projects will be located in and serve Federally designated Rural Renewal Communities, Rural Empowerment Zones, or Enterprise Communities (Rural EZs/ ECs). A listing of Federally designated Rural RCs, EZs and ECs is available on the Internet at *http://www.hud.gov.* Further explanation of RC/EZ/EC can be found in Section VI of the General Section of the SuperNOFA.

## VI. Application Submission Requirements

(A) *Form of Application*. All pages of the application must be numbered

sequentially. Your application must include an original and two copies of the items listed below.

(B) Application Items. Your application must contain the items listed in this section. These items include the standard forms and nonstandard certifications that can be found in the Appendices to this program section of the SuperNOFA. The items are as follows:

(1) A transmittal letter that must include the category under which you are applying, the dollar amount requested, the category under which you qualify for demographics of distress Special Factor under Rating Factor 2 "Need and Extent of the Problem" and which of the five definitions of the term "rural area" set forth in Section III(A)(2) of this NOFA applies to the proposed service area and accompanying documentation as indicated on the form.

(2) A table of contents;

(3) A signed HUD–424 (application form);

(4) A budget for all funds (Federal and Non-Federal including HUD–424A and HUD 424C) and a breakdown of all Federal funds requested, in the format provided in Appendix A of this NOFA;

**Special Note:** You must ensure that the amount of RHED funds requested are consistent throughout your application including on the HUD 424 "Application for Federal Assistance", the Transmittal Letter, the application Narrative section (Rating Factors) and the HUD 424A "Budget Information".

(5) Documentation of funds pledged in support of Rating Factor 4— "Leveraging Resources" (which will not be counted in the 15 page limitation);

(6) The required certifications and assurances (signed, as appropriate, and attached as an Appendix);

(7) Acknowledgment of the Application Receipt form (HUD 2993) (submitted with application and returned to you as verification of timely receipt).

(8) If you are a private nonprofit organization, a copy of your organization's IRS ruling providing taxexempt status under section 501 of the IRS Code of 1986, as amended.

(9) The Environmental Review Assurance:

(10) Narrative Response to Factors for Award:

(a) You must describe your organization and the assignment of responsibilities for the work to be carried out under the grant (Rating Factor 1).

(b) You must describe the need and extent of the problem and populations to be served (Rating Factor 2). (c) You must submit a workplan that describes your soundness of approach and the clear linkage between rural housing and economic development (Rating Factor 3). In addressing this submission requirement, you must:

(i) Describe the activities you propose to undertake to address the needs which needs that have been identified, the linkage between rural housing and economic development, and describe the specific outcomes you expect to achieve.

(ii) Include a management plan which identifies the specific actions you will take to complete the proposed activities on time, and a budget in the format provided which explains the uses of both Federal and non-Federal funds and the period of performance under the grant.

(iii) Include a discussion of the process by which the work accomplished with the grant will be evaluated to determine if the objectives of the grant were met.

(d) You must identify the resources which will be leveraged by the amount of this grant's funding that you are requesting. (Rating Factor 4). To receive the maximum number of points under Rating Factor 4 you must provide evidence of firm commitments. The commitment can be contingent upon HUD site approval following environmental review.

(e) You must describe the extent to which your program reflects a coordinated, community based process of identifying needs and building a system to address these needs, providing program beneficiaries outcomes resulting in increased independence and empowerment, and the potential for your organization to become financially self-sustaining. You must also describe how your activities will satisfy the program outcomes as described in Rating Factor 5 (Achieving **Results and Program Evaluation**) namely where applicable, the number of housing units constructed, the number of housing units rehabilitated, the number of jobs created, the number of jobs retained, the number of participants trained, the number of new businesses created and the number of existing businesses assisted (Rating Factor 5).

The total narrative response to all factors should not exceed 15 pages and must be submitted on 8.5" by 11" paper, using a 12 point font size, with lines double spaced and printed only on one side. Please note that although submitting pages in excess of the page limit will not disqualify your application, HUD will not consider or review the information on any excess pages, which may result in a lower score or failure to meet a threshold.

## VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications. After the application due date, HUD may not, consistent with its regulations in 24 CFR part 4, subpart B, consider any unsolicited information you, the applicant, may want to provide. HUD may contact you, however, to clarify an item in your application or to correct technical deficiencies. You should note, however, that HUD may not seek clarification of items or responses that improve the substantive quality of your response to any eligibility or selection factors. Examples of curable (correctable) technical deficiencies include your failure to submit the proper certifications or your failure to submit an application that contains an original signature by an authorized official. In each case, HUD will notify you in writing of a technical deficiency. HUD will notify applicants by facsimile or by USPS, return receipt requested. Clarifications or corrections of technical deficiencies in accordance with the information requested by HUD must be submitted within 5 calendar days of the date you receive HUD notification. (If the due date falls on a Saturday, Sunday or Federal holiday, your correction must be received by HUD on the next day that is not a Saturday, Sunday or Federal holiday). The determination of when

you received the deficiency letter will be based on the confirmation of the facsimile transmission, return or postal tracking information, as appropriate. If the deficiency is not corrected within this time period, HUD will reject the application as incomplete and it will not be considered for funding.

Catalog of Federal Domestic Assistance (CDFA)

The Catalogue of Federal Domestic Assistance number is 14.250.

#### **VIII.** Authority

Division K of the FY 2003 Consolidated Appropriations Resolution. BILLING CODE 4210-32-P U.S. Department of Housing and Urban Development Office of Community Planning and Development OMB Approval No. 2506-0142 (exp. 09/30/2003)

## Line Item Budget for Federal Funds for the Rural Housing and Economic Development Program

Public reporting burden for the collection of information is estimated to average 2 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the Youthbuild grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

Cost Category (specify Activity)	Activity 1	Activity 2	Activity 3	Activity 4	Activity 5	Total Dollars
Personnel	\$	\$	\$	\$	\$	\$
Fringe Benefits						\$
Travel						\$
Equipment	· · · ·	2 				\$
Supplies						\$
Contracts						\$
Consultants						\$
Other Direct Cost						\$
Indirect Costs						\$
Total Costs						\$

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# HOUSING CHOICE VOUCHER FAMILY SELF-SUFFICIENCY (FSS) PROGRAM COORDINATORS

Billing Code 4210-32-C

## Funding Availability for Housing Choice Voucher Family Self-Sufficiency (FSS) Program Coordinators

## **Program Overview**

Purpose of the Program. The Housing Choice Voucher Family Self-Sufficiency (FSS) program (referred to in previous NOFAs as the Section 8 FSS program and as the Rental Certificate/Housing Choice Voucher FSS program) is intended to promote the development of local strategies to coordinate the use of assistance under the Housing Choice Voucher program with public and private resources to enable participating families to achieve economic independence and self-sufficiency. The FSS program provides critical tools that can be used by communities to support welfare reform and help families develop new skills that will lead to economic self-sufficiency. As a result of their participation in the FSS program, many families have achieved stable, well-paid employment, which has made it possible for them to become homeowners.

An FSS program coordinator assures that program participants are linked to the supportive services they need to achieve self-sufficiency.

Available Funds. This NOFA announces the availability of up to \$47,688,000 in Fiscal Year (FY) 2003 to employ program coordinators for the Housing Choice Voucher FSS program. If additional funding becomes available during FY 2003, HUD may increase the amount available for Housing Choice Voucher FSS Program coordinators under this NOFA. Awards under this NOFA are subject to a cap of \$62,500 per year per full time coordinator position funded. Under this NOFA, if PHAs apply jointly, the \$62,500 maximum amount that may be requested per position applies to up to one full-time coordinator position for the application as a whole, not to each PHA separately. Evidence of salary comparability to similar positions in the local jurisdiction for each position must be kept on file in the PHA office.

*Eligible Applicants:* PHAs eligible to apply for funding under this NOFA are:

(1) PHAs that received funding for one or more FSS program coordinators under an FSS NOFA in FY 1999, FY 2000, FY 2001 or FY 2002, and

(2) PHAs that were not funded under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 that—

(a) Have HUD approval to administer a Housing Choice Voucher FSS program of at least 25 slots, or

(b) Are PHAs with HUD approval to administer Housing Choice Voucher FSS programs of fewer than 25 slots, applying jointly with one or more other PHAs so that together they have HUD approval to administer at least 25 Housing Choice Voucher FSS slots. (See Section III. A. of this NOFA for further information about the PHA's HUDapproved FSS program size.)

Application Deadline. May 30, 2003. Match. None

#### Additional Information

If you are interested in applying for Housing Choice Voucher FSS Program Coordinator funding under this NOFA, please review carefully the General Section of this SuperNOFA and the following additional information.

## I. Application Due Date, Application Kits, and Technical Assistance

Application Due Date. Your completed application (an original and one copy) is due on or before May 30, 2003.

Address for Submitting Applications. Submit your original application and one copy with an Acknowledgment of Application Receipt, Form HUD–2993, to: Grants Management Center; Mail Stop: Housing Choice Voucher Family Self-Sufficiency Program Coordinator Funding; 2001 Jefferson Davis Hwy, Suite 703; Arlington, VA 22202.

Application Submission Procedures. See "ADDRESSES AND APPLICATION SUBMISSION PRODEDURES" in the General Section of the SuperNOFA regarding HUD's mailing, delivery and receipt procedures pertinent to submission of your application.

For Application Kits. There is no application kit for this NOFA. This announcement contains all the information necessary for the submission of your application for Housing Choice Voucher FSS program coordinator funding.

For Further Information and Technical Assistance. For answers to your questions, you may contact the Public and Indian Housing Resource Center at 1–800–955–2232. Persons with hearing or speech impairments may access this number via TTY (text telephone) by calling the Federal Information Relay Service at 1–800– 877–8339. (These are toll-free numbers). Information can be accessed via the Internet at http://www.hud.gov/grants.

Prior to the application deadline, staff at the numbers given above will be available to provide general guidance, but not guidance in actually preparing the application. Following selection, but prior to award, HUD staff will be available to assist in clarifying or confirming information that is a prerequisite to the offer of an award by HUD. Satellite Broadcast. HUD plans to hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of an application. For more information about the date and time of this broadcast, you should consult the HUD web site at www.hud.gov.

## **II. Amount Allocated**

For FY 2003, up to \$47,688,000 is available under Title II, Department of Housing and Urban Development, Certificate Fund in the Consolidated Appropriations Resolution, 2003, (Pub. L. 108–7, approved February 20, 2003). If additional funds become available in FY 2003, HUD may fund additional applications submitted in response to the NOFA.

## III. Program Description; Eligible Applicants; Number of Positions for Which Eligible Applicants May Apply; Eligible Activities, Ineligible Activities

(A) Program Description. A PHA administering the FSS program uses a program coordinating committee (PCC) to assist the PHA to secure resources and implement the FSS program. A PCC is made up of representatives of businesses, local government, job training and employment agencies, local welfare agencies, educational institutions, childcare providers, and nonprofit service providers, including faith-based and other community organizations. A Housing Choice Voucher FSS program coordinator works with the PCC and with local service providers to assure that Housing Choice Voucher FSS program participants are linked to the supportive services they need to achieve selfsufficiency. The FSS program coordinator ensures through case management that the services included in participants' contracts of participation are provided on a regular, ongoing and satisfactory basis, that participants are fulfilling their responsibilities under the contracts and that FSS escrow accounts are established and properly maintained for eligible families. FSS coordinators may also perform job development functions for the FSS program.

PHAs are encouraged to outreach to disabled Housing Choice Voucher program participants who might be interested in participating in the FSS program and to include agencies on their FSS PCC that work with and provide services for disabled families.

Under normal circumstances, a fulltime FSS program coordinator should be able to serve approximately 50 FSS program participants, depending on the coordinator's case management functions.

Through annual NOFAs, HUD has provided funding to PHAs that are operating Housing Choice Voucher FSS programs to enable those PHAs to employ program coordinators to support their Housing Choice Voucher FSS programs.

In the FY 2003 Housing Choice Voucher FSS Program Coordinator NOFA, HUD is again making funding available to PHAs to employ FSS program coordinators and FSS homeownership program coordinators for one year.

PHAs funded under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 are considered "renewal" PHAs in this NOFA. These renewal PHAs are invited to apply for funds to continue previously funded FSS program coordinator positions. In addition, any renewal PHA that did not receive funding for a Housing Choice Voucher FSS homeownership coordinator under the FY 2002 FSS NOFA is invited to apply for funding for a coordinator position to support FSS homeownership activities.

Because of the importance of the FSS program in helping families increase earned income and develop assets, HUD will also accept applications from "new" PHAs that were not funded under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002.

To support the Department's initiatives on Colonias, a selection preference is included in this NOFA for "new" applicant PHAs that provide services and support to rural underserved communities in the Southwest Border regions of Arizona, California, New Mexico and Texas. See Section IV.A.(3)(c) of this NOFA for requirements that must be met to qualify for the Colonias preference.

In this NOFA, the FSS program size is the total number of Housing Choice Voucher FSS program slots identified in the PHA's HUD-approved FSS Action Plan. To ensure that the application is accurate, prior to submitting an application, new PHAs may wish to confirm the number of HUD-approved slots their local HUD field office has on record for the PHA. An FSS Action Plan can be updated by means of a simple one-page addendum that reflects the total number of FSS slots (voluntary and/or mandatory slots) the PHA intends to serve. This addendum must be approved by the PHA's local HUD field office.

For a new PHA applicant to qualify for funding under this NOFA, the PHA's initial FSS Action Plan or amendment to change the number of Housing Choice Voucher FSS slots in the PHA's previously HUD-approved FSS Action Plan must be submitted to and approved by the PHA's local HUD field office prior to the application due date under this NOFA.

(B) *Eligible Applicants.* PHAs eligible to apply for funding under this NOFA are:

(1) *Renewal PHAs.* Those PHAs that received funding under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002.

(2) *New PHAs.* PHAs that were not funded under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 that:

(a) Are authorized through their HUDapproved FSS Action Plan to administer a Housing Choice Voucher FSS program of at least 25 slots; or

(b) Are PHAs with HUD approval to administer Housing Choice Voucher FSS programs of fewer than 25 slots that apply jointly with one or more other PHAs so that together they have HUD approval to administer at least 25 Housing Choice Voucher FSS slots. Joint applicants must specify a lead coapplicant that will receive and administer the FSS program coordinator funding.

(3) *Moving to Work (MTW) PHAs.* PHAs that are under the MTW demonstration may qualify for funding under this NOFA if the PHA administers an FSS program. When determining the size of a MTW PHA's HUD-approved FSS program, the PHA may request that the number of FSS slots reflected in the PHA's MTW agreement be used instead of the number in the PHA's FSS Action Plan.

(4) *Troubled PHAs.* (a) A PHA that has been designated by HUD as a troubled PHA under the Section 8 Management Assessment Program (SEMAP), or has major program management findings from Inspector General audits or serious outstanding HUD management review or IPA audit findings for the PHA's Housing Choice Voucher or Moderate Rehabilitation programs that are resolved prior to the application due date is eligible to apply under this NOFA. Serious program management findings are those that would cast doubt on the capacity of the PHA to administer its Housing Choice Voucher FSS program in accordance with applicable HUD regulatory and statutory requirements.

(b) A PHA whose SEMAP troubled designation has not been removed by HUD or the findings resolved by the due date, may apply if the PHA submits an application that designates another contractor that is acceptable to HUD that: (i) Includes an agreement by the other contractor to administer the FSS program on behalf of the PHA; and

(ii) In the instance of a PHA with unresolved major program management findings, includes a statement that outlines the steps the PHA is taking to resolve the program findings.

(C) Number of Positions for which Eligible PHAs may apply: Eligible PHAs may apply for funding for Housing Choice Voucher FSS coordinator positions under this NOFA as follows:

(1) *Renewal PHAs.* PHAs that received funding under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 that qualify as eligible PHAs under the definition of eligible applicants in Section III.B. of this NOFA, may apply for:

(a) Renewal of each FSS coordinator position, including homeownership coordinator positions, most recently funded under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 that has been filled by the PHA.

(b) Up to one initial full-time FSS homeownership program coordinator for renewal PHAs with qualifying homeownership programs that did not receive funding for a homeownership coordinator under the FY 2002 FSS NOFA.

(2) *New PHAs:* A PHA that did not receive funding under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 may apply for funding for Housing Choice Voucher FSS program coordinator positions as follows:

(a) Up to one full-time FSS coordinator position for a PHA with HUD approval to administer an FSS program of 25 or more FSS slots.

(b) Up to one full-time position per application for joint PHA applicants that have HUD approval to administer a total of at least 25 Housing Choice Voucher FSS slots between or among them.

(D) *Eligible Activities.* Funds awarded to PHAs under this NOFA may only be used to employ or otherwise retain the services of Housing Choice Voucher FSS program coordinators and FSS homeownership coordinators for one year. A part-time program coordinator may be retained where appropriate.

(E) Ineligible Activities. (1) Funds under this NOFA may not be used to pay the salary of an FSS coordinator for a public housing FSS program. Operating subsidy can be used to fund a public housing FSS program coordinator's salary.

(2) Funds under this NOFA may not be used to pay for services for FSS program participants.

#### **IV. Program Requirements**

In addition to the applicable statutory, regulatory, threshold and public policy requirements listed in Section V. of the General Section of the SuperNOFA, each applicant must meet and comply with the following threshold statutory and other program requirements.

(A) Threshold Requirements. (1) Each applicant must qualify as an eligible PHA under Section III.B of this NOFA and must have submitted their FSS application by the application due date and in the format required in Section VI. of this NOFA.

(2) *Renewal Applicants.* (a) In addition to the requirements in Section IV.(A)(1) above, renewal PHA applicants must continue to operate a Housing Choice Voucher FSS program, have filled eligible FSS program coordinator positions for which they are seeking renewal funding, executed FSS contracts of participation with FSS program participants and submitted reports on participating families to HUD via the HUD–50058 FSS/WtW Voucher Addendum.

(b) Renewal PHAs applying for an initial Housing Choice Voucher FSS Homeownership Coordinator must meet all requirements of Sections IV.(A)(1) and (A)(2)(a) above. In addition, the PHA must not have received funding for an FSS homeownership coordinator under the FY 2002 Housing Choice Voucher FSS Program Coordinator NOFA and must administer or participate in a homeownership program that serves FSS program participants or graduates. Qualifying homeownership programs include the Housing Choice Voucher program homeownership option and other programs that prepare voucher program FSS participants for making the transition from rental to homeownership.

(3) *New Applicants.* (a) Must be authorized through their HUD-approved FSS Housing Choice Voucher Action Plan to administer an FSS program or at least 25 slots; or

(b) Are PHAs with HUD approval to administer Housing Choice Voucher FSS programs of fewer than 25 slots that apply jointly with one or more other PHAs so that together they have HUD approval to administer at least 25 Housing Choice Voucher FSS slots.

(c) New Applicant PHAs claiming the Colonias preference must meet the requirements of Section IV.(A)(1) and Section IV.(A)(3)(a) or (b) and operate in a Southwest border area that contains Colonias communities and administer programs that include outreach to members of those Colonias communities.

Note: A listing of those PHAs in Arizona, California, New Mexico and Texas that HUD has identified as operating in areas containing Colonias is included in this NOFA as Attachment C. PHAs not listed in Attachment C will be required to request that the Grants Management Center determine their eligibility for the preference.

#### V. Application Selection Process

(A) *Threshold Compliance*. Only applications that meet all of the applicable threshold requirements of Section IV. of this NOFA will be eligible for further processing.

(B) *Panels.* To review applications, HUD may establish panels that may include persons not currently employed by HUD.

(C) Order of Funding. The funds available under this NOFA are not being awarded on a competitive basis. Applications will be reviewed by the Grants Management Center (GMC) to determine whether or not they are technically adequate based on the NOFA requirements. Field offices will provide to the GMC in a timely manner, as requested, information needed by the GMC to make its determination, such as the HUD-approved Housing Choice Voucher FSS program size of new PHA applicants and information on the administrative capabilities of PHAs. Categories of applications that will not be funded are stated in Section VII.(B) of this FSS NOFA.

All technically adequate applications will be funded to the extent funds are available. If HUD receives applications for funding greater than the amount made available under this NOFA, HUD will fund eligible applicants as follows:

Priority 1—Applications from eligible renewal PHAs for continuation of eligible positions where the PHA has hired a coordinator.

Priority 2—Eligible new applicant PHAs that qualify for the Colonias preference.

Priority 3—Applications from eligible new PHAs that do not qualify for the Colonias preference.

Priority 4—Applications from eligible renewal PHAs for an initial coordinator position to support FSS homeownership activities.

HUD will first process and fund all eligible Priority 1 applications to continue funding for Housing Choice Voucher FSS program coordinators and FSS homeownership coordinators. If the amount available is not sufficient to fund all eligible Priority 1 applications up to the maximum amount permitted in this NOFA, HUD will determine if all applications can be funded if salary increases for Priority 1 are limited to no more than one percent of the salary from the most recent award to the PHA for the position to be renewed. If monies are still not sufficient to fund all eligible positions, HUD will begin by funding eligible applications at the reduced salary level, by Housing Choice Voucher program size, from smallest to largest, starting with the smallest Housing Choice Voucher programs first. Housing Choice Voucher program size will be determined by HUD using baseline data developed by the Department.

If funding remains after funding all Priority 1 applications, HUD will then process and provide funding to eligible Priority 2 applicants for up to one Housing Choice Voucher FSS program coordinator position per eligible new PHA that qualifies for the Colonias preference under this NOFA. If there are not sufficient monies to fund an FSS program coordinator for each eligible Priority 2 PHA, HUD will begin funding up to one full-time coordinator for each eligible Priority 2 applicant by Housing Choice Voucher program size, from smallest to largest, starting with the smallest Housing Choice Voucher programs first. As with Priority 1, Housing Choice Voucher program size will be determined by HUD using baseline data developed by the Department.

If funding remains after funding all Priority 1 and 2 applications, HUD will then process and provide funding to eligible Priority 3 applicants for up to one FSS program coordinator per PHA, or in the case of joint applications, up to one coordinator per application. If there are not sufficient monies to fund an FSS program coordinator for each eligible Priority 3 PHA, HUD will begin funding up to one full-time FSS program coordinator for each eligible Priority 3 applicant by Housing Choice Voucher program size, from smallest to largest, starting with the smallest first. If there are not sufficient monies to fund all applications from Priority 3 PHAs with the same Housing Choice Voucher program size, funding will be provided based on the size of the PHA's Housing Choice Voucher FSS program, reflected in the PHA's HUD-approved Housing Choice Voucher FSS Action Plan, starting with the largest approved Housing Choice Voucher FSS program first.

If funding remains after funding all Priority 1, 2 and 3 applications, HUD will then process and provide funding to eligible Priority 4 applicants for up to one initial Housing Choice Voucher FSS homeownership coordinator to support the homeownership activities of Housing Choice Voucher FSS program participants. If there are not sufficient monies to fund an initial FSS homeownership coordinator for each eligible Priority 4 PHA, HUD will begin funding up to one full-time homeownership coordinator for each eligible Priority 4 PHA, starting with PHAs with the highest percentage of FSS families currently ready for homeownership, including the number of families (FSS participants and graduates) currently participating in a homeownership program. The percentage will be computed using the Housing Choice Voucher FSS program size in the PHA's HUD-approved FSS Action Plan and the total number of families certified as being ready for homeownership and the number of FSS participants and graduates currently participating in a homeownership program or programs that are stated in the Attachment A certification letter of the PHA.

Based on the number of applications submitted, the GMC may elect not to process applications for any funding category in instances where it is apparent that there are insufficient funds available to fund any applications within the priority category.

### VI. Application Submission Requirements

(A) *Renewal PHAs.* Each PHA that received funding for an FSS program coordinator or coordinators under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 that wishes to receive funding under this NOFA must complete a certification in the format shown as "Attachment A" of this NOFA, and must include all information required in "Attachment A." The completed Attachment A certification constitutes the entire PHA application for funding for renewal PHAs under this FSS NOFA.

(B) "New" PHAs. PHAs that did not receive funding under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002 must complete a certification in the format shown as "Attachment B" of this FSS NOFA and must include all information required in Attachment B. The completed Attachment B certification constitutes the entire PHA application for funding under this section.

(C) *Applicant Debriefing*. See Section XI. (A)(4) of the General Section of the SuperNOFA.

## VII. Corrections to Deficient Applications

(A) Acceptable Applications. The General Section of the SuperNOFA provides the procedures for corrections to deficient applications. Examples of correctable technical deficiencies include, but are not limited to, submission of an attachment A or B with missing information or one that lacks an original signature by an authorized official.

(B) Unacceptable Applications. (1) After the technical deficiency correction period (as provided in the General Section), the GMC will disapprove PHA applications that it determines are not acceptable for processing.

(2) Applications from PHAs that fall into any of the following categories are ineligible for funding under this NOFA and will not be processed:

(a) An application from a PHA that is not an eligible PHA under Section III.B. of this NOFA or an application that does not comply with the requirements of Section VI. of this NOFA.

(b) An application from a PHA that does not meet the fair housing and civil rights compliance requirements of Section V.(B)(2) of the General Section of the SuperNOFA.

(c) An application from a PHA that does not comply with the prohibition against lobbying activities of Section V.(N) of this SuperNOFA.

(d) An application that fails to comply with the requirements of Section III.(B)(4) of this FSS NOFA from a PHA that as of the application due date has not made progress satisfactory to HUD in resolving serious outstanding Inspector General audit findings, or serious outstanding HUD management review or independent public accountant (IPA) audit findings for one or more of the following programs: Housing Choice Voucher or Moderate Rehabilitation and has not designated another contractor acceptable to HUD to administer the FSS program on behalf of the PHA.

(e) An application from a PHA that has been debarred or otherwise disqualified from providing assistance under the program.

(f) An applicant that as of the application due date has a "troubled" rating under SEMAP and has not designated another contractor acceptable to HUD to administer the FSS program on behalf of the PHA.

(g) An application that was not received by the due date specified in Section I. of this FSS NOFA.

## VIII. Environmental Requirements

No environmental review is required in connection with the award of assistance under this NOFA, because the NOFA only provides funds for employing a coordinator that provides public and supportive services, which are categorically excluded from environmental review under the National Environmental Policy Act of 1969 (42 U.S.C. 4321) and not subject to compliance actions for related environmental authorities under 24 CFR 50.19(b)(4) and (12).

## **IX. Authority**

The Consolidated Appropriations Resolution, 2003 (Pub.L. 108-7, approved February 20, 2003) allows funding for program coordinators under the Housing Choice Voucher FSS program. As a result, the Department determined to make a sufficient amount available under this NOFA, under Part 984, in accordance with 24 CFR 984.302(b), to enable PHAs to employ Housing Choice Voucher FSS program coordinators for one year at a reasonable cost as determined by the PHA and HUD, based on salaries for similar positions in the locality. BILLING CODE 4210-32-P

## ATTACHMENT A

## REQUIRED CERTIFICATION FORMAT FOR FY 2003 HOUSING CHOICE VOUCHER FSS PROGRAM COORDINATOR FUNDING FOR PHAs THAT RECEIVED FUNDING UNDER AN FSS NOFA IN FY 1999, FY 2000, FY 2001, or FY 2002

Mr. Michael E. Diggs, Director Grants Management Center Housing Choice Voucher FSS Program Coordinator Funding 2001 Jefferson Davis Highway, Suite 703 Arlington, VA 22202

Dear Mr. Diggs:

In connection with the FY 2003 NOFA for Housing Choice Voucher (HCV) FSS

program coordinators, I hereby certify for the \_\_\_\_\_(enter PHA name and PHA

number. For joint applications, please indicate the names and PHA numbers of all co-

applicants and identify the lead PHA that received and administered funds received under an

FY 1999, FY 2000, FY 2001, or FY 2002 FSS NOFA) that:

(1) Program status: (Check all statements In 1(a) through 1 (e) below that apply to this application.)

(a) The PHA received funding under the an FSS NOFA in FY 1999, FY 2000, FY

2001, or FY 2002.

(b) The PHA continues to operate a HCV FSS program.

\_\_\_\_(c) The PHA filled one or more coordinator positions funded under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002.

\_\_\_\_(d) The PHA has executed FSS contracts of participation with HCV FSS program participants.

(e) The PHA has submitted reports on participating families to HUD via the HUD 50058 Family Self-Sufficiency/Welfare-to-Work Voucher Addendum.

(2) Program Accomplishments: (Provide information for items 2 (a) through 2(g). Enter N/A for any item that does not apply to your program.)

(a) The number of families enrolled in the PHA's HCV FSS program as of 9/30/02:

- (b) The number of HCV FSS program participants with an FSS escrow account balance greater than zero on 9/30/02: \_\_\_\_.
- (c) The number of HCV families that successfully completed their FSS contracts between 10/1/01 and 9/30/02: \_\_\_\_\_.
- (d) The number of those FSS graduates that no longer needed rental subsidy: \_\_\_\_\_.
- (e) The number of those graduates that were participants in the HCV homeownership program: \_\_\_\_\_.
- (f) The number of those graduates that moved to homeownership through other homeownership programs: \_\_\_\_\_.
- (g) The average escrow account distribution paid to families that graduated between 10/1/01 and 9/30/02: \_\_\_\_\_.
- (3) Renewal positions requested: (For renewal positions requested indicate the FY of the NOFA under which the position was last funded, the number of positions and salary level requested. The salary requested should include the amount of fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap of \$62,500 per position.)

FY last funded # of positions Salary requested

- (4) Request for an initial FSS homeownership position: The PHA is applying for an initial FSS program coordinator to support FSS homeownership activities: Yes \_\_\_\_\_ No\_\_\_\_\_.
   (PHAs responding yes, must provide information requested in 4(a) through 4(d) below.)
  - (a) The PHA did not receive funding for an FSS homeownership coordinator under the FY 2002 NOFA. Yes \_\_\_\_\_ No \_\_\_\_\_
  - (b) The PHA administers or participates in a homeownership program or programs that give a selection preference for or limit eligibility for the homeownership program to FSS program participants or graduates or a homeownership program

that can demonstrate that it serves FSS program participants or graduates: Yes

\_\_\_\_No \_\_\_\_ (If yes, identify program or programs here.)

- (c) The PHA currently has \_\_\_\_\_ (*Enter number*) FSS families participating in or ready to participate in the homeownership program or programs identified above.
- (d) The Housing Choice Voucher program size in the PHA's HUD-approved FSS action plan is \_\_\_\_\_ FSS slots.
- (e) Total salary requested for the FSS homeownership coordinator position, including, if applicable, base salary plus fringe benefits: \_\_\_\_\_ (Salary must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap of \$62,500.)
- (5) Total number of positions requested under this NOFA: \_\_\_\_\_\_ (Enter the total number of Housing Choice Voucher program coordinator positions requested under the FY 2003 Housing Choice Voucher FSS NOFA. Total should include all renewal positions requested in item 3 and 4 above.)
- (6) Additional Certifications: (Check each item in (6) (a) through 6(c) that applies.)

(a) The PHA is in compliance with the Fair Housing and Civil Rights requirements stated in section V.(B) of the FY 2003 SuperNOFA.

(b) The PHA is in compliance with requirements regarding lobbying stated in section V.(N) of the FY 2003 SuperNOFA.

(c) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the above positions is on file at the PHA.

If there are any questions, please contact \_\_\_\_\_\_ at \_\_\_\_\_

Sincerely,

**Executive Director** 

## ATTACHMENT B

## Required Format for Certification from PHAs that Did Not Receive Rental Certificate/Housing Choice Voucher FSS Program Coordinator Funding under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002

Mr. Michael E. Diggs, Director Grants Management Center Housing Choice Voucher FSS Program Coordinator Funding 2001 Jefferson Davis Highway, Suite 703 Arlington, VA 22202

Dear Mr. Diggs:

In connection with the FY 2003 NOFA for FSS program coordinators, this is a request for funds to pay the salary of a Housing Choice Voucher FSS program coordinator for one year. I hereby certify for the \_\_\_\_\_\_ (*Enter PHA name and PHA number. For joint applications, indicate the names and PHA numbers of all co-applicants and identify the lead PHA that will receive and administer the funding requested under this NOFA.*) that:

1. Our HUD-Approved FSS Program Size is: \_\_\_\_\_\_. (Enter the total number of HUD-approved voluntary and mandatory Housing Choice Voucher FSS program slots identified in the PHAs HUD-Approved FSS Action Plan OR when PHAs are applying jointly, the combined total of Rental Certificate/Housing Choice Voucher FSS program slots in the HUD-approved Action plans of the PHAs.)

2. Salary Requested: Total Housing Choice Voucher FSS Program Coordinator salary, INCLUDING, if applicable, amount for fringe benefits: \_\_\_\_\_.

3. Additional certifications: (Check each item in 3(a) through 3(c) that applies.)

\_\_\_\_\_(a) The PHA is in compliance with the Fair Housing and Civil Rights requirements stated in section V.(B) of the FY 2003 SuperNOFA.

(b) The PHA is in compliance with requirements regarding lobbying stated in section V(N) of the FY 2003 SuperNOFA.

(c) Evidence demonstrating salary comparability to similar position in the local jurisdiction is on file in the PHA office.

4. Statement regarding Colonias Preference: The applicant PHA operates in a Southwest Border region area that contains one or more Colonias community: Yes\_\_\_\_\_ No \_\_\_\_\_. (*If yes, a PHA applying for the Colonias preference must also complete 4(a) below.*)

- (a) The PHA operates programs that include outreach to members of the Colonias communities. Yes \_\_\_\_\_ No \_\_\_\_\_
- (b) Request that GMC confirm eligibility for Colonias preference. (Must be included only by PHAs not listed in Attachment C of the FY 2003 FSS NOFA.)

If there are any questions, please contact \_\_\_\_\_at \_\_\_\_.

Sincerely,

**Executive Director** 

## ATTACHMENT C

## PHAs THAT OPERATE IN AREAS CONTAINING COLONIAS COMMUNITIES:

## **ARIZONA PHAs:**

City of Douglas Housing Authority City of Nogales Housing Authority City of Yuma Housing Authority Yuma County Housing Authority Cochise County Housing Authority Pinal County Housing Authority City of Eloy Housing Authority

Section 8 Housing for Graham County, Arizona Department of Housing

## **CALIFORNIA PHAs:**

Imperial Valley Housing Authority City of Calexico Housing Authority Housing Authority of the County of Riverside

## **NEW MEXICO PHAs:**

City of Las Cruces/Dona Ana County Housing Authority

Sunland Park Housing Authority

Lordsburg Housing Authority

Silver City Housing Authority – Region V

City of Truth or Consequences Housing Authority

Housing Authority of the Village of Santa Clara

City of Alamogordo Housing Authority Town of Baynard Housing Authority Otero County – Region VI Eddy County – Region VI

City of Socorro Housing Authority

## **TEXAS PHAs:**

Brownsville Housing Authority **Cameron County Housing Authority** Los Fresnos Housing Authority Port Isabel Housing Authority San Benito Housing Authority Harlingen Housing Authority Willacy County Housing Authority Mercedes Housing Authority Weslaco Housing Authority **Dona Housing Authority** Elsa Housing Authority Ed Couch Housing Authority Alamo Housing Authority San Juan Housing Authority Pharr Housing Authority Edinburg Housing Authority

Hidalgo County Housing Authority McAllen Housing Authority Mission Housing Authority La Joya Housing Authority Starr County Housing Authority Zapata County Housing Authority Laredo Housing Authority Eagle Pass Housing Authority Carrizo Springs Housing Authority Del Rio Housing Authority Bracketville Housing Authority



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Friday, April 25, 2003

Part II—Continued

# Department of Housing and Urban Development

Super Notice of Funding Availability (SuperNOFA) for HUD's Discretionary Programs for Fiscal Year 2003; Notice

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# PUBLIC HOUSING RESIDENT OPPORTUNITIES AND SELF-SUFFICIENCY (ROSS) PROGRAM

Billing Code 4210-32-C

#### Funding Availability for Public and Indian Housing Resident Opportunities and Self Sufficiency (ROSS) Program

#### **Program Overview**

Purpose of Program. The purpose of the Public and Indian Housing Resident Opportunities and Self Sufficiency (ROSS) Program is to provide grants to Public Housing Agencies, tribes/Tribally Designated Housing Entities (TDHEs), Resident Organizations and nonprofits, including grassroots, faith-based and other community based organizations for the delivery and coordination of supportive services and other activities designed to help Public and Indian housing residents attain economic selfsufficiency.

*Available Funds.* A total of \$49,675,000 is available for funding in

Fiscal Year 2003. Of this, \$14,902,500 is allocated to Neighborhood Networks.

*Transfer of Funds.* HUD may transfer funds between the two Resident Service Delivery Models (RSDM) programs and the Homeownership Supportive Services program in the event that funds in one or more categories are remaining after all qualified applications have been funded. If transfer of funds does become necessary, HUD will give first priority to Homeownership Supportive Services (HSS), second priority to RSDM-Family and third priority to RSDM-Elderly. HUD does not have the discretion to transfer funds for the Neighborhood Networks category to any other funding category within this NOFA. If remaining funds under the Neighborhood Networks funding category are too small to make an award, they will be used to partially fund

applications in rank order regardless of region in the existing center category.

*Match.* At least 25 percent of the grant amount is required as the grant match.

Eligible Applicants. Eligible applicants are Public Housing Agencies (PHAs), tribes/TDHEs, resident management corporations (RMCs), resident councils (RCs), resident organizations (ROs), Intermediary Resident Organizations (IROs), City-Wide Resident Organizations (CWROs) and nonprofits including grassroots, faith-based and other community based organizations that have resident support or the support of tribes. Tribes and TDHEs are not eligible for the Neighborhood Networks funding category. The following chart summarizes the funding categories available under ROSS, eligible applicants and application procedures.

Grant	Eligibility	Application procedure
Resident Services Delivery Model- Family (RSDM-Family).	PHAs, Resident Management Corporations (RMCs), Resident Councils (RCs), Resident Organizations (ROs), Intermediary Resident Organizations (IROs), City-Wide Resident Organizations (CWROs), nonprofits, Indian tribes, and tribally designated housing entities (TDHEs).	Submit application per SuperNOFA and Program Section requirements.
Resident Services Delivery Model- Elderly and Persons with Disabil- ities.	PHAs, Resident Management Corporations (RMCs), Resident Councils (RCs), Resident Organizations (ROs), Intermediary Resident Organizations (IROs), City-Wide Resident Organizations (CWROs), nonprofits, Indian tribes/TDHEs.	Submit application per SuperNOFA and Program Section requirements.
Homeownership Supportive Serv- ices (HSS).	<ul> <li>PHAs, Resident Management Corporations (RMCs), Resident Councils (RCs), Resident Organizations (ROs), Intermediary Resident.</li> <li>Organizations (IROs), City-Wide Resident Organiza- tions (CWROs), nonprofits, Indian tribes/TDHEs.</li> </ul>	Submit application per SuperNOFA and Program Section requirements.
Neighborhood Networks (NN)	PHAs and nonprofits with expertise in this area	Submit application per SuperNOFA and Program Section requirements.
Service Coordinator	PHAs which were recipients of this grant in FY1995.	Renewal Program only. New applications will not be considered. Grantees will not go through the SuperNOFA process. HUD will send a letter to 1995 grantees indicating procedure for applying.

#### Number of Applications Permitted.

General. Applicants including PHAs, tribes/TDHEs, ROs, RCs, and nonprofits, including grassroots, faith-based or other community-based organizations that have resident support or the support of tribes may submit an application for more than one funding category, however applicants must submit separate applications for each funding category. NOTE: Applications from PHAs, tribes/TDHEs, ROs, RCs, RAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded. Nonprofits may submit more than one application provided that they

will be serving residents of distinct Public Housing Authorities.

Joint applications. Two or more applicants may join together to submit a joint application for proposed grant activities. Joint applications must designate a lead applicant. Both lead and non-lead applicants are subject to threshold requirements. Joint applications may include PHAs, RAs, IROs, Tribes/TDHEs, and nonprofit entities on behalf of resident organizations. Joint applications involving nonprofits must also provide evidence of resident support. The maximum funding for joint applications cannot exceed the amount of funding applicants would have collectively received had they applied individually.

*Grant term.* The grant term for funding for each funding category under

the ROSS program is thirty-six months from the execution date of the grant agreement.

*Extensions.* The field office may grant one six-month extension, as long as the request for an extension occurs no less than one year of grant expiration. Other extensions require approval from the Deputy Assistant Secretary for the Office of Public Housing and Voucher Programs.

#### **Additional Information**

If you are interested in applying for funding under any of these funding categories, please carefully review the application requirements provided for each grant category below.

#### I. Application Due Date, Required Forms, Security Procedures, Further Information and Technical Assistance

Application Due Date. The application due dates for each of the ROSS funding categories follows below:

Neighborhood Networks: May 27, 2003.

Resident Service Delivery Models-Elderly/Persons with Disabilities: June 11.2003.

Resident Service Delivery Models-Family: June 19, 2003.

Homeownership Supportive Services: July 7, 2003. Application Kits. Application kits will not be used this year.

Required Forms. In addition to the forms required in the General Section of the SuperNOFA, there are ROSS forms that are required. Please see Section VIII and Appendix B of this NOFA for more information on form submission.

Mailing and Receipt Procedures.

Please refer to the General Section of the SuperNOFA for mailing and receipt procedures.

Proof of Timely Submission. Please see the General Section of the SuperNOFA

Number of Applications. Separate applications must be submitted for each ROSS funding category. Applications must be submitted in triplicate (one original and two identical copies). The original and one identical copy must be sent to the Grants Management Center by the deadline. The other identical copy must be submitted to your local HUD field office by the deadline. For tribal and TDHE applicants, both the original and two copies must be sent to the Denver Program Office of Native American Programs (DPONAP) according to the instructions in paragraph 4 below. If you do not submit the required number of copies HUD may request that you provide the additional copies to the appropriate HUD office(s) in accordance with the procedures described here in Section IX and in Section VIII of the General Section of the SuperNOFA, Corrections to Deficient Applications.

Addresses. When submitting your application, you must refer to the name of the program for which you are seeking funding and include the correct room number to ensure that your application is properly directed. The address to use for the GMC is the following: Grants Management Center, Mail Stop: The name of the funding category to which you are applying, 501 School Street, SW., Suite 800, Washington, DC 20024.

In the case of tribes and TDHEs, please submit your completed

application (the original and two copies) to the Denver Program Office of Native American Programs (DPONAP), 1999 Broadway, Suite 3390, Denver, CO 80202, by mail using the United States Postal Service (USPS) or it may be delivered only via the following four carrier services: United Parcel Service (UPS), FedEx, DHL, or Falcon Carrier. Delivery by these services must be made during HUD's business hours, between 8:30 AM and 5:30 PM Eastern Standard Time (or Mountain Standard Time for Tribes and TDHEs), Monday through Friday. If these companies do not service your area, you must submit your application via the USPS. Do not submit the original and or a copy of the application to the Area ONAP.

For Further Information and Technical Assistance. You may call the Public and Indian Housing Information and Resource Center at 1-800-955-2232. For the hearing or speech impaired, please call the Federal Relay Service at 1-800-877-8339. In the case of tribes/TDHEs, please contact DPONAP at 1-800-561-5913 or (303) 675–1600 (this is not a toll free number).

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you should consult the HUD web site at http://www.hud.gov/grants.

#### **II. Definition of Terms**

City-Wide Resident Organization means an organization consisting of members from Resident Councils, Resident Management Corporations, and Resident Organizations who reside in public housing developments that are owned and operated by the same PHA within a city.

Community Facility means a nondwelling structure that provides space for multiple supportive services for the benefit of public or Indian housing residents and others eligible for the services provided. Supportive services may include but are not limited to:

(1) Job-training;(2) After-school activities for youth; (3) Neighborhood Networks (formerly) Twenty/20 Education Communities (TECs), Campus of Learners activities); (4) English as a Second Language

(ESL) classes; and

(5) Child care.

Contract Administrator means an overall administrator and/or a financial management agent that oversees the financial aspects of a grant and assists in the entire implementation of the grant. All applicants except nontroubled PHAs, tribes and TDHEs must

submit a signed Contract Administrator Partnership Agreement with their application. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Contract Administrator Partnership Agreement included in your application. Applicants, except non-troubled PHAs, who fail to submit a Contract Administrator Partnership Agreement will fail threshold and will not receive further consideration for funding. The Contract Administrator must assure that the financial management system and procurement procedures that will be in place during the grant term will fully comply with either 24 CFR part 84 or 85. Contract Administrators may be: Local Housing Agencies; communitybased organizations such as Community Development Corporations (CDCs), churches, temples, synagogues, mosques; nonprofits; state/regional associations and organizations. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare their ROSS applications are also ineligible to be Contract Administrators. Contract Administrators may not be paid at more than the daily equivalent of the rate paid for level IV of the government's Executive Schedule.

Elderly person means a person who is at least 62 years of age.

Jurisdiction-Wide Resident Organization means an incorporated nonprofit organization or association that meets the following requirements:

(1) Most of its activities are conducted within the jurisdiction of a single housing authority;

(2) There are no incorporated **Resident Councils or Resident** Management Corporations within the jurisdiction of the single housing authority;

(3) It has experience in providing start-up and capacity-building training to residents and resident organizations; and

(4) Public housing residents representing unincorporated Resident Councils within the jurisdiction of the single housing authority must comprise the majority of the board of directors.

Tribally Designated Housing Entity (TDHE) is an entity authorized or established by one or more Indian tribe to act on behalf of each such tribe authorizing or establishing the housing entity.

Indian tribe means any tribe, band, nation, or other organized group of a community of Indians, including any Alaska native village or regional or village corporation as defined in or established pursuant to the Alaska

Native Claims Settlement Act, and that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians pursuant to the Indian Self Determination and Education Act of 1975.

Intermediary Resident Organizations means Jurisdiction-Wide Resident Organizations, City-Wide Resident Organizations, State-Wide Resident Organizations, Regional Resident Organizations, and National Resident Organizations.

*Match.* All applicants are required to have in place a 25% match in cash or in-kind donations. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. "Firmly committed" means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU) or tribal resolution must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or inkind services. The letters of commitment/MOUs/tribal resolution must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of \$5.15/hour. The commitment should be in place at time of award and should be for the duration of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or inkind) and how the match will be used. For tribal and TDHE applicants, you must submit a letter of support and/or tribal resolution committing to the 25% match. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD-424–CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be

contingent upon letters of commitment being submitted with your application.

NAHASDA-assisted resident means a resident of an Indian tribe (as defined above) who has been assisted by the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996.

National Resident Organization (NRO) means an incorporated nonprofit organization or association for public housing that meets each of the following requirements:

(1) It is national (*i.e.*, conducts activities or provides services in at least two HUD Areas or two states);

(2) It has the capacity to provide startup and capacity-building training to residents and resident organizations; and

(3) Public housing residents representing different geographical locations in the country are members of the board of directors.

Nonprofit organization. A nonprofit organization is an organization that is exempt from federal taxation. A nonprofit can be organized for the following purposes: Charitable, religious, educational, scientific, literary and others. In order to qualify, an organization must be a corporation, community chest, fund or foundation. An individual or partnership will not qualify. To obtain nonprofit status, qualified organizations must file an application with the Internal Revenue Service (IRS) and receive designation as such by the IRS. For more information, go to www.irs.gov. Applicants who are in the process of applying for nonprofit status, but have not yet received nonprofit designation from the IRS, will not be considered nonprofit organizations.

National nonprofit organizations means organizations that work on a national basis and have the capacity to mobilize resources on both a national and local level.

*Past Performance* is a threshold requirement. HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. The DPONAP will review past performance for tribal/ TDHE submissions. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored

for Rating Factor 1 during the technical review process.

*Person with disabilities* means a person who:

(1) Has a condition defined as a disability in section 223 of the Social Security Act;

(2) Has a developmental disability as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act: or

(3) Is determined to have a physical, mental, or emotional impairment which:

(a) Is expected to be of long-continued and indefinite duration;

(b) Substantially impedes his or her ability to live independently; and

(c) Is of such a nature that such ability could be improved by more suitable housing conditions.

The term "person with disabilities" does not exclude persons who have acquired immunodeficiency syndrome (HIV/AIDS) or any conditions arising from the etiologic agent for AIDS. In addition, no individual shall be considered a person with disabilities, for purposes of eligibility for lowincome housing, solely on the basis of any drug or alcohol dependence.

The definition provided above for persons with disabilities is the proper definition for determining program qualifications. However, the definition of a person with disabilities contained in section 504 of the Rehabilitation Act of 1973 and its implementing regulations must be used for purposes of reasonable accommodations.

*Project Coordinator* is a person who is responsible for coordinating the proposed activities to ensure that their accomplishment will assist in achieving the overall grant goals and objectives.

*Project* is the same as "low-income housing project" as defined in section 3(b)(1) of the United States Housing Act of 1937 (42 U.S.C. 1437 *et seq.*) (1937 Act).

Resident Association (RA) means any or all of the forms of resident organizations as they are defined elsewhere in this Definitions section and includes Resident Councils (RC), Resident Management Corporations (RMC), Regional Resident Organizations (RRO), Statewide Resident Organizations (SRO), Jurisdiction-Wide Resident Organizations, and National Resident Organizations (NRO).

*Resident Council (RC)* means (as provided in 24 CFR 964.115) an incorporated or unincorporated nonprofit organization or association that shall consist of persons residing in public housing and must meet each of the following requirements in order to receive official recognition from the PHA/HUD, and be eligible to receive funds for RC activities and stipends for officers for their related costs for volunteer work in public housing. The following also applies to resident councils:

(1) The RC must adopt written procedures such as by-laws, or a constitution, which provides for the election of residents to the governing board by the voting membership of the public housing residents. The elections must be held on a regular basis, but at least once every 3 years. The written procedures must provide for the recall of the resident board by the voting membership. These provisions shall allow for a petition or other expression of the voting membership's desire for a recall election, and set the percentage of voting membership that must be in agreement in order to hold a recall election. This threshold shall not be less than 10 percent of the voting membership.

(2) The RC must have a democratically elected governing board that is elected by the voting membership. At a minimum, the governing board should consist of five elected board members. The voting membership must consist of heads of households (any age) and other residents at least 18 years of age or older and whose names appear on a lease for the unit in the public housing that the resident council represents.

(3) The RC may represent residents residing in:

(a) Scattered site buildings in areas of contiguous row houses;

(b) One or more contiguous buildings;

(c) A development; or

(d) A combination of the buildings or developments described above.

(4) The RC must be in good standing and recognized by the PHA.

Regional Resident Organization (RRO) means an incorporated nonprofit organization or association for public housing that meets each of the following requirements:

(1) The RRO is regional (*i.e.*, not limited by HUD Areas);

(2) The RRO has experience in providing start-up and capacity-building training to residents and resident organizations; and

(3) Public housing residents representing different geographical locations in the region must comprise the majority of the board of directors.

Resident Management Corporation (RMC) (see 24 CFR 964.7, 964.120) means an entity that consists of residents residing in public housing and must have each of the following characteristics in order to receive official recognition by the PHA and HUD: (1) The RMC shall be a nonprofit organization that is incorporated under the laws of the state in which it is located;

(2) The RMC may be established by more than one RC, so long as each such council:

(a) Approves the establishment of the corporation; and

(b) Has representation on the Board of Directors of the corporation.

(3) The RMC shall have an elected Board of Directors, and elections must be held at least once every 3 years;

(4) The RMC's by-laws shall require the Board of Directors to include resident representatives of each RC involved in establishing the corporation; include qualifications to run for office, frequency of elections, procedures for recall; and term limits if desired;

(5) The RMC's voting members shall be heads of households (any age) and other residents at least 18 years of age and whose names appear on the lease of a unit in public housing represented by the RMC;

(6) Where an RC already exists for the development, or a portion of the development, the RMC shall be approved by the RC board and a majority of the residents. If there is no RC, a majority of the residents of the public housing development it will represent must approve the establishment of such a corporation for the purposes of managing the project; and

(7) The RMC may serve as both the RMC and the RC, so long as the corporation meets the requirements of 24 CFR part 964 for an RC.

Resident Organization (RO) for tribal entities means an incorporated or unincorporated nonprofit tribal organization or association that meets each of the following criteria:

(1) It shall consist of residents only, and only residents may vote;

(2) If it represents residents in more than one development or in all of the developments of the tribal/TDHE community, it shall fairly represent residents from each development that it represents;

(3) It shall adopt written procedures providing for the election of specific officers on a regular basis; and

(4) It shall have democratically elected governing board. The voting membership of the board shall consist solely of the residents of the development or developments that the tribal RO represents.

*Secretary* means the Secretary of Housing and Urban Development.

Site-Based Resident Associations means Resident Councils or Resident Management Corporations representing a specific public housing development.

Statewide Resident Organization (SRO) is an incorporated nonprofit organization or association for public housing that meets the following requirements:

(1) The SRO is statewide:

(2) The SRO has experience in providing start-up and capacity-building training to residents and resident organizations; and

(3) Public housing residents representing different geographical locations in the state must comprise the majority of the Board of Directors.

*Tribal/TDHE Resident Group* means tribal/TDHE resident groups that are democratically elected groups such as IHA-wide resident groups, area-wide resident groups, single development groups, or resident management corporations (RMCs).

#### III. Program Description: Resident Service Delivery Models-Family

(A) *Program Description.* The purpose of the ROSS RSDM-Family funding category is to provide funding to PHAs, tribes/TDHEs, resident organizations, nonprofits including grassroots, faithbased or other community-based organizations to create programs to help residents achieve economic selfsufficiency.

HUD is looking for applications that implement comprehensive programs within the thirty-six month grant term which will result in improved economic self-sufficiency for Public or Indian housing residents.

HUD is looking for proposals that involve partnerships with organizations that will help grantees provide educational programs, housing counseling, including fair housing counseling, job training and other supportive services for residents. Proposed grant activities should build on the foundation created by previous ROSS grants or other federal, state and local self-sufficiency efforts.

(B) *Available Funding.* The amount of funding available for FY03 is \$14,345,000.

(C) Allocation. To the extent that there are a sufficient number of qualified applications, not less than 25 percent of funds available for RSDM-Family shall be provided directly to Resident Councils (RCs), Resident Organizations (ROs), Resident Management Corporations (RMCs), Intermediary Resident Organizations (IROs), and City-Wide Resident Organizations (CWROs). In addition, 5 percent of available funding shall be allocated to national nonprofit organizations provided there is a sufficient number of qualified applications.

(1) Maximum grant amount. For PHAs applying for RSDM-Family grants, the maximum grant award will be based on the number of occupied conventional family public housing units. Tribes/ TDHEs applying for RSDM-Family grants should use the computation of units for the maximum grant amount, which is outlined below.

(a) PHAs must use the number of occupied conventional family public housing units as of September 30, 2002 per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below. PHAs should clearly indicate the number of units under management on the Fact Sheet.

—For PHAs with 1 to 780 occupied conventional family public housing units, the maximum grant award is \$250,000.

—For PHAs with 781 to 2,500 occupied conventional family public housing units, the maximum grant award is \$350,000.

—For PHAs with 2501 to 7,300 occupied conventional family public housing units, the maximum grant award is \$500,000.

—For PHAs with 7,301 or more occupied conventional family public housing units, the maximum grant award is \$1,000,000.

—The maximum grant award is \$100,000 for each RA.

—Nonprofit entities that have resident support or the support of tribes or RAs/ ROs are limited to \$100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of \$300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(b) Tribes/TDHEs should use the number of units counted as Formula Current Assisted Stock for Fiscal Year 2002 as defined in 24 CFR 1000.316. Tribes/TDHEs are eligible for the same amounts as PHAs within each category in (a) above. Tribes that have not previously received funds from the Department under the 1937 Housing Act should count housing units under management that are owned and operated by the Tribe and are identified in their housing inventory as of September 30, 2002 for family units. Tribes should clearly indicate the number of units under management on the Fact Sheet.

(D) *Deobligation of Funds.* HUD may deobligate amounts for the grant if proposed activities are not initiated or completed within the required time period after the effective date of the award. The grant agreement will set forth in detail circumstances under which funds may be deobligated and other sanctions imposed.

(E) Eligible Applicants.

(1) This funding category provides grants to PHAs, tribes/TDHEs, resident management corporations, resident councils, resident organizations, and nonprofit entities supported by HUD, residents or tribes, to enable them to establish and implement comprehensive programs that assist residents in becoming self-sufficient.

(2) IROs with 501(c) status may apply as nonprofit entities under this funding category.

**Note:** Applications from PHAs, tribes/ TDHEs, ROs, RCs, RAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded.

(F) Eligible Activities. This funding category is designed to provide resources that will benefit adult residents who seek to achieve economic self-sufficiency. This category is also designed to help youth residing in Public and Indian Housing succeed in school and begin planning their educational and economic future. Funds may be used for the activities described below. The eligible activities are listed below in four categories from basic to advanced: Life-Skills Training; Job Training, Job Search and Placement Assistance; Post Employment Follow-up and finally, Activities to Support Career Advancement and Long-term Economic Self-Sufficiency. Grantees are not limited to choosing one category of activities, but rather should design their programs to address the specific needs of the population they are targeting. Grantees are encouraged to pull from all categories and activities listed below:

(1) Hiring of a qualified project coordinator to run the grant program. A qualified project coordinator is someone with at least two years of experience working on supportive services programs designed for typically underserved populations. The project coordinator should be hired for the entire term of your grant. The ROSS program will fund up to \$62,500 in combined annual salary and fringe benefits for a full-time project coordinator. However, the project coordinator's salary and administrative costs may not exceed more than 30% of the total grant amount. Other administrative costs, see paragraph 9 below, may not exceed 10% of the total grant amount requested from HUD. For

audit purposes, applicants must have documentation on file demonstrating that the salary they pay the project coordinator is comparable to similar professions in their local area. The project coordinator should be responsible for:

(a) Marketing the program to residents;

(b) Assessing participating residents' skills and job-readiness;

(c) Assessing participating residents' needs for supportive services, *e.g.* child care, transportation costs, etc.

(d) Project coordinators working for tribes/TDHEs may assist the tribe or TDHE to create a Resident Group to promote self-sufficiency efforts on the reservation;

(e) Designing and coordinating grant activities based on residents' needs and the local labor market; and

(f) The project coordinator should be responsible for monitoring the progress of program participants and evaluating the overall success of the program. A portion of grant funds should be reserved to ensure that evaluations can be completed for all participants who received training through this program. For more information on how to measure performance, please see Rating Factor 5.

(2) Life-skills Training for Youth and Adults.

(a) Applying for a job. Filling out employment forms; highlighting skills employers are looking for; job opportunities in the area; calculating net wages; workplace norms (appropriate dress, punctuality, respectful communication, etc.).

(b) Credit. What it means to have good credit; how to maintain good credit.

(c) Banking and Money Management. Opening a bank account; balancing a checkbook; creating a weekly spending budget; contingency planning for child care and transportation, etc.

(d) Real Life Issues. Tax forms; voter registration; lease samples; car insurance; health insurance; long-term care insurance; etc.

(e) Literacy training and GED preparation.

(f) College preparatory courses and information.

(g) Goal setting.

(h) Mentoring.

(3) Job Training, Job Search and Placement Assistance:

(a) Skills Assessment of target population.

(b) Soft skills training which includes: Problem solving and other cognitive skills; oral and written communication skills; personal qualities and work ethic; interpersonal and teamwork skills. (c) Creating job training and placement programs with local employers.

(d) Resume writing.

(e) Interviewing techniques.(f) Employer linkage and job

placement.

Working with local employers to design and offer training that addresses their employment needs, create a job placement program that refers trained residents to participating employers and other local area employers.

(g) Establish relationships with local job placement providers. Encourage them to participate in the training and to meet with residents.

(4) Post-employment follow-up. After placing residents in jobs, follow-up and ongoing support to newly hired residents can have a significant impact on their long-term job retention. Activities can range from one-on-one meetings to weekly group sessions involving other residents who are making the same transition from welfare to work.

(5) Activities to Support Career Advancement and Long-term Economic Self-Sufficiency.

(a) Career advancement and planning programs. Such programs should be designed to:

(i) Help residents identify a career goal and a timeline for achieving it;

(ii) Provide strategies such as finding a strong professional mentor within a company; focusing on the organization's priorities.

(iii) Reinforce initial welfare-to-work programs and focus efforts on increasing residents' earning capacity. Activities can include job counseling, helping residents secure better paying jobs or jobs in better work environments, preparing for work in a new job category, obtaining additional job skills and other educational training.

(b) Working with local employers, create opportunities that combine education and job skill training with jobs. Strategies that promote work-based learning can offer the most effective method for giving new workers the tools they need to move on to a career ladder and achieve upward mobility.

(c) Individual Savings Accounts (ISAs). You may create programs that encourage residents to save and contribute to matched savings accounts such as Individual Development Accounts (IDAs). The programs should include financial counseling and education activities. ISAs may only be used for three purposes: (1) To purchase a first home; (2) receiving postsecondary education or training; or (3) starting a small business. ROSS RSDM funds can be used as matching funds for ISAs but no more than 20% of total grant funds may be used for this purpose. You are encouraged to leverage RSDM funds by working with local financial organizations which can also contribute to residents' ISAs. FSS escrow accounts may not be used as a match for RSDM-funded ISAs. Grantees shall consult the Internal Revenue Service regarding possible tax consequences to participating residents of the ISAs.

(d) Housing Counseling for Homeownership. "Pre-purchase" homeownership counseling and training; which may include training on such subjects as credit and financial management; credit repair; housing search; how to finance purchase of a home; fair housing; Individual Development Accounts, Real Estate Settlement Procedures Act (RESPA); and home maintenance.

(6) Stipends. Stipends are an eligible use of grant funds. However, no more than \$200 of the grant award may be used per participant per month for stipends for active trainees and program participants to reimburse reasonable out-of-pocket expenses related to participation in training and other program-related activities. Reasonable costs reimbursable with stipends include such things as local transportation to and from job training and job interviews, supplemental educational materials, and child care expenses. Receipts for such expenses should be provided by the resident in order to obtain reimbursement. Stipends must be tied to residents' successful performance and regular attendance. Stipends are not considered an administrative expense and therefore are not subject to the 10% limitation on administrative costs.

(7) Hiring of Residents. Grant funds may also be used to hire a resident(s) as program staff. Residents' salaries are to come out of administrative expenses, see section 9 "Administrative Costs" below.

(8) Supportive Services.

(a) After school programs for schoolage children to include tutoring, remedial training, educational programming using computers.

(b) Provision of information on the Earned Income Tax Credit Program, Food Stamps, Child Tax Credit Program, Medicaid, the State Child Health Insurance Program (S–CHIP), Student Loan Interest Deduction, tribal welfare programs, and other benefit programs that can assist individuals and families make a successful transition from welfare to work. (c) Housing Counseling to help residents move to market rate rental housing.

(d) Transportation costs as necessary to enable participating families to receive services or commute to training or employment.

(e) Child-care provision for ROSS– RSDM program participants.

(f) Parenting courses.

(g) Nutrition courses.

(h) Healthcare information and services including referrals to mental health providers, alcohol and other drug abuse treatment programs.

(i) English as a second language (ESL) classes.

(j) Creating and maintaining linkages to local social service agencies, such as employment agencies, health departments, transportation agencies, economic/community development agencies, community colleges, recreational and cultural services, and other community organizations such as Boys & Girls Clubs, 4H-Clubs, Boy Scouts, Girl Scouts, etc.

(9) Administrative costs. Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies, salaries for resident employees hired as part of this grant program, quality assurance, local travel, and utilities. Nonprofit organizations only may use administrative funds to pay for rental of space. Administrative costs must not exceed 10 percent of the total grant amount requested from HUD. Administrative costs must adhere to OMB Circular A-87. Please use HUD-424-CBW to itemize your administrative costs.

(G) Ineligible Activities.

Activities for which costs are ineligible for funding under the RSDM-Family funding category include:

(1) Payment of wages and/or salaries to participants receiving supportive services and/or training programs;

- (2) Purchase or rental of land;
- (3) New construction, materials costs;
- (4) Rehab or physical improvements;
- (5) Purchase or rental of vehicles; and
- (6) Cost of application preparation.

(H) Threshold Requirements.

Applicants must respond to threshold requirements clearly and thoroughly by following the instructions below. If your application fails one threshold requirement (regardless of the type of threshold) it will be considered a failed application and will not be reviewed further.

(1) *Match.* All applicants are required to have in place as defined in this NOFA a firmly committed 25% match in cash or in-kind donations. Applicants who do not demonstrate the minimum 25% match will fail this threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. "Firmly committed" means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU) or tribal resolution must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or inkind services. The letters of commitment/MOUs/tribal resolutions must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of \$5.15/hour. The commitment should be in place at time of award and should be for the duration of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support/ tribal resolution indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD-424–CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(2) Past Performance. HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored for Rating Factor 1 during the technical review process.

(3) All applicants except non-troubled PHAs and tribes/TDHEs are required to

submit a signed Contract Administrator Partnership Agreement. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Partnership Agreement included in your application. The Contract Administrator must assure that the financial management system and procurement procedures that will be in place during the grant term will fully comply with either 24 CFR part 84 or 85. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare their ROSS applications are also ineligible to be Contract Administrators. See the definition in Section III of Contract Administrator for more information.

(4) Nonprofit applicants must include letters from Resident Organizations (RO), Resident Associations (RA) indicating that the ROs/RAs you will be working with support your application. Letters from ROs/RAs must be signed by a person authorized to sign for the organization and should, whenever be possible, be on RO/RA letterhead. (H) Program Requirements.

(1) *Eligible Participants*. All program participants must be residents of conventional public or NAHASDAassisted Housing. Participants in the Public or Indian Housing Family Self-Sufficiency (FSS) programs who are residents of public housing (non Housing Choice Voucher Program) are also eligible to participate in activities funded under this category.

(2) *Resident Assessment*. Applicants are required to assess residents' needs and interests so that program activities are designed to address their needs.

(3) *Partnering.* Applicants should partner with local schools, libraries, businesses, banks, employment agencies, housing counseling agencies (preferably HUD-approved), state and local social service agencies, or other organizations which will help applicants deliver supportive services and fulfill residents' needs. These organizations can provide additional expertise, volunteers, office supplies, training materials, software, equipment, and other resources.

(4) *Performance Reports.* The grantee shall submit semi-annual performance reports to the field office. These progress reports shall include financial reports (SF–269A) and a narrative describing milestones, work plan progress, and problems encountered and methods used to address these problems. HUD anticipates that some of the reporting of financial status and grant performance will be through Internet-based submissions. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. Performance reports are due to the field office on July 30 and January 31 of each year. If reports are not received by the due date, grant funds will not be advanced until reports are received.

(5) Final Report. The grantees shall submit a final report which will include a financial report (SF-269A) and a narrative evaluating overall performance against its work plan. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. The financial report shall contain a summary of all expenditures made from the beginning of the grant agreement to the end of the grant agreement and shall include any unexpended balances. The final narrative and financial report shall be due to the field office 90 days after the termination of the grant agreement.

(6) *Final Audit.* Grantees are required to obtain a complete final close-out audit of the grant's financial statements by a Certified Public Accountant (CPA), in accordance with generally accepted government audit standards. A written report of the audit must be forwarded to HUD within 60 days of issuance. Grant recipients must comply with the requirements of 24 CFR part 84 or 24 CFR part 85 as stated in OMB Circulars A-110, A-87, and A-122, as applicable. (J) Application Selection Process.

(1) Four types of reviews will be conducted: A screening to determine if you are eligible to apply for this funding category; whether your application submission is complete, on time and meets threshold; a review by the field office to evaluate past performance; and a technical review to rate your application based on the five rating factors provided in this section. A minimum score of 75 is required for the application to be considered for funding.

(2) The selection process is designed to achieve geographic diversity of grant awards throughout the country. HUD will first select the highest ranked application from each of the ten federal regions and DPONAP for funding. After this "round," HUD will select the second highest ranked application in each of the ten federal regions and DPONAP for funding (the second round). HUD will continue this process with the third, fourth, and so on, highest ranked applications in each federal region and DPONAP until the last complete round is selected for funding. If available funds exist to fund some but not all eligible applications in the next round, HUD will make awards to those remaining applications in rank order regardless of region and DPONAP and

will fully fund as many as possible with remaining funds. If remaining funds are too small to make an award, they may be transferred to another category. If transfer of funds does become necessary, HUD will give first priority to Homeownership Supportive Services, second priority to RSDM-Family and third priority to RSDM-Elderly.

(K) Factors for Award Used to *Evaluate and Rate RSDM-Family.* The factors for rating and ranking applicants and maximum points for each factor are provided below. The maximum number of points available for this program is 102. This includes two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA. The SuperNOFA contains a certificate that must be completed in order for the applicant to be considered for RC/EZ/EC bonus points. A listing of federally designated RCs, EZs, ECs, EECs and Strategic Planning Communities is attached to the General Section of the SuperNOFA as Appendix A–2 and is also available from the SuperNOFA Information Center, and the HUD Web site, www.hud.gov.

Note: Applicants should carefully review each rating factor before writing a response. Applicants' narratives should be as descriptive as possible, ensuring that every requested item is addressed. Applicants should make sure to include all requested information, according to the instructions found in Section VIII of this NOFA. This will help ensure a fair and accurate review of your application. Applications must not be longer than 30 narrative pages. Supporting documentation and certificates will not be counted towards the 30 page limit. However, applicants should make every effort to submit only what is necessary in terms of supporting documentation.

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (20 Points)

This factor addresses whether the applicant has the organizational resources necessary to successfully implement the proposed activities within the grant period. In rating this factor HUD will consider the extent to which the proposal demonstrates that the applicant will have qualified and experienced staff dedicated to administering the program.

(A) Proposed Program Staffing (7 Points).

(1) *Staff Experience* (4 Points). The knowledge and experience of your proposed project coordinator, staff, subcontractors, and partners in planning and managing programs for which funding is being requested. Experience will be judged in terms of recent, relevant and successful experience of your staff to undertake eligible program

activities. In rating this factor, HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to be successful. The more recent the experience and the more experience your own staff members who work on the project have in successfully conducting and completing similar activities, the greater the number of points you will receive for this rating factor. The following information should be provided in order to provide HUD an understanding of your staff's experience and capacity:

(a) The number of staff years (one staff year = 2080 hours) to be allocated to your program by each employee or expert as well as each of their roles in the program;

(b) The staff's relevant educational background and/or work experience; and

(c) Relevant and successful experience running programs whose activities are similar to the eligible program activities described in this grant category.

(2) Staff Capacity (3 Points). You will be evaluated based on whether you, your subcontractors and partners have sufficient personnel or will be able to quickly access enough qualified experts or professionals, to deliver the proposed activities in a timely and effective fashion. Your ability to immediately begin the proposed work program will also be evaluated. Attach resumes or position descriptions (where staff is not yet hired) for all key personnel. (Resumes do not count toward the 30page limit.)

(B) Past Performance of Applicant/ Project Coordinator (6 Points) Your narrative must describe how you (or your proposed Project Coordinator) successfully implemented grant programs (including those listed below) designed to promote resident selfsufficiency or moving from welfare to work. You will be evaluated according to the following criteria:

(1) Achievement of specific measurable outcomes and objectives in terms of benefits gained by participating residents (i.e. higher incomes, higher rates of employment, increased savings, improved literacy, etc.);

(2) Success in attracting and keeping residents involved in past grant programs so that grant activities benefited a significant numbers of residents;

(3) Timely expenditure of funds throughout the term of the grant. Timely means regular drawdowns throughout the life of the grant, i.e. quarterly drawdowns, with all funds expended by the end of the grant term;

(4) Leveraging of funding or in-kind services beyond that which was originally proposed to be used for past projects;

(5) Long-term partnerships formed with local employers, libraries, community organizations, social service agencies, local colleges and universities, etc.

Your past experience may include, but is not limited to, programs aimed at assisting residents of low-income housing achieve economic selfsufficiency; i.e. Tenant Opportunities Program; Public Housing Drug Elimination program and Youthbuild. Your narrative must indicate the grants, grant amounts, grant terms and grant sources which you are counting towards past experience.

(C) Program Administration and Fiscal Management. (7 Points)

(1) *Program Administration*. (4 Points). Describe how you will manage the program; how HUD can be sure that there is program accountability; and describe staff's roles and responsibilities.

(2) Fiscal Management. (3 Points). In rating this factor, your skills and experience in fiscal management will be evaluated. If you have had any audit or material weakness findings, you will be evaluated on how well you have addressed them. You must provide the following:

(a) A complete description of your fiscal management structure, including fiscal controls you have in place including those of a Contract Administrator for all applicants except non-troubled PHAs, tribes and TDHEs;

(b) List any audit findings (HUD Inspector General, management review, fiscal, etc.), material weaknesses and what you have done to address them;

(c) For applicants who are required to have a Contract Administrator, describe the skills and experience your Contract Administrator has in managing federal funds.

### Rating Factor 2: Need/Extent of the Problem (20 Points)

This factor addresses the extent to which there is a need for funding your proposed program and your indication of the importance of meeting the need in the target area. In responding to this factor, you will be evaluated on the extent to which you describe and document the level of need for your proposed activities and the urgency in meeting the need.

You should use statistics and analyses contained in data source(s) that are sound and reliable. Data that describes socioeconomic conditions at the local level can be found by going to the following websites: www.bls.gov (Bureau of Labor Statistics) or www.census.gov (US Census). Other types of sources include Continuum of Care gaps analysis, law enforcement agency crime reports, academic, state, and local sources. To the extent possible, the data you use should be specific to the area where the proposed activities will be carried out. You should document needs as they apply to the area where activities will be targeted, rather than the entire locality or state.

In responding to this factor, you should include:

(1) Socioeconomic Profile (5 points). A thorough socioeconomic profile of the eligible residents to be served by your program, including education levels, income levels, the number of singleparent families, economic statistics for the local area, crime levels, etc.

(2) Local Training Program Information (5 points). Information on training programs currently available and easily accessible to residents either through the PHA, tribe/TDHE, or other local or state community organizations.

You may also address needs in terms of fulfilling the requirements of court actions or other legal decisions or which expand upon the Analysis of Impediments to Fair Housing Choice (AI) to further fair housing. If you address needs that are in your community's Consolidated Plan, AI, or a court decision, or identify and substantiate needs in addition to those in the AI, you will receive a greater number of points than applicants who do not relate their proposed program to the approved Consolidated Plan or AI or court action. NOTE: Fines, penalties, damages, and other settlements resulting from violations (or alleged violations) of, or failure of the applicant to comply with federal, state, local or Indian tribal laws and regulations are unallowable means in which to satisfy this Rating Factor, except when incurred as a result of compliance with specific provisions of the federal award or written instructions by the awarding agency authorizing in advance such payments.

(3) *Resource Documentation* (3 points). The names and/or titles of information resources you used to document the need/extent of the problem.

(4) Demonstrated Link Between Proposed Activities and Local Need (7 points). There must be a clear relationship between your proposed activities, community needs and the purpose of the program funding for you to receive points for this factor.

# Rating Factor 3: Soundness of Approach (30 Points)

This factor addresses both the quality and cost-effectiveness of your proposed work plan. Your work plan must indicate a clear relationship between your proposed activities, the targeted population's needs, and the purpose of the program funding. Your activities must address HUD's policy priorities which relate to this program.

In rating this factor HUD will consider:

(A) *Quality of the Work Plan* (18 points). This factor evaluates both your work plan and your budget and will be evaluated based on the following components:

(1) Specific Services and/or Activities (6 points). Your narrative must describe the specific services and activities you plan to offer and who will be responsible for each. You must also provide a work plan which will enumerate the specific services and activities and outcomes you expect. Please see a sample work plan in Appendix B. HUD will consider how well your proposed activities will:

(a) Involve community partners in the delivery of services; and

(b) Offer comprehensive services versus a small range of services geared toward enhancing economic opportunities for residents.

(2) Feasibility and Demonstrable Benefits (4 points). This factor examines whether your work plan is logical, feasible and likely to achieve its stated purpose during the term of the grant. HUD's desire is to fund projects that will quickly produce demonstrable results and advance the purposes of the ROSS program.

(a) *Timeliness.* This subfactor evaluates whether your work plan demonstrates that your project is ready to be implemented shortly after grant award, but not to exceed three months following the execution of the grant agreement. Your work plan should indicate timeframes and deadlines for accomplishing major activities.

(b) *Description of the problem and solution*. Your work plan will be evaluated based on how well your proposed activities address the needs described in Factor 2.

(3) Budget Appropriateness/Efficient Use of Grant. (4 Points) The score in this factor will be based on the following:

(a) *Justification of expenses*. You will be evaluated based on whether your expenses are reasonable and wellexplained. (b) *Budget Efficiency*. You will be evaluated based on whether your application requests funds commensurate with the level of effort necessary to accomplish your goals and anticipated results.

(4) *Involving Residents in the Design* of the Work Plan (4 points). All applicants should make every effort to involve residents in the design of the work plan, so that activities and services offered by your organization address their needs.

(B) Addressing HUD's Policy Priorities (12 points). HUD wants to improve the quality of life for those living in distressed communities. HUD's grant programs are a vehicle through which constructive changes can be achieved. Your narrative and work plan will be evaluated based on how well it meets the following HUD policy priorities:

(1) Improving the Quality of Life in Our Nation's Communities (5 points). In order to receive points in this category, your narrative and work plan must indicate the types of activities and training programs you will offer which can help residents successfully transition from welfare to work and earn higher wages.

(2) Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations in HUD Program Implementation (7 points). HUD encourages applicants to partner with grassroots organizations, e.g., civic organizations, grassroots faithbased and other community-based organizations that are not usually effectively utilized. These grassroots organizations have a strong history of providing vital community services such as developing first-time homeownership programs, creating economic development programs, providing job training and other supportive services. In order to receive points under this factor, your narrative and work plan must describe how you will work with these organizations and what types of services they will provide.

#### **Rating Factor 4: Leveraging Resources** (20 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's grant resources to achieve program purposes. Applicants are required to create partnerships with organizations that can help achieve their program's goals. PHAs are required by QHWRA (Sec. 12(d)(7) of the U.S. Housing Act, entitled "Cooperation Agreements for Economic Self-Sufficiency Activities") to make best efforts to enter into such agreements with relevant state or local agencies. In rating this factor, HUD will look at the extent to which you partner, coordinate and leverage your services with other organizations serving the same or similar populations.

Additionally, you must have at least a 25 percent cash or in-kind match. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one grant ROSS grant, you must use different sources of match donations for each grant application. Leveraging in excess of the 25 percent of the grant amount will receive a higher point value. In evaluating this factor HUD will consider the extent to which you have partnered with other entities to secure additional resources to increase the effectiveness of your proposed program activities. The budget, the work plan, and commitments for additional resources and services, other than the grant, must show that these resources are firmly committed, will support the proposed grant activities and will, in combined amount (including in-kind contributions of personnel, space and/or equipment, and monetary contributions) equal at least 25 percent of the grant amount proposed in this application. "Firmly committed" means that the amount of resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU), or tribal resolutions must be on organization letterhead and signed by a person authorized to make the stated commitment. The letters of commitment/MOUs/tribal resolutions must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or inkind) and how the match will be used. For tribal and TDHE applicants, you must submit a letter of support and/or tribal resolution committing to the 25% match. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate their budget form (the HUD–424–CB) to list the sources and amount of each match. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(A) Volunteer time and services shall be computed by using the normal professional rate for the local area or the national minimum wage rate of \$5.15 an hour (**Note:** Applicants may not use their staff time towards the match);

(B) In order for HUD to determine the value of any donated material, equipment, staff time, building, or lease, your application must provide a letter from the organization making the donation stating the value of the contribution. The letter must be on letterhead, signed by an official authorized to make such commitments on behalf of the donating organization and must be dated within two months of the application deadline.

(C) Other resources/services that can be committed include: in-kind services, contributions or administrative costs provided to the applicant; funds from federal sources (not including ROSS funds) as allowed by statute, including for example Community Development Block Grant (CDBG) and federal Revenue Sharing; funds from any state or local government sources; and funds from private contributions. You may also partner with other program funding recipients to coordinate the use of resources in your target area.

(D) Points for this factor will be awarded based on the documented evidence of partnerships and firm commitments and the ratio of requested ROSS funds to the total proposed grant budget.

Points will be assigned based on the following scale:

Percentage of match	Points awarded
25	5
26–50	10
51–75	15
76–99 or above	20

#### **Rating Factor 5: Achieving Results and Program Evaluation (10 Points)**

An important element in this year's NOFA is the development and reporting of performance measures and outcomes. Under this rating factor, applicants must demonstrate how they propose to measure their success and outcomes as they relate to the Department's Strategic Plan.

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and that they assess their performance so that they realize performance goals. HUD requires ROSS applicants to develop an effective, quantifiable, outcome oriented work plan for measuring performance and determining that goals have been met.

"Outcomes" are benefits accruing to the residents, families and/or communities during or after participation in the ROSS program. Outcomes are not the actual development of self-sufficiency services or program activities. Applicants must clearly identify the outcomes to be achieved and measured. Examples of outcomes are: Increasing the homeownership rates among residents of a development or from a particular housing authority, increasing residents' financial stability (e.g. increasing assets of a household through savings), or increasing employment stability (e.g., whether persons assisted obtain or retain employment for one or two years after job training completion).

In addition to outcomes, applicants must establish interim benchmarks or outputs for their proposed program that lead to the ultimate achievement of outcomes. "Outputs" are the direct products of a program's activities. Examples of outputs are: The number of eligible families that participate in supportive services, the number of new services provided, the number of residents receiving counseling, or the number of households using a technology center. Outputs should produce outcomes for your program.

This rating factor requires that you, the applicant, identify program outcomes, outputs, benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your work plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

In order to satisfy the requirements for Factor 5, you must submit a work plan and a Logic Model that demonstrates how you will measure your own program performance. Your plan must identify the outcomes you expect to achieve or goals you hope to meet over the term of your proposed grant and benchmarks, outputs, and timeframes for accomplishing these goals. Your work plan must show how you will measure actual accomplishments against anticipated achievements. You must indicate how your plan will measure the performance of individual consortium members and affiliates, including the standards, data sources, and measurement methods, and the steps you have in place or how you plan to make adjustments if you begin to fall

short of established benchmarks and timeframes.

Applicants should also use the Logic Model provided in the General Section of this SuperNOFA for reporting on how they will conduct performance measurement. You will be evaluated based on how comprehensively you propose to measure your program's outcomes.

#### IV. Program Description: Resident Service Delivery Models—Elderly and Persons With Disabilities

(A) Program Description. The Resident Service Delivery Models (RSDM)-Elderly and Persons with Disabilities funding category is intended to provide PHAs, Resident Management Corporations, Resident Councils, Resident Organizations, Intermediary Resident Organizations, City-Wide Resident Organizations, nonprofits and Indian tribes/TDHEs with the resources to provide and coordinate supportive services that lead elderly and/or disabled public housing residents to independent living.

HUD is looking for applications that implement comprehensive programs within the thirty-six month grant term which will result in improved living conditions for the target population. HUD is looking for proposals that involve partnerships with organizations that will help grantees provide enhanced services to the elderly/ persons with disabilities they will serve. Proposed grant activities should build on the foundation created by previous ROSS grants or other federal, state and local self-sufficiency efforts to assist these populations.

(B) *Available Funding*. The amount of funding available for FY03 is \$9,300,300.

(C) Allocation. To the extent that there are a sufficient number of qualified applications, not less than 25 percent of funds available for RSDM-Elderly and Persons with Disabilities shall be provided directly to Resident Councils (RCs), Resident Organizations (ROs), **Resident Management Corporations** (RMCs), Intermediary Resident Organizations (IROs), and City-Wide Resident Organizations (CWROs). In addition, 5 percent of available funding shall be allocated to national nonprofit organizations provided there is a sufficient number of qualified applications.

1. Maximum grant amount. For PHAs applying for the RSDM-Elderly and Persons with Disabilities funding category, the maximum grant award will be based on the number of occupied elderly and disabled conventional public housing units. Tribes/TDHEs applying for this funding category should use the computation of units for the maximum grant amount, which is outlined below.

(a) PHAs must use the number of occupied elderly and disabled conventional public housing units as of September 30, 2002, per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below. PHAs should clearly indicate the number of units under management on the Fact Sheet.

—For 1 to 217 units occupied by elderly residents and persons with disabilities, the maximum grant award is \$100,000.

—For 218 to 1,155 units occupied by elderly residents and persons with disabilities, the maximum grant award is \$200,000.

—For 1,156 or more units occupied by elderly residents and persons with disabilities, the maximum grant award is \$300,000.

—The maximum grant award is \$100,000 for each RA.

—Nonprofit entities that have resident support or RAs/ROs are limited to \$100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of \$300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(Ď) Tribes/TDHEs should use the number of units counted as Formula Current Assisted Stock for Fiscal Year 2002 as defined in 24 CFR 1000.316. Tribes/TDHEs are eligible for the same amount of funding as PHAs within each category in (a) above. Tribes who have not previously received funds from the Department under the 1937 Housing Act should count housing units under management that are owned and operated by the Tribe and are identified in their housing inventory as of September 30, 2002 for elderly/disabled units. Tribes should clearly indicate the number of units under management on the Fact Sheet.

(D) Deobligation of Funds. HUD may deobligate amounts for the grant if proposed activities are not initiated or completed within the required time period after the effective date of the award. The grant agreement will set forth in detail circumstances under which funds may be deobligated and other sanctions imposed.

(E) Eligible Applicants.

(1) This funding category provides grants to PHAs, tribes/TDHEs, resident management corporations, resident councils, resident organizations, and nonprofits, including grassroots, faithbased and other Community-based organizations, that have resident support or have the support of tribes, so they may provide supportive services for elderly and/or disabled residents. PHAs that are recipients of the Service Coordinator grant are not eligible to apply for this ROSS funding category.

(2) IROs with 501(c) status may apply as nonprofit entities under this funding category.

**Note:** Applications from PHAs, tribes/ TDHEs, ROs, RCs, RAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded.

(F) Eligible Activities.

(1) Hiring of a qualified project coordinator to run the grant program. A qualified project coordinator is someone with at least two years of experience working on supportive services programs designed for elderly and/or disabled people. The ROSS program will fund up to \$62,500 in combined annual salary and fringe benefits for a full-time project coordinator. However, the project coordinator's salary and administrative costs may not exceed more than 30% of the total grant amount. Other administrative costs, see paragraph 9 below, may not exceed 10% of the total grant amount requested from HUD. For audit purposes, applicants must have documentation on file demonstrating that the salary they pay the project coordinator is comparable to similar professions in their local area. The project coordinator will be responsible for:

(a) Assessing participating residents' needs for supportive services (e.g. Medicaid, Medicare, physician care, food stamps, rehabilitation services, veterans disability, state-funded programs such as nurse case management, housekeeping, Meals-on-Wheels; transportation etc.);

(b) Designing and coordinating grant activities based on residents' needs;

(c) The project coordinator shall be responsible for monitoring the progress of program participants and evaluating the overall success of the program. A portion of grant funds should be reserved to ensure that evaluations can be completed for all participants who received assistance through this program. For more information on how to measure performance, please see Rating Factor 5.

(2) Coordination and set up of meal services;

(3) Assistance with daily activities;(4) Coordination and set-up of

transportation services;

(5) Wellness programs including, health and nutrition programs, preventive health education, referral to rehabilitation services, services for the disabled and other community resources:

(6) Personal emergency response;

(7) Congregate services—includes supportive services that are provided in a congregate setting at a conventional public housing development;

(8) Case management; and

(9) Administrative costs. Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies, quality assurance, local travel, and utilities. Nonprofit organizations only may use administrative funds to pay for rental of space. Administrative costs must not exceed 10 percent of the total grant amount requested from HUD. Administrative costs must adhere to

OMB Circular A–87. Please use HUD– 424–CBW to itemize your administrative costs.

(G) Ineligible Activities.

(1) Service Coordinator salary and fringe benefits;

(2) Payment of wages and/or salaries to doctors, nurses or other staff in relation to medical services provided to residents;

(3) Payment of wages and/or salaries to participants receiving supportive services and/or training programs;

(4) Purchase of food;

(5) Purchase of non-prescription or prescription medications;

(6) Purchase or rental of land;

(7) New construction, materials costs;

(8) Rehab or physical improvements;

(9) Purchase or rental of vehicles; and

(10) Cost of application preparation.

(H) Threshold Requirements. Applicants must respond to threshold requirements clearly and thoroughly by following the instructions below. If your application fails one threshold requirement (regardless of the type of threshold) it will be considered a failed application and will not be reviewed

further. (1) Match. All applicants are required to have in place as defined in this NOFA a firmly committed 25% match in cash or in-kind donations. Applicants who do not demonstrate the minimum 25% match will fail this threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. "Firmly committed" means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing

and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU) or tribal resolution must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or inkind services. The letters of commitment/MOUs/tribal resolution must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of \$5.15/hour. The commitment should be in place at time of award and should be for the duration of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support/ tribal resolution indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD-424–CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(2) Past Performance. HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. The DPONAP will review past performance for tribal/TDHE submissions. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored for Rating Factor 1 during the technical review process.

(3) All applicants except non-troubled PHAs and tribes/TDHEs are required to submit a signed Contract Administrator Partnership Agreement. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Partnership Agreement included in your application. The Contract Administrator must assure that the financial management system and procurement procedures that will be in place during the thirty-six month grant term will fully comply with either 24 CFR part 84 or 85. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare their ROSS applications are also ineligible to be Contract Administrators. See the definition in Section III of Contract Administrator for more information.

(4) Nonprofit applicants must include letters from Resident Organizations (RO), Resident Associations (RA) indicating that the ROs/RAs you will be working with support your application. Letters from ROs/RAs must be signed by a person authorized to sign for the organization and should, whenever possible, be on RO/RA letterhead.

(I) Program Requirements. (1) Eligible Participants. All program participants must be residents of conventional public or Indian Housing. Participants in the Public or Indian Housing Family Self-Sufficiency (FSS) programs who are residents of public housing (non Housing Choice Voucher Program) are also eligible to participate in activities funded under this category.

(2) *Resident Assessment*. Applicants are required to assess residents' needs and interests so that program activities are designed to address their needs.

(3) *Partnering.* Applicants should partner with local schools, libraries, businesses, banks, employment agencies, housing counseling agencies (preferably HUD-approved), state and local social service agencies, or other organizations which will help applicants deliver supportive services and fulfill residents' needs. These organizations can provide additional expertise, volunteers, office supplies, training materials, software, equipment, and other resources.

(4) Performance Reports. The grantee shall submit semi-annual performance reports to the field office. These progress reports shall include financial reports (SF-269A) and a narrative describing milestones, work plan progress, and problems encountered and methods used to address these problems. HUD anticipates that some of the reporting of financial status and grant performance will be through Internet-based submissions. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. Performance reports are due to the field office on July 30 and January 31 of each year. If reports are not received by the due date, grant funds will not be advanced until reports are received.

(5) *Final Report*. The grantees shall submit a final report which will include

a financial report (SF–269A) and a narrative evaluating overall performance against its work plan. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. The financial report shall contain a summary of all expenditures made from the beginning of the grant agreement to the end of the grant agreement and shall include any unexpended balances. The final narrative and financial report shall be due to the field office 90 days after the termination of the grant agreement.

(6) *Final Audit.* Grantees are required to obtain a complete final close-out audit of the grant's financial statements by a Certified Public Accountant (CPA), in accordance with generally accepted government audit standards. A written report of the audit must be forwarded to HUD within 60 days of issuance. Grant recipients must comply with the requirements of 24 CFR part 84 or 24 CFR part 85 as stated in OMB Circulars A–110, A–87, and A–122, as applicable.

(J) Application Selection Process.

(1) Four types of reviews will be conducted: A screening to determine if you are eligible to apply for this funding category; whether your application submission is complete, on time and meets threshold; a review by the field office to evaluate past performance; and a technical review to rate your application based on the five rating factors provided in this section. A minimum score of 75 is required for the application to be considered for funding.

(2) The selection process is designed to achieve geographic diversity of grant awards throughout the country. HUD will first select the highest ranked application from each of the ten federal regions and DPONAP for funding. After this "round," HUD will select the second highest ranked application in each of the ten federal regions and DPONAP for funding (the second round). HUD will continue this process with the third, fourth, and so on, highest ranked applications in each federal region and DPONAP until the last complete round is selected for funding. If available funds exist to fund some but not all eligible applications in the next round, HUD will make awards to those remaining applications in rank order regardless of region and DPONAP and will fully fund as many as possible with remaining funds. If remaining funds are too small to make an award, they may be transferred to another funding category. If transfer of funds does become necessary, HUD will give first priority to Homeownership Supportive Services, second priority to RSDM-

Family and third priority to RSDM-Elderly.

(K) Factors for Award Used to Evaluate and Rate RSDM-Elderly and Persons with Disabilities Applications. The factors for rating and ranking applicants and maximum points for each factor are provided below. The maximum number of points available for this program is 102. This includes two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA. The SuperNOFA contains a certificate that must be completed in order for the applicant to be considered for RC/EZ/EC bonus points. A listing of federally designated RCs, EZs, ECs, EECs and Strategic Planning Communities is attached to the General Section of the SuperNOFA as Appendix A-2 and is also available from the SuperNOFA Information Center, and the HUD web site, www.hud.gov.

Note: Applicants should carefully review each rating factor before writing a response. Applicants' narratives should be as descriptive as possible, ensuring that every requested item is addressed. Applicants should make sure to include all requested information, according to the instructions found in Section VIII of this NOFA. This will help ensure a fair and accurate review of your application. Applications must not be longer than 30 narrative pages. Supporting documentation and certificates will not be counted towards the 30 page limit. However, applicants should make every effort to submit only what is necessary in terms of supporting documentation.

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (20 Points)

This factor addresses whether the applicant has the organizational resources necessary to successfully implement the proposed activities within the grant period. In rating this factor HUD will consider the extent to which the proposal demonstrates that the applicant will have qualified and experienced staff dedicated to administering the program.

(A) Proposed Program Staffing (7 Points).

(1) *Staff Experience* (4 Points). The knowledge and experience of your proposed project coordinator, staff, subcontractors, and partners in planning and managing programs for which funding is being requested. Experience will be judged in terms of recent, relevant and successful experience of your staff to undertake eligible program activities. In rating this factor, HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience

be successful. The more recent the experience and the more experience your own staff members who work on the project have in successfully conducting and completing similar activities, the greater the number of points you will receive for this rating factor. The following information should be provided in order to provide HUD an understanding of your staff's experience and capacity:

(a) The number of staff years (one staff year = 2080 hours) to be allocated to your program by each employee or expert as well as each of their roles in the program;

(b) The staff's relevant educational background and/or work experience; and

(c) Relevant and successful experience running programs whose activities are similar to the eligible program activities described in this grant category.

(2) *Staff Capacity* (3 Points). You will be evaluated based on whether you, your subcontractors and partners have sufficient personnel or will be able to quickly access enough qualified experts or professionals, to deliver the proposed activities in a timely and effective fashion. Your ability to immediately begin the proposed work program will also be evaluated. Attach resumes or position descriptions (where staff is not yet hired) for all key personnel. (Resumes do not count toward the 30page limit.)

(B) Past Performance of Applicant/ Project Coordinator (6 Points). Your narrative must describe how you (or your proposed Project Coordinator) successfully implemented grant programs designed to assist the elderly/ persons with disabilities meet their daily living needs and enhance their access to needed services so that they can continue to reside comfortably and productively in their current living environment. You will be evaluated according to the following criteria:

(1) Achievement of specific measurable outcomes and objectives in terms of benefits gained by participating residents (i.e. access to a greater number of social services; improved health conditions of targeted population; less emergency care; etc.);

(2) Success in attracting and keeping residents involved in past grant program so that grant activities benefited a significant number of residents;

(3) Timely expenditure of funds throughout the term of awarded grant. Timely means regular drawdowns throughout the life of the grant, *i.e.* quarterly drawdowns, with all funds expended by the end of the grant term; (4) Leveraging of funding or in-kind services beyond that which was originally proposed to be used for past projects;

(5) Long-term partnerships formed with other state and local social service providers, nonprofits and other organizations serving these populations; etc.

Your past experience may include, but is not limited to, running and managing programs aimed at assisting elderly/persons with disabilities who reside in low-income housing/areas such as HUD's Office of Housing's Congregate grant program. Your narrative must indicate the grants, grant amounts, grant terms and grant sources which you are counting towards past experience.

(C) Program Administration and Fiscal Management. (7 Points).

(1) *Program Administration*. (4 Points). Describe how you will manage the program; how HUD can be sure that there is program accountability; and describe staff's roles and responsibilities.

(2) Fiscal Management. (3 Points). In rating this factor, your skills and experience in fiscal management will be evaluated. If you have had any audit or material weakness findings, you will be evaluated on how well you have addressed them. You must provide the following:

(a) A complete description of your fiscal management structure, including fiscal controls you have in place including those of a Contract Administrator for all applicants except non-troubled PHAs;

(b) List any audit findings (HUD Inspector General, management review, fiscal, etc.), material weaknesses and what you have done to address them; and

(c) For applicants who are required to have a Contract Administrator, describe the skills and experience your Contract Administrator has in managing federal funds.

## Rating Factor 2: Need/Extent of the Problem (20 Points)

This factor addresses the extent to which there is a need for funding your proposed program and your indication of the importance of meeting the need in the target area. In responding to this factor, you will be evaluated on the extent to which you describe and document the level of need for your proposed activities and the urgency in meeting the need.

You should use statistics and analyses contained in data source(s) that are sound and reliable. Data that describes socioeconomic conditions at the local level can be found by going to the following Web sites: www.bls.gov (Bureau of Labor Statistics) or www.census.gov (US Census). Other types of sources include Continuum of Care gaps analysis, academic, state, and local sources. To the extent possible, the data you use should be specific to the area where the proposed activities will be carried out. You should document needs as they apply to the area where activities will be targeted, rather than the entire locality or state.

In responding to this factor, you should include:

(1) Socioeconomic Profile (5 points). A needs assessment which provides the number of residents needing assistance with activities of daily living;

(2) Local Training Program Information (5 points). Information on the type and number of social service programs currently available to residents either through the PHA, tribe/ TDHE, or other local or state organizations. Your narrative should indicate the extent to which such programs are utilized by residents.

You may also address needs in terms of fulfilling the requirements of court actions or other legal decisions or which expand upon the Analysis of Impediments to Fair Housing Choice (AI) to further fair housing. If you address needs that are in your community's Consolidated Plan, AI, or a court decision, or identify and substantiate needs in addition to those in the AI, you will receive a greater number of points than applicants who do not relate their proposed program to the approved Consolidated Plan or AI or court action. NOTE: Fines, penalties, damages, and other settlements resulting from violations (or alleged violations) of, or failure of the applicant to comply with federal, state, local or Indian tribal laws and regulations are unallowable means in which to satisfy this Rating Factor, except when incurred as a result of compliance with specific provisions of the federal award or written instructions by the awarding agency authorizing in advance such payments.

(3) *Resource Documentation* (3 points). The names and/or titles of information resources you used to document the need/extent of the problem.

(4) Demonstrated Link Between Proposed Activities and Local Need (7 points). There must be a clear relationship between your proposed activities, community needs and the purpose of the program funding for you to receive points for this factor.

### Rating Factor 3: Soundness of Approach (30 Points)

This factor addresses both the quality and cost-effectiveness of your proposed work plan. Your work plan must indicate a clear relationship between your proposed activities, the targeted population's needs, and the purpose of the program funding. Your activities must address HUD's policy priorities which relate to this program.

In rating this factor HUD will consider:

(A) *Quality of the Work Plan* (18 points). This factor evaluates both your work plan and your budget and will be evaluated based on the following components:

(1) Specific Services and/or Activities (6 points). Your narrative must describe the specific services and activities you plan to offer and who will be responsible for each. You must also provide a work plan which will enumerate the specific services and activities and outcomes you expect. Please see a sample work plan in Appendix B. HUD will consider how well your proposed activities will:

(a) Involve community partners in the delivery of services; and

(b) Offer comprehensive services versus a small range of services geared toward enhancing economic opportunities for residents.

(2) Feasibility and Demonstrable Benefits (4 points). This factor examines whether your work plan is logical, feasible and likely to achieve its stated purpose during the term of the grant. HUD's desire is to fund projects that will quickly produce demonstrable results and advance the purposes of the ROSS program.

(a) *Timeliness.* This subfactor evaluates whether your work plan demonstrates that your project is ready to implement shortly after grant award, but not to exceed three months following the execution of the grant agreement. Your work plan should indicate timeframes and deadlines for accomplishing major activities.

(b) Description of the problem and solution. Your work plan will be evaluated based on how well your proposed activities address the needs described in Factor 2.

(3) Budget Appropriateness/Efficient Use of Grant. (4 Points) The score in this factor will be based on the following:

(a) *Justification of expenses*. You will be evaluated based on whether your expenses are reasonable and wellexplained.

(b) *Budget Efficiency*. You will be evaluated based on whether your application requests funds commensurate with the level of effort necessary to accomplish your goals and anticipated results.

(4) Involving Residents in the Design of the Work Plan (4 points). All applicants should make every effort to involve residents in the design of the work plan, so that activities and services offered by your organization address their needs.

(B) Addressing HUD's Policy Priorities (12 points). HUD wants to improve the quality of life for those living in distressed communities. HUD's grant programs are a vehicle through which constructive changes can be achieved. Your narrative and work plan will be evaluated based on how well it meets the following HUD policy priorities:

(1) Improving the Quality of Life in Our Nation's Communities (5 points). In order to receive points in this category, your narrative and work plan must indicate the types of activities and services you will offer which will enhance the quality of life of the elderly/persons with disabilities.

(2) Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations in HUD Program Implementation (7 points). HUD encourages applicants to partner with grassroots organizations, e.g., civic organizations, grassroots faithbased and other community-based organizations that are not usually effectively utilized. These grassroots organizations have a strong history of providing vital community services such as developing visiting programs, arranging holiday parties, connecting residents to transportation, and other supportive services. In order to receive points under this factor, your narrative and work plan must describe how you will work with these organizations and what types of services they will provide.

#### **Rating Factor 4: Leveraging Resources** (20 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's grant resources to achieve program purposes. You are required to create partnerships with organizations that can help you achieve your program's goals. PHAs are required by QHWRA (Sec. 12(d)(7) of the U.S. Housing Act, entitled "Cooperation Agreements for Economic Self-Sufficiency Activities") to make best efforts to enter into such agreements with relevant state or local agencies. In rating this factor, HUD will look at the extent to which you partner, coordinate and leverage your services with other organizations serving the same or similar populations.

Additionally, you must have at least a 25 percent cash or in-kind match. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one grant ROSS grant, you must use different sources of match donations for each grant application. Leveraging in excess of the 25 percent of the grant amount will receive a higher point value. In evaluating this factor HUD will consider the extent to which you have partnered with other entities to secure additional resources to increase the effectiveness of your proposed program activities. The budget, the work plan, and commitments for additional resources and services, other than the grant, must show that these resources are firmly committed, will support the proposed grant activities and will, in combined amount (including in-kind contributions of personnel, space and/or equipment, and monetary contributions) equal at least 25 percent of the grant amount proposed in this application. "Firmly committed" means that the amount of resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU), or tribal resolution must be on organization letterhead and signed by a person authorized to make the stated commitment. The letters of commitment/MOUs/tribal resolution must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or inkind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate their budget form (the HUD-424–CB) to list the sources and amount of each match. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(A) Volunteer time and services shall be computed by using the normal professional rate for the local area at the national minimum wage rate of \$5.15 per hour (Note: Applicants may not use their staff time towards the match);

(B) In order for HUD to determine the value of any donated material, equipment, staff time, building, or lease, your application must provide a letter from the organization making the donation stating the value of the contribution. The letter must be on letterhead, signed by an official authorized to make such commitments on behalf of the donating organization and must be dated within two months of the application deadline.

(C) Other resources/services that can be committed include: in-kind services, contributions or administrative costs provided to the applicant; funds from federal sources (not including ROSS funds) as allowed by statute, including for example Community Development Block Grant (CDBG) and federal Revenue Sharing; funds from any state or local government sources; and funds from private contributions. You may also partner with other program funding recipients to coordinate the use of resources in your target area.

(D) Points for this factor will be awarded based on the documented evidence of partnerships and firm commitments and the ratio of requested ROSS funds to the total proposed grant budget.

Points will be assigned based on the following scale:

Percentage of match	Points awarded
25	5
26–50	10
51–75	15
76–99 or above	20

#### **Rating Factor 5: Achieving Results and Program Evaluation (10 Points)**

An important element in this year's NOFA is the development and reporting of performance measures and outcomes. Under this rating factor, applicants must demonstrate how they propose to measure their success and outcomes as they relate to the Department's Strategic Plan.

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and that they assess their performance so that they realize performance goals. HUD requires ROSS applicants to develop an effective, quantifiable, outcome oriented work plan for measuring performance and determining that goals have been met.

"Outcomes" are benefits accruing to the residents, families and/or communities during or after participation in the ROSS program. Outcomes are not the actual development of self-sufficiency services or program activities. Applicants must clearly identify the outcomes to be achieved and measured. Examples of outcomes are: increasing the homeownership rates among residents of a development or from a particular housing authority, increasing residents' financial stability (*e.g.* increasing assets of a household through savings), or increasing employment stability (*e.g.*, whether persons assisted obtain or retain employment for one or two years

after job training completion). In addition to outcomes, applicants must establish interim benchmarks or outputs for their proposed program that lead to the ultimate achievement of outcomes. "Outputs" are the direct products of a program's activities. Examples of outputs are: the number of eligible families that participate in supportive services, the number of new services provided, the number of residents receiving counseling, or the number of households using a technology center. Outputs should produce outcomes for your program.

This rating factor requires that you, the applicant, identify program outcomes, outputs, benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your work plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

In order to satisfy the requirements for Factor 5, you must submit a work plan and a Logic Model that demonstrates how you will measure your own program performance. Your plan must identify the outcomes you expect to achieve or goals you hope to meet over the term of your proposed grant and benchmarks, outputs, and timeframes for accomplishing these goals. Your work plan must show how you will measure actual accomplishments against anticipated achievements. You must indicate how your plan will measure the performance of individual consortium members and affiliates, including the standards, data sources, and measurement methods, and the steps you have in place or how you plan to make adjustments if you begin to fall short of established benchmarks and timeframes.

Applicants should also use the Logic Model provided in the General Section of this SuperNOFA for reporting on how they will conduct performance measurement. You will be evaluated based on how comprehensively you propose to measure your program's outcomes.

#### V. Program Description: Homeownership Supportive Services

(A) Program Description. The Homeownership Supportive Services (HSS) category funds homeownership training, counseling and supportive services for residents of Public and Indian Housing who are participating or have participated in self-sufficiency programs, such as ROSS, Family Self-Sufficiency (FSS) or other federal, state or local self-sufficiency programs. Resident participants in any HSSfunding activity cannot be public housing residents and section 8 voucher holders concurrently. HSS is designed to enhance other self-sufficiency efforts by providing public housing residents with the necessary preparation and supportive services they need in order to move from rental housing to homeownership. PHAs, tribes/TDHEs and nonprofits specializing in homeownership training and counseling are eligible to apply.

HUD is looking for applications that implement comprehensive programs within the thirty-six month grant term which will result in increased rates of homeownership for residents of public housing. In this vein, applicants should create linkages with the following HUD homeownership programs: Housing Choice Voucher Homeownership Program, Turnkey III, HOPE I, and the Section 5(h) Homeownership Program. The Turnkey III and HOPE I grant programs are not funding new applications but grantees are still operating homeownership programs under previously awarded grants. The PHA Homeownership Program (Section 32) supercedes the Section 5(h) program and allows PHAs to sell public housing units to low-income families without special funding from HUD. In order to find out whether a PHA or other organization in your area is operating any of these programs, contact your local field office.

Tribes/TDHEs should create linkages with programs such as the Mutual Help Homeownership Opportunity Program, the Section 184 Program, and other homeownership programs developed under the Indian Housing Block Grant Program such as mortgage assistance.

HUD is also looking for proposals that involve partnerships with organizations that will enhance the services grantees will offer. Applicants are strongly encouraged to partner with HUDapproved housing counseling agencies, or other organizations that provide housing counseling services. For a list of HUD-approved housing counseling agencies, go to: http://www.hud.gov/ offices/hsg/sfh/hcc/hccprof14.cfm. Applicants' programs should build on the foundation created by previous ROSS grants, or other state and local self-sufficiency efforts in which their target population may have participated.

(B) *Available Funding*. The amount of funding available for FY03 is \$11,127,200.

(C) Allocation. To the extent that there are a sufficient number of qualified applications, not less than 5 percent of funds available for ROSS shall be provided to national nonprofit organizations which specialize in designing and delivering homeownership programs for lowincome individuals and families.

1. *Maximum grant amount.* For PHAs applying for the HSS funding category, the maximum grant award will be based on the number of occupied conventional family public housing units.

(a) PHAs must use the number of occupied conventional family public housing units as of September 30, 2002 per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below. PHAs should clearly indicate the number of units under management on the Fact Sheet.

—For PHAs with 1 to 780 occupied conventional family public housing units, the maximum grant award is \$250,000.

—For PHAs with 781 to 2,500 occupied conventional family public housing units, the maximum grant award is \$350,000.

—For PHAs with 2,501 to 7,300 occupied conventional family public housing units, the maximum grant award is \$500.000.

—For PHAs with 7,301 or more occupied conventional family public housing units, the maximum grant award is \$1,000,000.

—Nonprofit entities that have resident support or RAs/ROs are limited to \$100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of \$300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(b) Tribes/TDHEs should use the number of units counted as Formula Current Assisted Stock for Fiscal Year 2002 as defined in 24 CFR 1000.316. Tribes/TDHEs are eligible for the same amounts as PHAs within each category in (a) above. Tribes that have not previously received funds from the Department under the 1937 Housing Act should count housing units under management that are owned and operated by the tribe and are identified in their housing inventory as of September 30, 2002 for family units. Tribes should clearly indicate the number of units under management on the Fact Sheet.

(D) Deobligation of Funds. HUD may deobligate amounts for the grant if proposed activities are not initiated or completed within the required time period after the effective date of the award. The grant agreement will set forth in detail circumstances under which funds may be deobligated and other sanctions imposed.

(E) Eligible Applicants.

This funding category provides grants to PHAs, tribes/TDHEs and qualified nonprofits so they may provide homeownership training and supportive services to residents of public housing.

Note: Applications from PHAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded.

(1) PHA applicants must have a Homeownership Voucher program as stated in 24 CFR 982.625 *et seq.* (65 FR 55163). Those PHAs that have not elected to provide assistance under the Homeownership Voucher option and receive funding under this category, will be required to implement the Homeownership Voucher program and make such option available to eligible families who participate in this ROSS activity.

(2) In applying for HSS, PHA applicants will be required to offer a minimum of 10 housing choice vouchers per year for eligible residents described above.

(3) Tribal/TDHE applicants must have a Low-income Homeownership Program outlined in its current Indian Housing Plan.

(4) In applying for HSS, Tribes/TDHEs will be required to provide homeownership assistance to a minimum of 10 eligible families as described above.

(F) *Eligible Activities.* Under this funding category, applicants will develop homeownership training programs and supportive services based on needs assessments of the residents they intend to serve. Eligible activities include, but are not limited to:

(1) Hiring of a qualified project coordinator to run the grant program. A qualified project coordinator is someone with at least two years of experience working on homeownership and supportive services programs designed for typically underserved populations. The ROSS program will fund up to \$62,500 in combined annual salary and fringe benefits for a full-time project coordinator. However, the project coordinator's salary and administrative costs may not exceed more than 30% of the total grant amount. Other administrative costs, see paragraph 4 below, may not exceed 10% of the total grant amount requested from HUD. For audit purposes, applicants must have documentation on file demonstrating that the salary they pay the project coordinator is comparable to similar professions in their local area. The project coordinator should be responsible for:

(a) Assessing participating residents' needs;

(b) Designing and coordinating grant activities based on residents' needs;

(c) Monitoring the progress of program participants and evaluating the overall success of the program. A portion of grant funds should be reserved to ensure that evaluations can be completed for all participants who received assistance through this program. For more information on how to measure performance, please see Rating Factor 5.

(2) Training to include:

a. Asset building;

b. Credit counseling and credit scoring:

c. Financial literacy and management; d. Selecting a real estate broker;

e. Choosing a lender;

f. Appraisals;

g. Home inspections;

h. Avoiding delinquency and

predatory lending;

i. Foreclosure prevention;

j. Home maintenance and financial management for first-time homeowners;

k. Real Estate Settlement Procedures Act (RESPA); and

l. Fair Housing Counseling.

(3) Individual Savings Accounts (ISAs). You may create programs that encourage residents to save and contribute to matched savings accounts such as Individual Development Accounts (IDAs). ISAs may be used for escrow accounts, downpayment assistance and closing costs only. HSS funds can be used as matching funds for ISAs but no more than 20% of total grant funds may be used for this purpose. You are encouraged to leverage HSS funds by working with local financial organizations which can also contribute to residents' ISAs. FSS escrow accounts may not be used as a match for HSS-funded ISAs. FSS residents are not eligible to participate in the ISA provision.

(4) Administrative costs. Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies, quality assurance, local travel, and utilities. Nonprofit organizations only may use administrative funds to pay for rental of space. Administrative costs must not exceed 10 percent of the total grant amount requested from HUD. Administrative costs must adhere to OMB Circular A–87. Please use HUD– 424–CBW to itemize your administrative costs.

(G) Ineligible Activities.

(1) Payment of wages and/or salaries to participants receiving supportive services and/or training programs;

(2) Stipends;

(3) Down payment assistance;

(4) Revolving loan funds;

- (5) Purchase or rental of land;
- (6) New construction, materials costs;
- (7) Rehab or physical improvements;(8) Purchase or rental of vehicles; and

(9) Cost of application preparation.

(H) Threshold Requirements.

Applicants must respond to threshold requirements clearly and thoroughly by following the instructions below. If your application fails one threshold requirement (regardless of the type of threshold) it will be considered a failed application and will not be reviewed further.

(1) Match. All applicants are required to have in place a firmly committed 25% match in cash or in-kind donations as defined in this NOFA. Applicants who do not demonstrate the minimum 25% match will fail this threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. "Firmly committed" means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU), or tribal resolution must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or inkind services. The letters of commitment/MOUs/tribal resolutions must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of \$5.15/hour. The commitment should be in place at time of award and should be for the duration

of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support/ tribal resolution indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD-424-CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(2) Past Performance. HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. The DPONAP will review past performance for tribal and TDHE submissions. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored for Rating Factor 1 during the technical review process.

(3) All applicants except nontroubled PHAs and tribe/TDHEs are required to submit a signed Contract Administrator Partnership Agreement. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Partnership Agreement included in your application. The Contract Administrator must assure that the financial management system and procurement procedures that will be in place during the thirty-six month grant term will fully comply with either 24 CFR part 84 or 85. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare their ROSS applications are also ineligible to be Contract Administrators. See the definition in Section III of Contract Administrator for more information.

(4) Nonprofit applicants must include letters from Resident Organizations (RO), Resident Associations (RA) indicating that the ROs/RAs you will be working with support your application. Letters from ROs/RAs must be signed by a person authorized to sign for the organization and should, whenever be possible, be on RO/RA letterhead.

(I) Program Requirements.

(1) *Eligible Participants*. All program participants must be residents of

conventional public housing or NAHASDA-assisted housing. This funding category is targeted to the population of public housing residents that were recipients/beneficiaries of previously awarded ROSS grants, other state or local self-sufficiency programs, and/or participate or participated in the public housing Family Self Sufficiency Program. Resident participants in any HSS-funding activity cannot be public housing residents and section 8 voucher holders concurrently.

(b) ROSS families or FSS residents to be targeted for proposed grant activities must meet the following eligibility requirements:

(i) Achieve a level of income within the acceptable range for the local minimum income for home purchases in the local area; and

(ii) Currently reside in public housing.

(2) *Resident Assessment.* Applicants are required to assess residents' needs and interests so that program activities are designed to address their needs.

(3) *Partnering.* Applicants should partner with local schools, libraries, businesses, banks, employment agencies, housing counseling agencies (preferably HUD-approved), state and local social service agencies, or other organizations which will help applicants deliver supportive services and fulfill residents' needs. These organizations can provide additional expertise, volunteers, office supplies, training materials, software, equipment, and other resources.

(4) Performance Reports. The grantee shall submit semi-annual performance reports to the field office. These progress reports shall include financial reports (SF-269A) and a narrative describing milestones, work plan progress, and problems encountered and methods used to address these problems. HUD anticipates that some of the reporting of financial status and grant performance will be through Internet-based submissions. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. Performance reports are due to the field office on July 30 and January 31 of each year. If reports are not received by the due date, grant funds will not be advanced until reports are received.

(5) *Final Report.* The grantees shall submit a final report which will include a financial report (SF–269A) and a narrative evaluating overall performance against its work plan. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. The financial report shall contain a summary of all expenditures made from the beginning of the grant agreement to the end of the grant agreement and shall include any unexpended balances. The final narrative and financial report shall be due to the field office 90 days after the termination of the grant agreement.

(6) *Final Audit.* Grantees are required to obtain a complete final close-out audit of the grant's financial statements by a Certified Public Accountant (CPA), in accordance with generally accepted government audit standards. A written report of the audit must be forwarded to HUD within 60 days of issuance. Grant recipients must comply with the requirements of 24 CFR part 84 or 24 CFR part 85 as stated in OMB Circulars A–110, A–87, and A–122, as applicable.

(I) Application Selection Process.

(1) Four types of reviews will be conducted: a screening to determine if you are eligible to apply for this funding category; whether your application submission is complete, on time and meets threshold; a review by the field office to evaluate past performance; and a technical review to rate your application based on the five rating factors provided in this section. A minimum score of 75 is required for the application to be considered for funding.

(2) The selection process is designed to achieve geographic diversity of grant awards throughout the country. HUD will first select the highest ranked application from each of the ten federal regions for funding. After this "round," HUD will select the second highest ranked application in each of the ten federal regions for funding (the second round). HUD will continue this process with the third, fourth, and so on, highest ranked applications in each federal region until the last complete round is selected for funding. If available funds exist to fund some but not all eligible applications in the next round, HUD will make awards to those remaining applications in rank order regardless of region and will fully fund as many as possible with remaining funds. If remaining funds are too small to make an award, they may be transferred to another funding category. If transfer of funds does become necessary, HUD will give first priority to Homeownership Supportive Services, second priority to RSDM-Family and third priority to RSDM-Elderly.

(K) Factors for Award Used to Evaluate and Rate Homeownership Supportive Services Applications. The factors for rating and ranking applicants and maximum points for each factor are provided below. The maximum number of points available for this program is 102. This includes two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA. The SuperNOFA contains a certificate that must be completed in order for the applicant to be considered for RC/EZ/EC bonus points. A listing of federally designated RCs, EZs, ECs, EECs and Strategic Planning Communities is attached to the General Section of the SuperNOFA as Appendix A–2 and is also available from the SuperNOFA Information Center, and the HUD Web site, www.hud.gov.

Note: Applicants should carefully review each rating factor before writing a response. Applicants' narratives should be as descriptive as possible, ensuring that every requested item is addressed. Applicants should make sure to include all requested information, according to the instructions found in Section VIII of this NOFA. This will help ensure a fair and accurate review of your application. Applications must not be longer than 30 narrative pages. Supporting documentation and certificates will not be counted towards the 30 page limit. However, applicants should make every effort to submit only what is necessary in terms of supporting documentation.

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (20 Points)

This factor addresses whether the applicant has the organizational resources necessary to successfully implement the proposed activities within the grant period. In rating this factor HUD will consider the extent to which the proposal demonstrates that the applicant will have qualified and experienced staff dedicated to administering the program.

(A) Proposed Program Staffing (7 Points).

(1) Staff Experience (4 Points). The knowledge and experience of your proposed project coordinator, staff, subcontractors, and partners in planning and managing programs for which funding is being requested. Experience will be judged in terms of recent, relevant and successful experience of your staff to undertake eligible program activities. In rating this factor, HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to be successful. The more recent the experience and the more experience your own staff members who work on the project have in successfully conducting and completing similar activities, the greater the number of points you will receive for this rating factor. The following information should be provided in order to provide

HUD an understanding of your staff's experience and capacity:

(a) The number of staff years (one staff year = 2080 hours) to be allocated to your program by each employee or expert as well as each of their roles in the program;

(b) The staff's relevant educational background and/or work experience; and

(c) Relevant and successful experience running programs whose activities are similar to the eligible program activities described in this grant category.

(2) *Staff Capacity* (3 Points). You will be evaluated based on whether you, your subcontractors and partners have sufficient personnel or will be able to quickly access enough qualified experts or professionals, to deliver the proposed activities in a timely and effective fashion. Your ability to immediately begin the proposed work program will also be evaluated. Attach resumes or position descriptions (where staff is not yet hired) for all key personnel. (Resumes do not count toward the 30-page limit.)

(B) Past Performance of Applicant/ Project Coordinator (6 Points). Your narrative must describe how you (or your proposed Project Coordinator) successfully implemented grant programs designed to promote resident self-sufficiency, moving from welfare to work or homeownership. You will be evaluated according to the following criteria:

(1) Achievement of specific measurable outcomes and objectives in terms of benefits gained by participating residents (*i.e.* higher incomes, higher rates of employment, increased savings, moving out of subsidized housing to market-rate housing, homeownership etc.);

(2) Success in attracting and keeping residents involved in past grant programs so that grant activities benefited a significant numbers of residents;

(3) Timely expenditure of funds throughout the term of the grant. Timely means regular drawdowns throughout the life of the grant, *i.e.* quarterly drawdowns, with all funds expended by the end of the grant term;

(4) Leveraging of funding or in-kind services beyond that which was originally proposed to be used for past projects;

(5) Long-term partnerships formed with local housing groups, employers, community organizations, social service agencies, etc.

Your past experience may include, but is not limited to, programs aimed at assisting residents of low-income housing achieve economic selfsufficiency; *i.e.* Tenant Opportunities Program and Youthbuild. Your narrative must indicate the grants, grant amounts, grant terms and grant sources which you are counting towards past experience.

(C) Program Administration and Fiscal Management. (7 Points)

(1) *Program Administration*. (4 Points). Describe how you will manage the program; how HUD can be sure that there is program accountability; and describe staff's roles and responsibilities.

(2) Fiscal Management. (3 Points). In rating this factor, your skills and experience in fiscal management will be evaluated. If you have had any audit or material weakness findings, you will be evaluated on how well you have addressed them. You must provide the following:

(i) A complete description of your fiscal management structure, including fiscal controls you have in place including those of a Contract Administrator for all applicants except non-troubled PHAs;

(ii) List any audit findings (HUD Inspector General, management review, fiscal, etc.), material weaknesses and what you have done to address them; and

(iii) For applicants who are required to have a Contract Administrator, describe the skills and experience your Contract Administrator has in managing federal funds.

# Rating Factor 2: Need/Extent of the Problem (20 Points)

This factor addresses the extent to which there is a need for funding your proposed program and your indication of the importance of meeting the need in the target area. In responding to this factor, you will be evaluated on the extent to which you describe and document the level of need for your proposed activities.

You should use statistics and analyses contained in data source(s) that are sound and reliable. Data that describes socioeconomic conditions at the local level can be found by going to the following Web sites: www.bls.gov (Bureau of Labor Statistics) or www.census.gov (US Census). Other types of sources include academic, state, and local sources. To the extent possible, the data you use should be specific to the area where the proposed activities will be carried out. You should document needs as they apply to the area where activities will be targeted, rather than the entire locality or state.

In responding to this factor, you should include:

(1) Socioeconomic Profile (5 points). A thorough socioeconomic profile of the eligible residents to be served by your program, including education levels, income levels, the number of singleparent families, economic statistics for the local area, crime levels, etc.

(2) Local Training Program Information (5 points). Information on training programs currently available and easily accessible to residents either through the PHA or other state or local organizations.

You may also address needs in terms of fulfilling the requirements of court actions or other legal decisions or which expand upon the Analysis of Impediments to Fair Housing Choice (AI) to further fair housing. If you address needs that are in your community's Consolidated Plan, AI, or a court decision, or identify and substantiate needs in addition to those in the AI, you will receive a greater number of points than applicants who do not relate their proposed program to the approved Consolidated Plan or AI or court action. NOTE: Fines, penalties, damages, and other settlements resulting from violations (or alleged violations) of, or failure of the applicant to comply with federal, state, local or Indian tribal laws and regulations are unallowable means in which to satisfy this Rating Factor, except when incurred as a result of compliance with specific provisions of the federal award or written instructions by the awarding agency authorizing in advance such payments.

(3) *Resource Documentation* (3 points). The names and/or titles of information resources you used to document the need/extent of the problem.

(4) Demonstrated Link Between Proposed Activities and Local Need (7 points). There must be a clear relationship between your proposed activities, community needs and the purpose of the program funding for you to receive points for this factor.

#### Rating Factor 3: Soundness of Approach (30 Points)

This factor addresses both the quality and cost-effectiveness of your proposed work plan. Your work plan must indicate a clear relationship between your proposed activities, the targeted population's needs, and the purpose of the program funding. Your activities must address HUD's policy priorities which relate to this program.

In rating this factor HUD will consider:

(A) *Quality of the Work Plan* (18 points). This factor evaluates both your work plan and your budget and will be

evaluated based on the following components:

(1) Specific Services and/or Activities (6 points). Your narrative must describe the specific services and activities you plan to offer and who will be responsible for each. You must also provide a work plan which will enumerate the specific services and activities and outcomes you expect. Please see a sample work plan in Appendix B. HUD will consider how well your proposed activities will:

(a) Involve community partners in the delivery of services; and

(b) Offer comprehensive services versus a small range of services geared toward enhancing homeownership opportunities for residents.

(2) Feasibility and Demonstrable Benefits (4 points). This factor examines whether your work plan is logical, feasible and likely to achieve its stated purpose during the term of the grant. HUD's desire is to fund projects that will quickly produce demonstrable results and advance the purposes of the ROSS program.

(a) *Timeliness.* This subfactor evaluates whether your work plan demonstrates that your project is ready to implement shortly after grant award, but not to exceed three months following the execution of the grant agreement. Your work plan should indicate timeframes and deadlines for accomplishing major activities.

(b) *Description of the problem and solution*. Your work plan will be evaluated based on how well your proposed activities address the needs described in Factor 2.

(3) Budget Appropriateness/Efficient Use of Grant. (4 Points). The score in this factor will be based on the following:

(a) *Justification of expenses.* You will be evaluated based on whether your expenses are reasonable and well-explained.

(b) *Budget efficiency.* You will be evaluated based on whether your application requests funds commensurate with the level of effort necessary to accomplish your goals and anticipated results.

(4) *Învolving Residents in the Design* of the Work Plan (4 points). All applicants should make every effort to involve residents in the design of the work plan, so that activities and services offered by your organization address their needs.

(B) Addressing HUD's Policy Priorities (12 points). HUD wants to improve the quality of life for those living in distressed communities. HUD's grant programs are a vehicle through which constructive changes can be achieved. Your narrative and work plan will be evaluated based on how well it meets the following HUD policy priorities:

(1) Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency (5 points). In order to receive points in this category, your narrative and work plan must indicate the types of activities and training programs you will offer which can help residents successfully transition from subsidized housing to market-rate rental housing or homeownership.

(2) Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations in HUD Program Implementation (7 points). HUD encourages applicants to partner with grassroots organizations, e.g., civic organizations, grassroots faithbased and other community-based organizations that are not usually effectively utilized. These grassroots organizations have a strong history of providing vital community services such as developing first-time homeownership programs, creating economic development programs, providing job training and other supportive services. In order to receive points under this factor, your narrative and work plan must describe how you will work with these organizations and what types of services they will provide.

#### **Rating Factor 4: Leveraging Resources** (20 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's grant resources to achieve program purposes. You are required to create partnerships with organizations that can help you achieve your program's goals. PHAs are required by QHWRA (Sec. 12(d)(7) of the U.S. Housing Act, entitled "Cooperation Agreements for Economic Self-Sufficiency Activities'') to make best efforts to enter into such agreements with relevant state or local agencies. In rating this factor, HUD will look at the extent to which you partner, coordinate and leverage your services with other organizations serving the same or similar populations.

Additionally, you must have at least a 25 percent cash or in-kind match. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one grant ROSS grant, you must use different sources of match donations for each grant application. Leveraging in excess of the 25 percent of the grant amount will receive a higher point value. In evaluating this factor HUD will consider the extent to which you have partnered with other entities to secure additional resources to increase the effectiveness of your proposed program activities. The budget, the work plan, and commitments for additional resources and services, other than the grant, must show that these resources are firmly committed, will support the proposed grant activities and will, in combined amount (including in-kind contributions of personnel, space and/or equipment, and monetary contributions) equal at least 25 percent of the grant amount proposed in this application. "Firmly committed" means that the amount of resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, or Memoranda of Understanding (MOU), or tribal resolutions must be on organization letterhead and signed by a person authorized to make the stated commitment. The letters of commitment/MOUs/tribal resolution must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or inkind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate their budget forms (the HUD-424CB) to list the sources and amount of each match. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(A) Volunteer time and services shall be computed by using the normal professional rate for the local area or the national minimum wage rate of \$5.15 per hour (Note: Applicants may not use their staff time towards the match);

(B) In order for HUD to determine the value of any donated material, equipment, staff time, building, or lease, your application must provide a letter from the organization making the donation stating the value of the contribution. The letter must be on letterhead, signed by an official authorized to make such commitments on behalf of the donating organization and must be dated within two months of the application deadline.

(C) Other resources/services that can be committed include: in-kind services,

contributions or administrative costs provided to the applicant; funds from federal sources (not including ROSS funds) as allowed by statute, including for example Community Development Block Grant (CDBG) and federal Revenue Sharing; funds from any state or local government sources; and funds from private contributions. You may also partner with other program funding recipients to coordinate the use of resources in your target area.

(D) Points for this factor will be awarded based on the documented evidence of partnerships and firm commitments and the ratio of requested ROSS funds to the total proposed grant budget.

Points will be assigned based on the following scale:

Percentage of match	Points awarded
25	5
26–50	10
51–75	15
76–99 or above	20

#### **Rating Factor 5: Achieving Results and Program Evaluation (10 Points)**

An important element in this year's NOFA is the development and reporting of performance measures and outcomes. Under this rating factor, applicants must demonstrate how they propose to measure their success and outcomes as they relate to the Department's Strategic Plan.

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and that they assess their performance so that they realize performance goals. HUD requires ROSS applicants to develop an effective, quantifiable, outcome oriented work plan for measuring performance and determining that goals have been met.

'Outcomes'' are benefits accruing to the residents, families and/or communities during or after participation in the ROSS program. Outcomes are not the actual development of self-sufficiency services or program activities. Applicants must clearly identify the outcomes to be achieved and measured. Examples of outcomes are: increasing the homeownership rates among residents of a development or from a particular housing authority, increasing residents' financial stability (e.g. increasing assets of a household through savings), or increasing employment stability (e.g., whether persons assisted obtain or retain employment for one or two years after job training completion).

In addition to outcomes, applicants must establish interim benchmarks or outputs for their proposed program that lead to the ultimate achievement of outcomes. "Outputs" are the direct products of a program's activities. Examples of outputs are: the number of eligible families that participate in supportive services, the number of new services provided, the number of residents receiving counseling, or the number of households using a technology center. Outputs should produce outcomes for your program.

This rating factor requires that you, the applicant, identify program outcomes, outputs, benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your work plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

In order to satisfy the requirements for Factor 5, you must submit a work plan and a Logic Model that demonstrates how you will measure your own program performance. Your plan must identify the outcomes you expect to achieve or goals you hope to meet over the term of your proposed grant and benchmarks, outputs, and timeframes for accomplishing these goals. Your work plan must show how you will measure actual accomplishments against anticipated achievements. You must indicate how your plan will measure the performance of individual consortium members and affiliates, including the standards, data sources, and measurement methods, and the steps you have in place or how you plan to make adjustments if you begin to fall short of established benchmarks and timeframes. Applicants should also use the Logic Model provided in the General Section of this SuperNOFA for reporting on how they will conduct performance measurement. You will be evaluated based on how comprehensively you propose to measure your program's outcomes.

### VI. Program Description: Neighborhood Networks

(A) Program Description. This funding category provides grants to PHAs and qualified nonprofit organizations to (1) update, maintain and expand existing Neighborhood Networks/community technology centers; or (2) establish new Neighborhood Networks (NN) computer technology centers. NN centers provide computer and Internet access to public housing residents and offer a full range of supportive services. Applicants should submit proposals that will: Provide job training, reduce welfare dependency; promote economic selfsufficiency; increase the use of computer technology; expand educational opportunities for residents; develop access to health and nutrition information; and meet other needs of residents. All applicants must complete a Business Plan (see sample provided in Appendix B) covering the thirty-six month grant term. Applicants' business plan and narrative must indicate how the centers will become self-sustaining after the grant term expires.

An existing computer center is: (1) A computer lab, or community technology center already owned and operated by a PHA or nonprofit which serves residents of public housing and which has not received prior Neighborhood Networks funding and therefore is not officially designated a HUD Public & Indian Housing (PIH) Neighborhood Networks center; or (2) a computer lab officially designated a HUD PIH Neighborhood Networks center by virtue of prior funding received under this grant program.

A new computer center is one that: (1) Is not operational; (2) in development; and/or (3) needs funding under this grant program to become fully operational and serve residents of public housing.

HUD is looking for applications that implement comprehensive programs within the grant term which will result in improved economic self-sufficiency for public housing residents. HUD is looking for proposals that involve partnerships with organizations that will help supplement and enhance the services grantees' offered to residents.

Proposed grant activities should build on the foundation created by previous ROSS grants or other federal, state and local self-sufficiency efforts.

(B) Available Funding. The amount of funding available for FY03 is \$14,902,500.

(C) Allocation. Fifty percent of available funding for NN will provide grants for updating, maintaining and expanding existing computer technology centers. The other 50% will provide grants to establish and operate new Neighborhood Networks centers. Five percent of available funding shall be provided to national nonprofit organizations provided there is a sufficient number of qualified applications.

(1) *Maximum Funding Amount.* To update, maintain and expand existing

computer technology centers, PHAs must use the number of occupied conventional family public housing units they have as of September 30, 2002 per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below. PHAs should clearly indicate the number of units under management on the Fact Sheet.

—For PHAs with 1 to 780 occupied conventional family public housing units, the maximum grant award is \$50,000.

—For PHAs with 781 to 7,300 occupied conventional family public housing units, the maximum grant award is \$100,000.

—For PHAs with 7,301 or more occupied conventional family public housing units, the maximum grant award is \$200,000.

— Nonprofit entities that have resident support or RAs/ROs are limited to \$100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of \$300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(2) For new NN centers, PHAs must use the number of occupied conventional family public housing units they have as of September 30, 2002 per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below for families:

—For PHAs with 1 to 780 occupied conventional family public housing units, the maximum grant award is \$150,000.

—For PHAs with 781 to 7,300 occupied conventional family public housing units, the maximum grant award is \$250,000.

—For PHAs with 7,301 or more occupied conventional family public housing units, the maximum grant award is \$450,000.

--Nonprofit entities that have resident support or RAs/ROs are limited to \$100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of \$300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(D) *Deobligation of Funds.* HUD may deobligate amounts for the grant if proposed activities are not initiated or completed within the required time period after the effective date of the award. The grant agreement will set forth in detail circumstances under which funds may be deobligated and other sanctions imposed.

(E) *Eligible Applicants.* Public Housing Authorities and nonprofit organizations that have a demonstrated expertise in developing and managing community technology centers are eligible to apply for this funding category. Tribes/TDHEs are not eligible to apply for this funding category.

**Note:** Applications from PHAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded.

(F) Eligible Activities.

Programs offered by Neighborhood Networks centers shall be designed to meet residents' needs; be geared towards helping residents transition from welfare to work; assist school-age children and youth with homework; provide guidance and preparatory programming to high school students (or other interested residents) for postsecondary education (college or trade schools); offer life-skills and job training for youth, adults and seniors; provide health care information; and other services as deemed necessary by results obtained from resident surveys.

Neighborhood Networks centers should be located within a public housing development, on PHA land or within reasonable walking distance to the PHA development(s) being served by the center.

Neighborhood Networks will use computers, software and Internet connectivity and should provide the following array of supportive services:

(1) Hiring of a qualified Project Coordinator to run the grant program. A qualified Project Coordinator should have two years of experience running a community technology center. The Project Coordinator should be hired for the entire term of your grant. The ROSS program will fund up to \$62,500 in combined annual salary and fringe benefits for a full-time project coordinator. However, the project coordinator's salary and administrative costs may not exceed more than 30% of the total grant amount. Other administrative costs, see paragraph 17 below, may not exceed 10% of the total grant amount requested from HUD. For audit purposes, applicants must have documentation on file demonstrating that the salary they pay the project coordinator is comparable to similar professions in their local area. The project coordinator should be responsible for ensuring that the center's programs achieve your proposal's goals and objectives. In

addition, the project coordinator should be responsible for the following activities:

(a) Marketing the program to residents:

(b) Assessing participating residents' needs, interests, skills and jobreadiness;

(c) Assessing participating residents' needs for supportive services, *e.g.* childcare, transportation.

(d) Designing and coordinating grant activities based on residents' needs; and

(e) Monitoring the progress of program participants and evaluating the overall success of the program. A portion of grant funds should be reserved to ensure that evaluations can be completed for all participants who received training through this program. For more information on how to measure performance, please see Rating Factor 5.

(2) Life skills training: How to apply for a job; credit worthiness; opening a bank account; balancing a checkbook; creating a weekly spending budget; contingency planning for child care and transportation;

(3) Real Life Issues: Tax forms; voter registration; lease samples; fair housing; car insurance; health insurance; longterm care insurance;

(4) Literacy training and GED preparation;

(5) Computer training, from basic to advanced;

(6) College preparatory courses and information;

(7) Goal setting: Working with residents to define their professional, educational, economic goals;

(8) Mentoring;

(9) Job Training: Oral and written communication skills; work ethic; interpersonal and teamwork skills; resume writing; interviewing techniques, creating job training and placement programs with local employers and placement agencies; and post-employment follow-up to assist residents who are new to the workplace.

(10) Supportive Services such as transportation, healthcare information and services including referrals to mental health providers, alcohol and other drug abuse treatment programs, childcare, parenting courses, and other services needed by residents.

(11) *Physical improvements.* Physical improvements must directly relate to providing space for Neighborhood Networks Center activities. Renovation, conversion, wiring, and repair costs may be essential parts of physical improvements. In addition, architectural, engineering, and related professional services required to prepare architectural plans or drawings, write-

ups, specifications or inspections may also be part of the cost components to implement physical improvements. For new centers, expenses for physical improvements may not exceed 20 percent of the total grant amount. For existing centers, expenses for physical improvements may not exceed 10 percent of the total grant amount.

Modifications to create a space that is accessible to persons with disabilities is an eligible use of funds. Refer to Office of Management and Budget (OMB) Circular A–87, Cost Principles for state, local and Indian tribal Governments. All renovations must meet appropriate accessibility requirements, including Section 504 requirements at 24 CFR part 8, Architectural Barriers Act at 24 CFR part 40, the Americans with Disabilities Act and the Fair Housing Act. Compliance with The Uniform Federal Accessibility Standards shall be deemed to comply with the requirements of 24 CFR 8.21, 8.22, 8.232, and 8.25 with respect to buildings.

(a) The renovation, conversion, or joining of vacant dwelling units in a PHA development to create appropriate space for the equipment needs and activities of an NN center (computers, printers, and office space) are eligible activities for physical improvement.

(b) The renovation, conversion of existing common areas in a PHA development to accommodate an NN center is eligible.

(c) If renovation, conversion, or repair is done off-site, the PHA must provide documentation that it has control of the proposed property for not less than 3 years and preferably for 4 years or more. Control can be demonstrated through a lease agreement, ownership documentation, or other appropriate documentation.

(12) Maintenance and insurance costs. Include installing, training, and maintaining the hardware and software as well as insurance coverage for the space and equipment. Costs of computer hardware and software necessary to accommodate the needs of persons with disabilities are an eligible cost for this funding category.

(13) Purchase of computers, printers, software and other peripheral equipment;

(14) Security and related costs. Includes space and minor refitting, locks, and other equipment for safeguarding the center.

(15) Resident development and training courses. These courses may be on disk, CD–ROM through the Web, and/or presented live. Programs should be designed to address job training, lifeskills, educational needs of residents (youth and adults) and other interests/ needs of residents as determined by an assessment of residents conducted by the applicant.

(16) *Distance learning equipment.* Distance learning equipment (including the costs for video casting and purchase/lease/rental of distance learning equipment) is an eligible use of funds provided your proposal indicates that the center will be working in a virtual setting with a college, university or other educational organization. If you operate more than one center, distance learning equipment can be used to link one or more centers so that residents using the different centers can benefit from courses being offered at only one site.

(17) Administrative costs. Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies, salaries for resident employees hired as part of this grant program, quality assurance, local travel, and utilities. Nonprofit organizations only may use administrative funds to pay for rental of space. For existing NN centers, administrative costs must not exceed 10 percent of the total grant amount requested from HUD. Administrative costs must adhere to OMB Circular A-87. Please use HUD-424-CBW to itemize your administrative costs.

(G) Ineligible Activities.

(1) Payment of wages and/or salaries to participants receiving supportive services and/or training programs;

(2) Purchase or rental of land;

(3) Purchase or rental of vehicles; and

(4) Cost of application preparation.

(H) Threshold Requirements. Applicants must respond to threshold requirements clearly and thoroughly by following the instructions below. If your application fails one threshold requirement (regardless of the type of threshold) it will be considered a failed application and will not be reviewed further.

(1) Match. All applicants are required to have in place a firmly committed 25% match in cash or in-kind donations as defined in this NOFA. Applicants who do not demonstrate the minimum 25% match will fail this threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. "Firmly committed" means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, or Memoranda of

Understanding (MOU) must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or inkind services. The letters of commitment/MOUs must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of \$5.15/hour. The commitment should be in place at time of award and should be for the duration of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or inkind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD-424-CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(2) Past Performance. HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored for Rating Factor 1 during the technical review process.

(3) All applicants except nontroubled PHAs are required to submit a signed **Contract Administrator Partnership** Agreement. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Partnership Agreement included in your application. The Contract Administrator must assure that the financial management system and procurement procedures that will be in place during the thirty-six month grant term will fully comply with either 24 CFR part 84 or 85. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare

their ROSS applications are also ineligible to be Contract Administrators. See the definition in Section III of Contract Administrator for more information.

(4) Nonprofit applicants must include letters from Resident Organizations (RO), Resident Associations (RA) indicating that the ROs/RAs you will be working with support your application. Letters from ROs/RAs must be signed by a person authorized to sign for the organization and should, whenever be possible, be on RO/RA letterhead. (I) Program Requirements.

(1) Fligible Participants. All program participants must be residents of conventional public Housing. Participants in the Public Housing Family Self-Sufficiency (FSS) program who are residents of public housing (non Housing Choice Voucher Program) are also eligible to participate in activities funded under this category.

(2) Resident Assessment. Applicants are required to assess residents' needs and interests so that program activities are designed to address their needs.

(3) Applicants shall submit a business plan with their application (see Appendix B for a sample) which shall indicate level and type of expenditures over the three year grant term, contributions from partners, and efforts applicants will make to ensure the NN center will be sustainable once the grant term expires.

(4) *Partnering.* Applicants should partner with local businesses, schools, libraries, banks, employment agencies, or other organizations which will help applicants deliver supportive services and fulfill residents' needs. These organizations can provide additional expertise, volunteers, office supplies, training materials, software, equipment, and other resources.

(5) *Performance Reports*. The grantee shall submit semi-annual performance reports to the field office. These progress reports shall include financial reports (SF-269A) and a narrative describing milestones, work plan progress, and problems encountered and methods used to address these problems. HUD anticipates that some of the reporting of financial status and grant performance will be through Internet-based submissions. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. Performance reports are due to the field office on July 30 and January 31 of each year. If reports are not received by the due date, grant funds will not be advanced until reports are received.

(6) *Final Report*. The grantees shall submit a final report which will include

a financial report (SF–269A) and a narrative evaluating overall performance against its work plan. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. The financial report shall contain a summary of all expenditures made from the beginning of the grant agreement to the end of the grant agreement and shall include any unexpended balances. The final narrative and financial report shall be due to the field office 90 days after the termination of the grant agreement.

(7) Final Audit. Grantees are required to obtain a complete final close-out audit of the grant's financial statements by a Certified Public Accountant (CPA), in accordance with generally accepted government audit standards. A written report of the audit must be forwarded to HUD within 60 days of issuance. Grant recipients must comply with the requirements of 24 CFR part 84 or 24 CFR part 85 as stated in OMB Circulars A-110, A-87, and A-122, as applicable.

(J) Application Selection Process.

(1) Four types of reviews will be conducted: A screening to determine if you are eligible to apply for this funding category; whether your application submission is complete, on time and meets threshold; a review by the field office to evaluate past performance; and a technical review to rate your application based on the five rating factors provided in this section. A minimum score of 75 is required for the application to be considered for funding.

(2) The selection process is designed to achieve geographic diversity of grant awards throughout the country. HUD will first select the highest ranked application from each of the ten federal regions for funding. After this "round," HUD will select the second highest ranked application in each of the ten federal regions for funding (the second round). HUD will continue this process with the third, fourth, and so on, highest ranked applications in each federal region until the last complete round is selected for funding. If available funds exist to fund some but not all eligible applications in the next round, HUD will make awards to those remaining applications in rank order regardless of region and will fully fund as many as possible with remaining funds. If remaining funds are too small to make an award, they will be used to partially fund applications in rank order regardless of region in the existing center category.

(L) Factors for Award Used to Evaluate and Rate Neighborhood Networks Applications. The factors for rating and ranking applicants and maximum points for each factor are provided below. The maximum number of points available for this program is 102. This includes two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA. The SuperNOFA contains a certificate that must be completed in order for the applicant to be considered for RC/EZ/EC bonus points. A listing of federally designated RCs, EZs, ECs, EECs and Strategic Planning Communities is attached to the General Section of the SuperNOFA as Appendix A-2 and is also available from the SuperNOFA Information Center, and the HUD Web site, www.hud.gov.

Note: Applicants should carefully review each rating factor before writing a response. Applicants' narratives should be as descriptive as possible, ensuring that every requested item is addressed. Applicants should make sure to include all requested information, according to the instructions found in Section VIII of this NOFA. This will help ensure a fair and accurate review of your application. Applications must not be longer than 30 narrative pages. Supporting documentation and certificates will not be counted towards the 30 page limit. However, applicants should make every effort to submit only what is necessary in terms of supporting documentation.

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (25 Points)

This factor addresses whether the applicant has the organizational resources necessary to successfully implement the proposed activities within the grant period. In rating this factor HUD will consider the extent to which the proposal demonstrates that the applicant will have qualified and experienced staff dedicated to administering the program.

(A) Proposed Program Staffing (12 Points)

(1) Staff Experience (9 Points). The knowledge and experience of your proposed project coordinator, staff, subcontractors, and partners in planning and managing programs for which funding is being requested. Experience will be judged in terms of recent, relevant and successful experience of your staff to undertake eligible program activities. In rating this factor, HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to be successful. The more recent the experience and the more experience your own staff members who work on the project have in successfully conducting and completing similar activities, the greater the number of

points you will receive for this rating factor. If your proposed staff has experience working in both computerrelated and social service programs, you will receive a maximum score. If your staff has experience in only one area, you will receive 2 points. If your staff has experience in neither area, you will receive a score of 0 for this subfactor.

The following information should be provided in order to provide HUD an understanding of your staff's experience and capacity:

(a) The number of staff years (one staff year = 2080 hours) to be allocated to your program by each employee or expert as well as each of their roles in the program;

(b) The staff's relevant educational background and/or work experience;

(c) Relevant and successful experience running programs whose activities include social services and computer programs that are similar to the eligible program activities described in this grant category;

(d) Another five points will be awarded if applicants commit to hiring 1–3 residents. Small PHAs should hire one person, medium PHAs should hire 1–2 people, and large PHAs should hire 3 people. In the case of large and medium PHAs, one hired resident should be 17 years of age or younger. Residents' salaries must be paid as administrative expenses, see section F(17) above.

(2) *Staff Capacity* (3 Points). You will be evaluated based on whether you, your subcontractors and partners have sufficient personnel or will be able to quickly access enough qualified experts or professionals, to deliver the proposed activities in a timely and effective fashion. Your ability to immediately begin the proposed work program will also be evaluated. Attach resumes or position descriptions (where staff is not yet hired) for all key personnel. (Resumes do not count toward the 30page limit.)

(B) Past Performance of Applicant/ Project Coordinator (6 Points). Your narrative must describe how you (or your proposed Project Coordinator) successfully implemented grant programs (including those listed below) designed to promote resident selfsufficiency or moving from welfare to work. You will be evaluated according to the following criteria:

(1) Achievement of specific measurable outcomes and objectives in terms of benefits gained by participating residents (*i.e.* higher incomes, improved grades, higher rates of employment, increased savings, improved literacy, *etc.*); (2) Success in attracting and keeping residents involved in past grant programs so that grant activities benefited a significant numbers of residents;

(3) Timely expenditure of funds throughout the term of the grant. Timely means regular drawdowns throughout the life of the grant, *i.e.* quarterly drawdowns, with all funds expended by the end of the grant term;

(4) Leveraging of funding or in-kind services beyond that which was originally proposed to be used for past projects;

(5) Long-term partnerships formed with local businesses, employers, libraries, community organizations, social service agencies, local colleges and universities, *etc.* 

Your past experience may include, but is not limited to, programs aimed at assisting residents of low-income housing achieve economic selfsufficiency; *i.e.* Tenant Opportunities Program and Youthbuild. Your narrative must indicate the grants, grant amounts, grant terms and grant sources which you are counting towards past experience.

(C) Program Administration and Fiscal Management. (7 Points)

(1) *Program Administration*. (4 Points). Describe how you will manage the program; how HUD can be sure that there is program accountability; and describe staff's roles and responsibilities.

(2) Fiscal Management. (3 Points). In rating this factor, your skills and experience in fiscal management will be evaluated. If you have had any audit or material weakness findings, you will be evaluated on how well you have addressed them. You must provide the following:

(a) A complete description of your fiscal management structure, including fiscal controls you have in place including those of a Contract Administrator for all applicants except non-troubled PHAs;

(b) List any audit findings (HUD Inspector General, management review, fiscal, *etc.*), material weaknesses and what you have done to address them; and

(c) For applicants who are required to have a Contract Administrator, describe the skills and experience your Contract Administrator has in managing federal funds.

### Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor addresses the extent to which there is a need for funding your proposed program and your indication of the importance of meeting the need in the target area. In responding to this factor, you will be evaluated on the extent to which you describe and document the level of need for your proposed activities and the urgency in meeting the need.

You should use statistics and analyses contained in data source(s) that are sound and reliable. Data that describes socioeconomic conditions at the local level can be found by going to the following Web sites: www.bls.gov (Bureau of Labor Statistics) or www.census.gov (US Census). Other types of sources include academic, state, and local sources. To the extent possible, the data you use should be specific to the area where the proposed activities will be carried out. You should document needs as they apply to the area where activities will be targeted, rather than the entire locality or state.

In responding to this factor, you should include:

(1) Socioeconomic Profile (5 points). A thorough socioeconomic profile of the eligible residents to be served by your program, including education levels, income levels, the number of singleparent families, economic statistics for the local area, crime levels, *etc.* 

(2) Local Training Program Information (5 points). Information on training programs currently available and easily accessible to residents either through the PHA or other local or state community organizations.

You may also address needs in terms of fulfilling the requirements of court actions or other legal decisions or which expand upon the Analysis of Impediments to Fair Housing Choice (AI) to further fair housing. If you address needs that are in your community's Consolidated Plan, AI, or a court decision, or identify and substantiate needs in addition to those in the AI, you will receive a greater number of points than applicants who do not relate their proposed program to the approved Consolidated Plan or AI or court action. Note: Fines, penalties, damages, and other settlements resulting from violations (or alleged violations) of, or failure of the applicant to comply with federal, state, local or Indian tribal laws and regulations are unallowable means in which to satisfy this Rating Factor, except when incurred as a result of compliance with specific provisions of the federal award or written instructions by the awarding agency authorizing in advance such payments.

(3) *Resource Documentation* (3 points). The names and/or titles of information resources you used to document the need/extent of the problem.

(4) Demonstrated Link Between Proposed Activities and Local Need (7 points). There must be a clear relationship between your proposed activities, community needs and the purpose of the program funding for you to receive points for this factor.

#### Rating Factor 3: Soundness of Approach (30 Points)

This factor addresses both the quality and cost-effectiveness of your proposed business plan. (A sample business plan is included in Appendix B.) Your business plan and supporting narrative must indicate a clear relationship between your proposed activities, the targeted population's needs, and the purpose of the program funding. Your activities must address HUD's policy priorities which relate to this program.

In rating this factor HUD will consider:

(A) *Quality of the Business Plan and Supporting Narrative* (18 points). This factor evaluates both your business plan, narrative, and your budget and will be evaluated based on the following components:

(1) Specific Services and/or Activities (6 points). Your business plan and supporting narrative must describe the specific services and activities you plan to offer and who will be responsible for each. HUD will consider how well your proposed activities will:

(a) Involve community partners in the delivery of services; and

(b) Offer comprehensive services versus a small range of services geared toward enhancing economic opportunities for residents.

(2) Feasibility and Demonstrable Benefits (4 points). This factor examines whether your business plan and supporting narrative are logical, feasible and likely to achieve its stated purpose during the term of the grant. HUD's desire is to fund projects that will quickly produce demonstrable results and advance the purposes of the ROSS program.

(a) *Timeliness.* This subfactor evaluates whether your business plan demonstrates that your project is ready to implement shortly after grant award, but not to exceed three months of grant award. Your business plan should indicate timeframes and deadlines for accomplishing major activities.

(b) *Description of the problem and solution.* Your business plan and supporting narrative will be evaluated based on how well your proposed activities address the needs described in Factor 2.

(3) Budget Appropriateness/Efficient Use of Grant. (4 Points). The score in

this factor will be based on the following:

(a) Justification of expenses. You will be evaluated based on whether your expenses are reasonable and wellexplained.

(b) Budget Efficiency. You will be evaluated based on whether your application requests funds commensurate with the level of effort necessary to accomplish your goals and anticipated results.

(4) *Învolving Residents in the Design* of the Work Plan (4 points). All applicants should make every effort to involve residents in the design of the work plan, so that activities and services offered by your organization address their needs.

(B) Addressing HUD's Policy Priorities (12 points). HUD wants to improve the quality of life for those living in distressed communities. HUD's grant programs are a vehicle through which constructive changes can be achieved. Your narrative and business plan will be evaluated based on how well it meets the following HUD policy priorities:

(1) Improving the Quality of Life in Our Nation's Communities (5 points). In order to receive points in this category, your business plan and supporting narrative must indicate the types of activities and training programs you will offer which can help residents successfully transition from welfare to work and earn higher wages.

(2) Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations in HUD Program Implementation (7 points). HUD encourages applicants to partner with grassroots organizations, e.g., civic organizations, grassroots faithbased and other community-based organizations that are not usually effectively utilized. These grassroots organizations have a strong history of providing vital community services such as developing first-time homeownership programs, creating economic development programs, providing job training and other supportive services. In order to receive points under this factor, your narrative and business plan must describe how you will work with these organizations and what types of services they will provide.

# Rating Factor 4: Leveraging Resources (20 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's grant resources to achieve program purposes. You are required to create partnerships with organizations that can help you achieve your program's goals. PHAs are required by QHWRA (Sec. 12(d)(7) of the U.S. Housing Act, entitled "Cooperation Agreements for Economic Self-Sufficiency Activities") to make best efforts to enter into such agreements with relevant state or local agencies. In rating this factor, HUD will look at the extent to which you partner, coordinate and leverage your services with other organizations serving the same or similar populations.

Additionally, you must have at least a 25 percent cash or in-kind match. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Leveraging in excess of the 25 percent of the grant amount will receive a higher point value. In evaluating this factor HUD will consider the extent to which you have partnered with other entities to secure additional resources to increase the effectiveness of your proposed program activities. The budget, the business plan, narrative, and commitments for additional resources and services, other than the grant, must show that these resources are firmly committed, will support the proposed grant activities and will, in combined amount (including in-kind contributions of personnel, space and/or equipment, and monetary contributions) equal at least 25 percent of the grant amount proposed in this application. "Firmly committed" means that the amount of resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, or Memoranda of Understanding (MOU) must be on organization letterhead and signed by a person authorized to make the stated commitment. The letters of commitment/MOUs must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or inkind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate their budget form (HUD-424-CB) to list the sources and amount of each match. Grant awards shall be

contingent upon letters of commitment being submitted with your application.

(A) Volunteer time shall be computed by using the normal professional rate for the local area or the national minimum wage rate of \$5.15 per hour (**Note:** Applicants may not use their staff time towards the match);

(B) In order for HUD to determine the value of any donated material, equipment, staff time, building, or lease, your application must provide a letter from the organization making the donation stating the value of the contribution. The letter must be on letterhead, signed by an official authorized to make such commitments on behalf of the donating organization and must be dated within two months of the application deadline.

(C) Other resources/services that can be committed include: in-kind services, contributions or administrative costs provided to the applicant; funds from federal sources (not including ROSS funds) as allowed by statute, including for example Community Development Block Grant (CDBG) and federal Revenue Sharing; funds from any state or local government sources; and funds from private contributions. You may also partner with other program funding recipients to coordinate the use of resources in your target area.

(D) Points for this factor will be awarded based on the documented evidence of partnerships and firm commitments and the ratio of requested ROSS funds to the total proposed grant budget.

Points will be assigned based on the following scale:

Percentage of match	Points awarded
25	5
26–50	10
51–75	15
76–99 or above	20

#### **Rating Factor 5: Achieving Results and Program Evaluation (10 Points)**

An important element in this year's NOFA is the development and reporting of performance measures and outcomes. Under this rating factor, applicants must demonstrate how they propose to measure their success and outcomes as they relate to the Department's Strategic Plan.

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and that they assess their performance so that they realize performance goals. HUD requires ROSS applicants to develop an effective, quantifiable, outcome oriented work plan for measuring performance and determining that goals have been met.

"Outcomes" are benefits accruing to the residents, families and/or communities during or after participation in the ROSS program. Outcomes are not the actual development of self-sufficiency services or program activities. Applicants must clearly identify the outcomes to be achieved and measured. Examples of outcomes are: increasing the homeownership rates among residents of a development or from a particular housing authority, increasing residents' financial stability (e.g., increasing assets of a household through savings), or increasing employment stability (e.g., whether persons assisted obtain or retain employment for one or two years after job training completion).

In addition to outcomes, applicants must establish interim benchmarks or outputs for their proposed program that lead to the ultimate achievement of outcomes. "Outputs" are the direct products of a program's activities. Examples of outputs are: the number of eligible families that participate in supportive services, the number of new services provided, the number of residents receiving counseling, or the number of households using a technology center. Outputs should produce outcomes for your program.

This rating factor requires that you, the applicant, identify program outcomes, outputs, benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your work plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

In order to satisfy the requirements for Factor 5, you must submit a work plan and a Logic Model that demonstrates how you will measure your own program performance. Your plan must identify the outcomes you expect to achieve or goals you hope to meet over the term of your proposed grant and benchmarks, outputs, and timeframes for accomplishing these goals. Your work plan must show how you will measure actual accomplishments against anticipated achievements. You must indicate how your plan will measure the performance of individual consortium members and affiliates, including the standards, data sources, and measurement methods, and the

steps you have in place or how you plan to make adjustments if you begin to fall short of established benchmarks and timeframes. Applicants should also use the Logic Model provided in the General Section of this SuperNOFA for reporting on how they will conduct performance measurement. You will be evaluated based on how comprehensively you propose to measure your program's outcomes.

#### VII. Program Requirements, Certifications, and Procedures for ROSS Applicants

The requirements of this section are applicable to all applicants, and grantees under this announcement of funding availability.

(A) *Compliance with Fair Housing and Civil Rights Laws.* Your application must meet all the applicable threshold requirements found in Section V (B)(2) of the General Section of the SuperNOFA, as well as the following requirements.

(B) Affirmatively Furthering Fair Housing. You must adhere to the requirements as provided in Section V (D) of the General Section of the SuperNOFA.

(C) Conducting Business In Accordance With Core Values and Ethical Standards. All applicants shall develop and maintain a written code of conduct that reflects Core Values. See Section V(B)(3) of the General Section of the SuperNOFA for requirements.

(D) *Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses.* The Department of Housing and Urban Development (HUD) is committed to ensuring that small businesses, small disadvantaged businesses and women-owned businesses participate fully in HUD's direct contracting and in contracting opportunities generated by HUD grant funds. See Section V (F) of the General Section of the SuperNOFA for requirements.

(E) Economic Opportunities for Low and Very Low Income Persons (Section 3). You must adhere to the requirements as provided in Section V (E) of the General Section of the SuperNOFA.

(F) Certifications and Assurances. Section V(H) of the General Section of the SuperNOFA lists requirements, certifications and procedures that apply to all programs, including ROSS. Applicants must comply with these in order to be eligible for the ROSS program.

(G) Applicant Internet Access. Prior to the initial draw down, all grantees must have secured online access to the Internet as a means to communicate with HUD on grant matters. Tribes and TDHEs awardees may submit a waiver request to the Office of Native American Programs for this requirement if Internet access cannot be obtained. If tribes/ TDHEs do not have Internet access, they must send hard copies of their grant documents to their Area ONAP.

(H) ROSS Evaluation and Assessment. All applicants selected for award must be willing to participate in the evaluation and assessment that HUD intends to conduct for the ROSS Program. At grant award HUD will provide additional information on the evaluation and assessment for applicants who receive awards.

(H) ROSS Performance Measures. All applicants selected for award should use ROSS Performance Measures in grant reporting for all awards. At grant award HUD will provide additional information on reporting the Performance Measures and the Logic Model for applicants who receive awards.

(I) Format for submitting applications. All documents must be attached or located according to the instructions below. Applicants should ensure to submit forms appropriate to the program for which they are applying. Applicants who fail to follow these instructions, may lose points if their documentation is not found according to the following instructions (grant reviewers will not be instructed to search through the entire application package for missing documents):

#### (1) RSDM-Family

Tab 1: Required Forms from the General Section of the SuperNOFA and other ROSS forms:

• Applicant Checklist (HUD–52759);

• Fact Sheet (HUD–52751);

• Application for Federal Assistance (HUD–424);

• Budget Summary for Competitive Grant Programs (HUD-424C);

• Applicant Assurances and Certifications (HUD–424B);

• Grant Application Detailed Budget (HUD-424-CB);

• Grant Application Detailed Budget Worksheet (HUD-424-CBW);

• Applicant/Recipient Disclosure/ Update Report (HUD–2880);

• Certification of Consistency with RC/EZ/EC Strategic Plan (HUD–2990) if applicable;

• Certification of Consistency with the Consolidated Plan (HUD–2991) if applicable;

• Certification of Consistency with the Indian Housing Plan if applicable (HUD–52752);

• Certification of Resident Council Board of Election/Signed Letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (not applicable to tribes/TDHEs (HUD–52753);

• Disclosure of Lobbying Activities (HUD–SF–LLL)—if applicable (applicants requiring additional space may find the Disclosure of Lobbying Activities Continuation Sheet (HUD– SF–LLL–A) through HUD's web site, http://www.hud.gov);

• Acknowledgment of Application Receipt (HUD-2993); and,

• Client Comments and Suggestions (HUD–2994). (Optional)

Survey on Ensuring Equal

Opportunity Applicants (HUD–23004) TAB 2: Threshold Requirements:

• Letters from Partners attesting to match;

• Letter from Applicant's organization attesting to match;

• Letters from Resident Associations/ Resident Organizations indicating support of nonprofit applicants;

• Chart of Resident Associations Participating (required for nonprofit applicants) (HUD-52754);

• Contract Administrator Partnership Agreement (for all applicants except non-troubled PHAs, and tribes/TDHES) (HUD–52755); and

• Past Performance evaluation (from HUD field office).

TAB 3: Narrative for Rating Factor 1 and Non-Standard ROSS Program Forms:

• Narrative;

• Chart A: Program Staffing (HUD– 52756);

• Chart B: Applicant/Administrator Track Record (HUD–52757);

• Resumes/Position Descriptions.

TAB 4: Narrative for Rating Factor 2 TAB 5: Rating Factor 3:

• Narrative;

• Work plan (see sample) (HUD–52763).

TAB 6: Narrative for Rating Factor 4 TAB 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms:

• Narrative;

• Logic Model (HUD-96010).

### (2) RSDM-Elderly and Persons with Disabilities

TAB 1: Required Forms from the General Section of the SuperNOFA and other ROSS forms:

- Applicant Checklist (HUD-52760);
- Fact Sheet (HUD-52751);

• Application for Federal Assistance (HUD-424);

• Budget Summary for Competitive Grant Programs (HUD–424C);

• Applicant Assurances and Certifications (HUD–424B);

Grant Application Detailed Budget

(HUD-424-CB); • Grant Application Detailed Budget

Worksheet (HUD-424-CBW); • Applicant/Recipient Disclosure/

Update Report (HUD–2880); • Certification of Consistency with the Consolidated Plan (HUD–2991) if

applicable;
Certification of Consistency with the Indian Housing Plan if applicable (HUD–52752);

• Certification of Resident Council Board of Election/Signed Letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (not applicable to tribes/TDHEs (HUD-52753);

• Disclosure of Lobbying Activities (HUD–SF–LLL)—if applicable (applicants requiring additional space may find the Disclosure of Lobbying Activities Continuation Sheet (HUD– SF–LLL–A) through HUD's web site, http://www.hud.gov);

• Acknowledgment of Application Receipt (HUD–2993); and,

• Client Comments and Suggestions (HUD–2994). (Optional)

• Survey on Ensuring Equal

Opportunity Applicants (HUD–23004) TAB 2: Threshold Requirements:

• Letters from Partners attesting to match;

• Letter from Applicant's organization attesting to match;

• Letters from Resident Associations/ Resident Organizations indicating support of nonprofit applicants;

• Chart of Resident Associations Participating (required for nonprofit applicants) (HUD–52754);

• Contract Administrator Partnership Agreement (for all applicants except non-troubled PHAs, and tribes/TDHES) (HUD–52755); and

• Past Performance evaluation (from HUD field office).

TAB 3: Narrative for Rating Factor 1 and Non-Standard ROSS Program Forms:

• Narrative;

• Chart A: Program Staffing (HUD–52756);

• Chart B: Applicant/Administrator Track Record (HUD–52757);

• Resumes/Position Descriptions.

TAB 4: Narrative for Rating Factor 2 TAB 5: Rating Factor 3:

• Narrative;

• Work plan (see sample) (HUD–52764).

TAB 6: Narrative for Rating Factor 4 TAB 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms:

• Narrative;

• Performance measures Logic Model (HUD–96010).

#### (3) Homeownership Supportive Services

TAB 1: Required Forms from the General Section of the SuperNOFA and other ROSS forms:

• Applicant Checklist (HUD–52761);

• Fact Sheet (HUD–52751);

• Application for federal Assistance (HUD-424);

• Budget Summary for Competitive Grant Programs (HUD–424C);

Applicant Assurances and

Certifications (HUD–424B);

• Grant Application Detailed Budget (HUD–424-CB);

• Grant Application Detailed Budget Worksheet (HUD–424-CBW);

• Applicant/Recipient Disclosure/ Update Report (HUD–2880);

• Certification of Consistency with RC/EZ/EC Strategic Plan (HUD–2990) if applicable;

• Certification of Consistency with the Consolidated Plan (HUD–2991) if applicable;

• Certification of Consistency with the Indian Housing Plan if applicable (HUD–52752);

• Certification of Resident Council Board of Election/Signed Letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (not applicable to tribes/TDHEs) (HUD–52753);

• Disclosure of Lobbying Activities (HUD–SF–LLL)—if applicable (applicants requiring additional space may find the Disclosure of Lobbying Activities Continuation Sheet (HUD– SF–LLL–A) through HUD's web site, http://www.hud.gov);

• Acknowledgment of Application Receipt (HUD–2993); and,

• Client Comments and Suggestions (HUD–2994). (Optional)

 Survey on Ensuring Equal Opportunity Applicants (HUD–23004) TAB 2: Threshold Requirements:

Letters from Partners attesting to

match;

• Letter from Applicant attesting to match;

• Letters from Resident Associations/ Resident Organizations indicating support of nonprofit applicants;

• Chart of Resident Associations Participating (required of nonprofit applicants) (HUD–52754); • Contract Administrator Partnership Agreement (for all applicants except non-troubled PHAs and tribes/TDHEs) (HUD–52755); and

• Past Performance evaluation (from HUD field office).

TAB 3: Narrative for Rating Factor 1 and Non-Standard ROSS Program Forms:

• Narrative;

• Chart A: Program Staffing (HUD–52756);

• Chart B: Applicant/Administrator Track Record (HUD–52757);

• Resumes/Position Descriptions. TAB 4: Narrative for Rating Factor 2 TAB 5: Rating Factor 3:

- Narrative:
- Work plan (see sample) (HUD– 52765).

TAB 6: Narrative for Rating Factor 4 TAB 7: Narrative for Rating Factor 5

and Non-Standard ROSS Program Forms:

- Narrative;
- Logic Model (HUD-96010).

#### (4) Neighborhood Networks

TAB 1: Required Forms from the General Section of the SuperNOFA and other ROSS forms:

- Applicant Checklist (HUD-52762);
- Fact Sheet (HUD-52751);
- Application for federal Assistance (HUD–424);
- Budget Summary for Competitive Grant Programs (HUD–424C);
- Applicant Assurances and Certifications (HUD–424B);
- Grant Application Detailed Budget (HUD-424-CB);
- Grant Application Detailed Budget Worksheet (HUD–424–CBW);
- Applicant/Recipient Disclosure/ Update Report (HUD–2880);
- Certification of Consistency with RC/EZ/EC Strategic Plan (HUD–2990) if applicable;
- Certification of Consistency with the Consolidated Plan (HUD–2991) if applicable;

• Certification of Resident Council Board of Election/Signed Letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (HUD–52753);

• Disclosure of Lobbying Activities (HUD–SF–LLL)—if applicable (applicants requiring additional space may find the Disclosure of Lobbying Activities Continuation Sheet (HUD– SF–LLL–A) through HUD's web site, http://www.hud.gov);

• Acknowledgment of Application Receipt (HUD–2993); and,

• Client Comments and Suggestions (HUD–2994) (Optional);

• Survey on Ensuring Equal Opportunity Applicants (HUD–23004)

TAB 2: Threshold Requirements:

• Letters from Partners attesting to match;

• Letter from Applicant attesting to match;

• Letters from Resident Associations/ Resident Organizations indicating support of nonprofit applicants;

• Chart of Resident Associations Participating (required for nonprofit applicants) (HUD–52754);

• Contract Administrator Partnership Agreement (required for all applicants except non-troubled PHAs) (HUD– 52755); and

• Past Performance evaluation (from HUD field office).

TAB 3: Narrative for Rating Factor 1 and Non-Standard ROSS Program Forms:

• Narrative;

• Chart A: Program Staffing (HUD–52756);

• Chart B: Applicant/Administrator Track Record (HUD–52757);

• Resumes/Position Descriptions.

TAB 4: Narrative for Rating Factor 2 TAB 5: Rating Factor 3:

Narrative;

• Business Plan (see sample) (HUD–52766).

TAB 6: Narrative for Rating Factor 4 TAB 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms:

Narrative;

• Logic Model (HUD-96010).

#### VIII. Corrections to Deficient Applications

After the application due date, HUD may not, consistent with its regulations at 24 CFR part 4, subpart B, consider any unsolicited information, you the applicant, may want to provide. HUD may contact you to clarify an item in your application or to correct technical deficiencies. HUD may not seek clarification of items or responses that improve the substantive quality of your response to the rating factors. In order not to unreasonably exclude applications from being rated and ranked, HUD may contact applicants to ensure proper completion of the application and will do so on a uniform basis for all applicants. Examples of curable (correctable) technical deficiencies include failure to submit the proper certifications or failure to submit an application that contains an original signature by an authorized official. In each case, HUD will notify you in writing of a technical deficiency. HUD will notify applicants by facsimile or by USPS, return receipt requested. Clarifications or corrections of technical deficiencies in accordance with the information requested by HUD must be submitted within 14 calendar days of the date you receive HUD notification. (If the due date falls on a Saturday, Sunday, or federal holiday, your correction must be received by HUD on the next day that is not a Saturday, Sunday, or federal holiday.) The determination of when you received the deficiency letter will be based on the confirmation of the facsimile transmission, return receipt or postal tracking information, as appropriate. If the deficiency is not corrected within this time period, HUD will reject the application as incomplete and it will not be considered for funding.

Unacceptable Applications. After the 14-day technical deficiency correction period, the Grants Management Center (GMC), or the DPONAP for tribal and TDHE applicants, will disapprove all applications that the GMC, or DPONAP determines are not acceptable for processing. The GMC's notification of rejection must state the basis for the decision. The applicant may request a debriefing. Applicants requesting to be debriefed must send a written request to Michael Diggs, Director, Grants Management Center, Department of Housing and Urban Development, 501 School Street, SW., Suite 800, Washington, DC 20024. For tribal and TDHE applicants, contact Deborah Lalancette, Director, Grants Management, DPONAP, 1999 Broadway, Suite 3390, Denver, CO 80202.

HUD Reform Act of 1989. The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of the SuperNOFA in Section XI.

#### **IX. Environmental Requirements**

It is anticipated that most activities under this ROSS funding will be categorically excluded under 24 CFR 58.34(a)(3) or (a)(9), 58.35(b)(2) or (b) (4), 50.19(b)(3), (b)(9), (b)(12), or (b)(14). An applicant proposing any long-term leasing, or physical development activities is prohibited from rehabilitating, converting, leasing, repairing or constructing property, or committing or expending HUD or non-HUD funds for these types of program activities, until one of the following has occurred:

(1) If the grantee is not a PHA or tribe/ TDHE, HUD has completed an environmental review to the extent required by 24 CFR part 50, prior to grant award.

(2) If the grantee is a PHA or tribe/ TDHE, HUD has approved the grantee's Request for Release of Funds (HUD Form 7015.15) following a Responsible Entity's completion of an environmental review under 24 CFR part 58, where required, or if HUD has determined in accordance with § 58.11 to perform the environmental review itself under part 50, HUD has completed the environmental review.

#### XI. Authority

Section 34 of the U.S. Housing Act of 1937 and 24 CFR 964.

#### Appendix A—ROSS Forms

The non-standard forms, which follow, are required for the ROSS application. The forms marked "Sample", are intended to assist applicants provide information HUD is requesting in an easy-to-use format. Applicants do not have to adhere to the precise format, but should make sure to include the same information in their submission.

BILLING CODE 4210-32-P

OMB Approval No. 2577-0229 Expiration Date 11/30/2003

#### Suggested Performance Measures Resident Opportunities and Self Sufficiency Programs (ROSS) FY2003

#### **RATING FACTOR 5**

For FY 2003, rating Factor 5 has been changed to "Achieving Results and Program Evaluation." This factor emphasizes HUD's commitment to ensuring that applicants keep promises made in their application and assess their performance to ensure performance goals are met. Performance measures are used to track progress against a baseline or condition that existed before the implementation of a particular grant activity. Applicants are encouraged to select three or more of the following performance measures, tailor them to fit the activities in your application, or create others that reflect the activities in your application. The Logic Model is being provided as a tool to track the performance measures you select.

- Percent of eligible families in the development who participate in supportive services before the implementation of your program versus the percentage of families who participate after six months of your program's implementation.
- Number of new services provided by the ROSS grant.
- Percentage of elderly and handicapped residents receiving supportive services (before and after program implementation)
- Number and/or percent of residents receiving counseling from service coordinators/case managers (before and after program implementation)
- Number and/or percent of families who received housing counseling (before and after program implementation)
- Number of families who received homeownership counseling (before and after program implementation)
- Percent of counseled families who moved to market rent units.
- Percent of counseled families who buy a home.
- Number of new computer technology centers established
- Number of computer technology centers that expanded or upgraded.
- Percent of households that use the computer technology center(s) (over time, for example at six month intervals)
- Number of volunteer residents working at the computer technology center (over time)
- Number of paid residents working at the computer technology center (over time)

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- Number of residents who completed training courses in the computer technology center
- Number of residents who received job placement assistance as a result of the training in the computer technology center
- Number of partners involved with the establishment and on-going operation of the computer technology center
- Number of residents who received job placement assistance
- Percentage of residents in a development that enrolled in job training sessions

form HUD-52758 (03/2003)

OMB Approval No. 2577-0229 Exp. 11/30/2003

### ROSS FY 2003 FUNDING RESIDENT SERVICE DELIVERY MODELS - FAMILY

### APPLICANT CHECKLIST AND SUBMISSION FORMAT

Public reporting burden for the collection of information is estimated to average fifteen minutes per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. You must include this checklist with your application.

### Tab 1: Required forms from the General Section of the SuperNOFA and other ROSS forms.

		Page No.
Q	Applicant Checklist (HUD-52759)	
	Fact Sheet (HUD-52751)	
	Application for Federal Assistance (HUD-424)	
	Budget Summary for Competitive Grant Programs	
	(HUD-424C)	
	Applicant Assurances and Certifications (HUD-424B)	· . ·
	Grant Application Detailed Budget (HUD-424-CB)	
	Grant Application Detailed Budget Worksheet	
	(HUD-424-CBW)	
	Applicant/Recipient Disclosure/Update Report	
	(HUD-2880)	
	Certification of Consistency with RC/EZ/EC	
	Strategic Plan (HUD-2990) if applicable	
	Certification of Consistency with the Consolidated Plan	<u></u>
	(HUD-2991) if applicable	
	Certification of Consistency with the Indian Housing Plan	
	(HUD-52752) if applicable	
	Certification of Resident Council Board of Election/	
	Signed letter from Small Housing Authorities without	
	Resident Councils attesting to the fact that the Board	
	contains one or more residents who were appointed by	
	the Housing Authority or elected by fellow tenants. (HUD-52753)	
	Disclosure of Lobbying Activities (SF-LLL)-	
	if applicable	
	Disclosure of Lobbying Activities Continuation Sheet	
	(SF-LLL-A)-if applicable	
	Acknowledgement of Application Receipt (HUD-2993)	
	Client Comments and Suggestions (HUD-2994)-Optional	

form HUD-52759 (03/2003)

OMB Approval No. 2577-0229 Exp. 11/30/2003

### Tab 2: Threshold Requirements

	Letters from Partners attesting to match
	Letter from Applicant's organization attesting to match
	Letters from Resident Associations/Resident Organizations
	indicating support of nonprofit applications
	Chart of Resident Associations Participating (HUD-52754)
	(required for nonprofit applicants)
	Sample Contract Administrator Partnership Agreement (HUD-52755)
	(for all applicants except nontroubled PHAs and tribes/TDHEs)
	Past Performance evaluation (from HUD field office)
Tab 3:	Narrative for Rating Factor 1 and Non-Standard Ross Program Forms

Narrative	
Chart A: Program Staffing (HUD-52756)	
Chart B: Applicant/Administrator Track Record (HUD-52757)	
Resumes/Position Descriptions	

### Tab 4: Narrative for Rating Factor 2

### Tab 5: Narrative for Rating Factor 3 and Non-Standard Ross Program Form

Narrative
Work plan (HUD-52763) (see sample)

### Tab 6: Narrative for Rating Factor 4

### Tab 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms

	Narrative	
	Logic Model	
۵.	Performance measures/outcomes	

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### ROSS FY 2003 FUNDING NEIGHBORHOOD NETWORKS

### APPLICANT CHECKLIST AND SUBMISSION FORMAT

Public reporting burden for the collection of information is estimated to average fifteen minutes per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. You must include this checklist with your application.

### Tab 1: Required forms from the General Section of the SuperNOFA and other ROSS forms.

		Page No.
	Applicant Checklist (HUD-52762)	C
	Fact Sheet (HUD-52751)	
Ē	Application for Federal Assistance (HUD-424)	
	Budget Summary for Competitive Grant Programs	
	(HUD-424C)	
	Applicant Assurances and Certifications (HUD-424B)	
	Grant Application Detailed Budget (HUD-424-CB)	
	Grant Application Detailed Budget Worksheet	
	(HUD-424-CBW)	
	Applicant/Recipient Disclosure/Update Report	
	(HUD-2880)	
	Certification of Consistency with RC/EZ/EC	
	Strategic Plan (HUD-2990) if applicable	
a	Certification of Consistency with the Consolidated	
	Plan (HUD-2991) if applicable	
	Certification of Resident Council Board of Election/	
	Signed letter from Small Housing Authorities without	
	Resident Councils attesting to the fact that the Board	
	contains one or more residents who were appointed by	
	the Housing Authority or elected by fellow tenants (HUD-52753)	
	Disclosure of Lobbying Activities (SF-LLL)-	
	if applicable	
	Disclosure of Lobbying Activities Continuation Sheet	
	(SF-LLL-A)-if applicable	<u></u>
	Acknowledgement of Application Receipt (HUD-2993)	
	Client Comments and Suggestions (HUD-2994)-Optional	

form HUD-52762 (03/2003)

### Tab 2: Threshold Requirements

Letters from Partners attesting to match	
Letter from Applicant attesting to match	
Letters from Resident Associations/Resident Organizations	
indicating support of nonprofit applicants	
Chart of Resident Associations Participating	
(HUD-52754) (required for nonprofit applicants)	
Sample Contract Administrator Partnership Agreement	
(HUD-52755) (for all applicants except nontroubled PHAs)	
Past Performance evaluation (from HUD field office)	

### Tab 3: Narrative for Rating Factor 1 and Non-Standard Ross Program Forms

	Narrative Chart A: Program Staffing (HUD-52756) Chart B: Applicant/Administrator Track Record (HUD-52757) Resumes/Position Descriptions	
Tab 4:	Narrative for Rating Factor 2	

### Tab 5: Narrative for Rating Factor 3 and Non-Standard Ross Program Form

	Narrative Business Plan (HUD-52766) (see sample)
Tab 6:	Narrative for Rating Factor 4
Tab 7:	Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms

۵	Narrative	
	Logic Model	
	Performance measures/outcomes	

form HUD-52762 (03/2003)

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### ROSS FY 2003 FUNDING HOMEOWNERSHIP SUPPORTIVE SERVICES

### APPLICANT CHECKLIST AND SUBMISSION FORMAT

Public reporting burden for the collection of information is estimated to average fifteen minutes per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. You must include this checklist with your application.

### Tab 1: Required forms from the General Section of the SuperNOFA and other ROSS forms.

		Page No.
	Applicant Checklist (HUD-52761)	0
D	Fact Sheet (HUD-52751)	
	Application for Federal Assistance (HUD-424)	
. Q	Budget Summary for Competitive Grant Programs	
	(HUD-424C)	
	Applicant Assurances and Certifications (HUD-424B)	
	Grant Application Detailed Budget (HUD-424-CB)	
	Grant Application Detailed Budget Worksheet	
	(HUD-424-CBW)	
	Applicant/Recipient Disclosure/Update Report	
	(HUD-2880)	
	Certification of Consistency with RC/EZ/EC	
	Strategic Plan (HUD-2990) if applicable	
	Certification of Consistency with the Consolidated	
	Plan (HUD-2991) if applicable	
	Certification of Consistency with the Indian Housing Plan	
	(HUD-52752) (if applicable)	
	Certification of Resident Council Board of Election/	
	Signed letter from Small Housing Authorities without	
	Resident Councils attesting to the fact that the Board	
	contains one or more residents who were appointed by	
_	the Housing Authority or elected by fellow tenants (HUD-52753)	
	Disclosure of Lobbying Activities (SF-LLL)-	
_	if applicable Disclosure of Lobbying Activities Continuation Shoot	
	Disclosure of Lobbying Activities Continuation Sheet	
-	(SF-LLL-A)-if applicable	
	Acknowledgement of Application Receipt (HUD-2993) Client Comments and Suggestions (HUD-2994)-Optional	
	Chem Comments and Suggestions (HOD-2994)-Optional	

form HUD-52761 (03/2003)

### Tab 2: Threshold Requirements

Letters from Partners attesting to match	
Letter from Applicant attesting to match	
Letters from Resident Associations/Resident Organizations	
indicating support of nonprofit applicants	
Chart of Resident Associations Participating	
(HUD-52754) (required for nonprofit applicants)	
Sample Contract Administrator Partnership Agreement	
(HUD-52755) (for all applicants except nontroubled PHAs,	
and tribes/TDHEs)	
Past Performance evaluation (from HUD field office)	
· · /	

### Tab 3: Narrative for Rating Factor 1 and Non-Standard Ross Program Forms

	Narrative	
	Chart A: Program Staffing (HUD-52756)	
	Chart B: Applicant/Administrator Track Record (HUD-52757)	
٩	Resumes/Position Descriptions	

### Tab 4: Narrative for Rating Factor 2

### Tab 5: Narrative for Rating Factor 3 and Non-Standard Ross Program Form

Narrative	
Work plan (HUD-52765) (see sample)	-

### Tab 6: Narrative for Rating Factor 4

### Tab 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms

Narrative	
Logic Model	
Performance measures/outcomes	

### **ROSS FY 2003 FUNDING**

### FACT SHEET

Public reporting burden for the collection of information is estimated to average 2 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

### **Applicant Information**

Applicant:

Applicant Type:	PHA	RA	IRO	NONPROFIT	TRIBE/TDHE
F 1 7 F	C. Bortan Ballion Ballion			A Real Property lines in the lines	and a second

### Assistance for which the applicant is applying:

, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Resident Service Delivery Models-Family Resident Service Delivery Models-Elderly and Persons with Disabilities
·	Homeownership Supportive Services Neighborhood Networks-new center Neighborhood Networks-existing center

### Unit Count

 Total number of conventional public housing units under management**
(excluding any Section 8)

### \_\_\_\_\_ Total number of family-occupied conventional public housing units.

\_\_\_\_\_ Total number of elderly/disabled-occupied conventional public housing units.

form HUD-52751 (03/2003)

### **ROSS FY 2003 FUNDING**

### FACT SHEET (continued)

### SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION

Name of Board Member	Title	Appointment	Term	n Date
		······································		
Date of Last Board Electio				
oes the organization have	e block captai	ins?	Yes	No
oes the organization have	e an operating	g committee?	Yes	No
or any previous ROSS g ategory (RSDM, RMBD,			ist note the	Fiscal Year, ROS
<b>an an a</b>	< in the second work of the second			

form HUD-52751 (03/2003)

OMB Approval No. 2577-0229 Expiration Date 11/30/3003

### **ROSS FY 2003 FUNDING**

### FACT SHEET (continued)

Name(s) of public housing development(s) targeted for ROSS Activities (Use additional pages if necessary.)

Name of Public Housing I	Development	PIH Project #
		······································
· · · · · · · · · · · · · · · · · · ·		
	unanyayay, yan yang kasaraya, namakayayaya,	
	annan an a	
······································	an a	
	, 	
NAMES IN		
igned this	day of	, 2003.
y: Applicant Executive Di	rector or Other Authorized Re	nresentative
or:		
Applicant Name		

### CERTIFICATION OF CONSISTENCY WITH THE INDIAN HOUSING PLAN

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Indian Housing Plan.

Applicant Name:	
Project Name:	
Location of the Project:	
Name of the Federal Program(s) to which the applicant is applying:	
	·
Name of Certifying Jurisdiction:	
Title:	- -
Signature:	
2-5140400	
Date:	

form HUD-52752 (03/2003)

### ROSS FY 2003 FUNDING Certification of Resident Board Election

Public reporting burden for the collection of information is estimated to average one hour per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

<u>Certification of Resident Board Election.</u> RA applicants must submit certification of the RA board election as required by HUD, signed by the local PHA and/or an independent third-party monitor and notarized.

### **Certification of Resident Council Board Election**

I CERTIFY

(name of organization)

located in \_\_\_\_\_

(city & state) has duly elected all

of Resident Council Officers as required by the U.S. Department of Housing and Urban Development, 24 Code of Federal Regulations (CFR), Part 964.

Date of Last Resident Council Board Election:

(Name and Title of Certifying Housing Agency Official)

(Signature)

(Date)

(Name and Title of Independent Third-Party Monitor)

(Signature)

(Date)

NOTARY (Signature & Date)

Form HUD-52753 (03/2003)

List of Resident Associations Participating       Name of the Resident Association     Contact Person     Address. City. & State     Housing Authority/Tribe       Image: Image of the Resident Association     Contact Person     Address. City. & State     Housing Authority/Tribe       Image of the Resident Association     Contact Person     Address. City. & State     Housing Authority/Tribe       Image of the Resident Association     Contact Person     Contact Person     Person       Image of the Resident Association     Person     Person <th></th> <th></th> <th></th> <th>the benefits to be derived. 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.</th>				the benefits to be derived. 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.
Contact Person Contact Person Address, City, & State	List of Resident Associations Participating	n na hara na manana na na na ma	a na mangana sa mangana na kana na mangana na	
	Name of the Resident Association Cont		Address, City, & State	Housing Authority/Tribe

form HUD-52754 (03/2003)

### **ROSS FY 2003 FUNDING**

### SAMPLE CONTRACT ADMINISTRATOR PARTNERSHIP AGREEMENT

Public reporting burden for the collection of information is estimated to average three hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

This partnership agreement is made and entered into by and between the **Contract Administrator (CA)**, (e.g., the local public housing authority (PHA) or other non-profit corporations), hereinafter referred to as "CA," and the applicant

WHEREAS, the applicant is submitting the proposal for a Resident Opportunity and Self-Sufficiency (ROSS) (indicate funding category) Grant to further its objectives.

WHEREAS, the applicant agrees to comply with all terms and conditions expressed in HUD's NOFA, applicable provisions of 24 CFR 964, provisions of any technical assistance grant agreement entered into with HUD, and any other stipulations made by the CA and agreed to in writing by a duly authorized representative of the applicant pertaining to the technical assistance provided.

WHEREAS, the CA supports the applicant's ROSS application and agrees to provide technical assistance to the applicant in accordance with HUD's NOFA and regulations.

WHEREAS, pursuant to the commitment made by the CA, this agreement is executed outlining the type, scope and extent of services that the CA will provide to the applicant if the grant is funded. If HUD does not fund the grant, this agreement is null and void.

### **Roles and Responsibilities**

The CA agrees to oversee the administration of the ROSS grant. This includes financial management, procurement, completing the semi-annual reports, and ensuring that all grant activities are completed successfully within the grant period. In meeting these commitments, the CA agrees to abide by the provisions of 24 CFR Parts 964, 45, 84, and 85 and OMB Circulars A-87 and A-122.

The CA agrees to operate under the direction of the applicant. The applicant retains ultimate responsibility for all grant activities, including drawing down funds from HUD, grant expenditures, and reporting to HUD. The CA will have authority to draw down funds and submit reports to HUD only with the written authorization of the applicant. All checks and other expenditures in an amount higher than  $_{\rm must}$  be signed and/or approved by the applicant or CA.

form HUD-52755 (03/2003)

### SAMPLE CONTRACT ADMINISTRATOR PARTNERSHIP AGREEMENT (continued)

### **Coordination of Grant Activities**

The CA agrees to coordinate the provision of assistance from community organizations, government, and other public services on a variety of related toics and available relevant resources to the residents. Following are suggested resources:

- Area enrichment programs
- Local Banks
- Chamber of Commerce
- Community Development Agencies
- Private Industry Council
- Local/State Health & Human Services Agencies
- Local Higher Education and Continuing Education Facilities
- Local Independent School Districts
- Social Service Organizations

### **Program Assessment**

The CA agrees to coordinate, conduct or assist the applicant in assessing the ROSS activities based on the methodology in the applicant's proposal to HUD.

### **Contracted Amount**

No funds will be paid to the CA for services rendered prior to HUD's selection of the applicant for funding or for services rendered prior to the execution of a grant agreement between the applicant and HUD. This agreement is conditioned on HUD's selection of the applicant for funding. If an applicant is selected and enters into a grant agreement with HUD, remuneration of the CA will not exceed the daily equivalent of the rate paid for level IV of the Executive Schedule, unless specifically authorized by law.

form HUD-52755 (03/2003)

### SAMPLE CONTRACT ADMINISTRATOR PARTNERSHIP AGREEMENT (continued)

The contracted amount for all services defined within this contract is based on a period of time beginning \_\_\_\_\_\_ and ending \_\_\_\_\_\_. (NOTE: CAs must be retained for the full thirty-six month term of the grant.) The CA will be paid \$\_\_\_\_\_\_\_ for year one, beginning \_\_\_\_\_\_\_\_; \$\_\_\_\_\_\_ for year two beginning \_\_\_\_\_\_\_.

### Termination

The applicant may terminate this agreement within 60 calendar days of written notice to the US Department of Housing and Urban Development and the CA. Termination may be based on non-compliance or non-cooperation by the CA. Termination may only occur when all channels of resolution have been exhausted, including mediation between the two parties. If all avenues have been exhausted, termination will require a two-thirds majority vote of the Board of Directors of the applicant.

WITNESS OUR HANDS EFFECTIVE

Applicant

Contract Administrator

Applicant Executive Director/ Other Authorized Representative **Executive Director** 

Date

Date

form HUD-52755 (03/2003)

		ROSS 2003	MO F	OMB Appro. , No. 2577-0229 Expiration Date 11/30/2003
Chart A: PROGRAM STAFFING		Applicant Name:		
Public reporting burden for the collection of infordata. The information will be used for the ROSS may not collect this information, and you are not	collection of information is estimated to sed for the ROSS grant. Response to thi , and you are not required to complete th	Public reporting burden for the collection of information is estimated to average two hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.	the time for collecting, revis o receive the benefits to be d IB control number.	ewing, and reporting the lerived. This agency
I. APPLICANT STAFF	FF			
Name of Staff Person	Organization and Position	Activity in Grant Program	Percent of Time on Grant Cos	Cost to Grant

-

form HUD-52756 (03/2003)

Type of Contractor to be Solidited*     Activity in Clarit Program     Estimated Cost to Grant Program       Incontractor to be Solidited*     Activity in Clarit Program     Estimated Cost to Grant Program	II.CONTRACTOR/CONSULTANT R	r Role		
III.Contract Administrator       III.Contract Administrator         III.Contract Administrator       III.Contract Administrator         *NOTE: Contractors must be procured according to 24 CER parts 81.41.34.48 or 24 CER part 85.36	Type of Contractor to be Solicited*	Activity in Grant Program	Estimated Cost to Grant Program	
	III.Contract Administrator			
	*NOTE: Contractors must be procured acco	rding to 24 CFR parts 84.41-84.48 or 24	CFR part 85.36	
form HUD-52756 (03/2003)				
(orm HUD-52756 (03/2003)				

porting burden for the collection information will be used for a collect this information, and yo	on of information the ROSS grant. ou are not require	n is estimated t Response to t ed to complete	o average tw his request fc this form unl	Public reporting burden for the collection of information is estimated to average two hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.	s the time for colle o receive the bene AB control number	cting, reviewing, and reporting fits to be derived. This agency	the
Program	Project No.	% of Term Complete	% of Funds Draw Down	Major Goal #1	% Complete	Major Goal #2	% Complete
						,	- 

form HUD-52757 (03/2003)

Start Date: September 2003	03				End Date:	Date:	September 2003
	ACTIVITIES	TACKS					
			ESTIMATED	RESPONSIBILITY/	DATES		Pertormance Measure/
			COMPLETE ACTIVITY	RESOURCES	Start Con	Complete	Deliverable
Offer Microsoft Office	1. Determine if Microsoft Suite Training is being	1. Call area training centersWorkforce	4 hours	1. Resident Association staff or Board	0/6 20/10/6	9/01/03	Deliverable-completed list of organizations
Suite Training in	offered by any other organization within your	Investment Board, local community		member (assign actual name)			offering training, schedule of trainings
Center that results in a	community.	college, computer training centers		2. Resident Association	-	*****	and cost.
minimum of 30 residents becoming proficient		neighborhood		3. List of training			
(passing proficiency test) in using Microsoft		networks center, etc. to determine if any		centers (Workforce Investment Board)			
Word 2000, Excel 2000,		other organization					
Access 2000 and PowerPoint 2000.		within your community is					
		offering the course.					
		2. Ask each center how					
		up each course;					
		How many hours in each session: How		- 1			
		they found their					
		current instructor; do narticinants take					
-		proficiency tests;		<del>,</del>			
		what is the					
×		percentage of people passing the tests.					
		2 date and wanter the					
		5. Ask each center the cost of enrolling in					
		the class and					
		availability of spots					
		within the next two scheduled trainings.					
						Longer and A	
		4. Find out the names of the individuals				And 1417 197	
		responsible for the					
		class (teacher,					

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GOAL	ACTIVITIES	TASKS		ESTIMATED	RESPONSIBILITY/	DA	DATES	Performance Measure/
				COMPLETE ACTIVITY	KESOURCES	Start	Complete	Deliverable
Sign up a minimum of 75 residents for job training program.	Conduct outreach to residents.	<ol> <li>Distribute flyers to residents.</li> <li>Place information about training program in PHA newsletter.</li> <li>Work with Resident Association to conduct door-to- door marketing of the job training program.</li> <li>Create registration/sign-up procedure.</li> </ol>	۲۰ الله الله الله الله الله الله الله الل	One week for initial outreach. Two weeks for follow-up and registering of residents. Three weeks total.	<ol> <li>Project Coordinator - lead (name and phone number)</li> <li>Resident Association staff or Board members (assign actual name and phone numbers)</li> </ol>	9/01/03	9/19/03	Deliverable: Registration of 75 or more residents in job training program.

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SAMPLE ROSS-RSDM Family Work Plan

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form HUD-52763 (03/2003)

**ROSS-RSDM Family Work Plan** 

Start Date:

Expiration Date 11/30/2003

OMB Approval No. 2577-0229

End Date:

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	COMPLETE Start Complete Deliverable ACTIVITY	Start

Public reporting burden for the collection of information is estimated to average four hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

form HUD-52763 (03/2003)

Start Date:	-					End Date:		
GOALS	TASKS	¥	ACTIVITIES	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	Start	Complete	Deliverable
Sign up a minimum of 50 residents in your program.	Conduct outreach to residents.	- ci ci -	Distribute flyers to residents. Place information about training program in PHA newsletter. Work with staff and/or volunteers to conduct door-to-door marketing of your program. Create registration /sign-up procedure.	One week for initial outreach. Two weeks for follow-up and registering of residents. Three weeks total.	<ol> <li>Project Coordinator -lead (name and phone number)</li> <li>Staff and/or volunteers (include name and phone number)</li> </ol>	9/10/	9/19/03	Registration of 50 or more residents.

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| Start Date:                                                  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                                                                                                                                                      | End Date: |          | Explication Date 1 1/30/2003                                                                |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------------------------------------------------------------------------------------|
| GOALS                                                        | TASKS                                                                               | ACTIVITIES                                                                                                                                                                                                                                                                                                                                                                                                              | ESTIMATED TIME TO<br>COMPLETE ACTIVITY                                                                                                                                                                   | RESPONSIBILITY/<br>RESOURCES                                                                                                                                         | Start     | Complete | Deliverables                                                                                |
| Determine<br>participants'<br>needs that are<br>going unmet. | Create and<br>administer<br>assessment<br>tool to survey<br>participants'<br>needs. | <ol> <li>Contact State or local<br/>agencies that specialize<br/>in working with<br/>elderly/persons with<br/>disabilities to determine<br/>whether they have a<br/>survey sample and/or<br/>whether they would be<br/>interested in<br/>assisting/partnering with<br/>you.</li> <li>Develop a survey to<br/>assess residents' needs.</li> <li>Administer the survey to<br/>tool.</li> <li>Evaluate results.</li> </ol> | One week to contact local<br>agencies to obtain sample<br>surveys.<br>Two weeks to develop the<br>survey.<br>One week to administer the<br>survey.<br>One day to evaluate results.<br>Three weeks total. | <ol> <li>Project Coordinator<br/>-lead (name and<br/>phone number)</li> <li>State/local<br/>agencies.</li> <li>Staff/Volunteers.</li> <li>Other partners.</li> </ol> | 9/01/03   | 9/19/03  | <ul> <li>Survey</li> <li>Survey</li> <li>Survey</li> <li>Survey</li> <li>results</li> </ul> |

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form HUD-52764 (03/2003)

| GOALS | TASKS | ACTIVITIES | ESTIMATED TIME TO<br>COMPLETE ACTIVITY | RESPONSIBILITY/<br>RESOURCES | Start | Complete | Deliverables |
|-------|-------|------------|----------------------------------------|------------------------------|-------|----------|--------------|
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| GOALS                                                              | ACTIVITIES                           | TA | TASKS                                                                                                               | ESTIMATED TIME<br>TO COMPLETE                                            | RESPONSIBILITY/<br>RESOURCES                                                             | Start   | Complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Complete Deliverable                                              |
|--------------------------------------------------------------------|--------------------------------------|----|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| -                                                                  |                                      | 1. | Distribute flyers to                                                                                                | ACTIVITY<br>One week for initial                                         | 1. Project Coordinator                                                                   | 6/01/03 | 9/19/03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Registration of                                                   |
| Sign up a<br>minimum of 75<br>residents in<br>your<br>Homeownershi | Conduct<br>outreach to<br>residents. | 5  | residents.<br>Place information about<br>training program in<br>PHA newsletter.                                     | outreach.<br>Two weeks for follow-up<br>and registering of<br>residents. | -read (name and<br>phone number)<br>2. Resident<br>Association staff or<br>Board members |         | 100 July 100 | 7.5 of more<br>residents in<br>homeownership<br>training program. |
| p Supportive<br>Services<br>program.                               |                                      | ń  | Work with Resident<br>Association to conduct<br>door-to-door marketing<br>of the homeownership<br>training program. | Three weeks total.                                                       | (assign actual name<br>and phone numbers)                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
|                                                                    | -                                    | 4. | Create registration/sign-<br>up procedure.                                                                          |                                                                          |                                                                                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
|                                                                    |                                      |    |                                                                                                                     |                                                                          |                                                                                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
|                                                                    |                                      |    |                                                                                                                     |                                                                          |                                                                                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
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|                                                                    |                                      |    |                                                                                                                     |                                                                          |                                                                                          | 4       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |

SAMPLE ROSS-Homeownership Supportive Services Work Plan

OMB Approval No. 2577-0229 Expiration Date 11/30/2003

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End Date:

| t Complete Deliverable                 | <ul> <li>9/19/03</li> <li>Survey</li> <li>Surv</li></ul> |  |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| RESPONSIBILI Start<br>TY/<br>RESOURCES | <ol> <li>Project 9/01/03</li> <li>Coordinator - lead (name and phone number)</li> <li>Local HUD- approved housing counseling agencies.</li> <li>Resident Association staff or Board members (assign actual name and phone numbers)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| ESTIMATED TIME TO<br>COMPLETE ACTIVITY | One week to contact housing<br>counseling agencies and obtain<br>sample surveys.<br>Two weeks to develop the<br>survey and administer trial run.<br>One to two days to administer<br>the survey.<br>One day to evaluate results.<br>Three weeks total.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| TASKS                                  | <ol> <li>Work with local<br/>HUD-approved<br/>housing counseling<br/>agencies to<br/>determine if they<br/>have existing survey<br/>tools.</li> <li>Develop a survey to<br/>assess residents'<br/>homeownership<br/>readiness.</li> <li>Work with Resident<br/>Association to do a<br/>test run of the<br/>survey.</li> <li>Administer the<br/>survey tool.</li> <li>Evaluate results.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| ACTIVITIES                             | Create and<br>administer<br>assessment tool<br>to survey<br>participants<br>readiness for<br>homeownership.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| GOALS                                  | Determine<br>participants'<br>homeownership<br>readiness.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

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OMB Approval vo. 2577-0229 Expiration Date 11/30/2003

SAMPLE ROSS-Homeownership Supportive Services Work Plan

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| GOALS | ACTIVITIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TASKS | ESTIMATED TIME<br>TO COMPLETE<br>ACTIVITY | RESPONSIBILITY/<br>RESOURCES | Start | Complete                                                                                                       | Deliverable |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                           |                              |       |                                                                                                                |             |
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|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                           |                              |       |                                                                                                                |             |
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|       | <del>83</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |                                           |                              |       |                                                                                                                |             |
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# SAMPLE BUSINESS PLAN FOR APPLICANTS OF THE ROSS NEIGHBORHOOD NETWORKS FUNDING CATEGORY

derived. 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. reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be Public reporting burden for the collection of information is estimated to average six hours per response. This includes the time for collecting, reviewing, and

marketing tool; its fleshes out the mission and structure of the center. This plan is the first step in identifying the purpose, goals and objectives of the center. It A good business plan is one of the best ways developers of Neighborhood Networks Computer Technology Centers can ensure success. It is more than just a a tool that allows Neighborhood Network planners to THINK through their ideas, solidify their intentions and objectives, and work efficiently with a plan towards specific goals. Fewer errors are made because actions will be based upon research and analysis.

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There is no single best format for a business plan. This one incorporates items and concepts from the U.S. Small Business Administration's (SBA) Business Plan, which has been used successfully by thousands of small businesses.

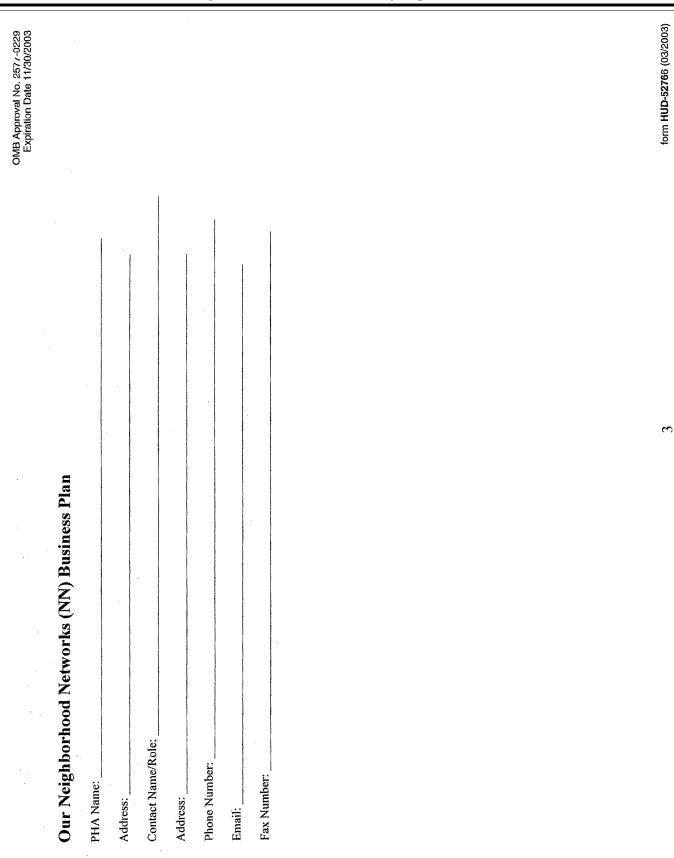
## **KEY POINTS WHEN DEVELOPING THIS PLAN:**

The objective of this sample Neighborhood Network Business Plan is to provide guidance to those who are developing the computer learning centers so they may plan for sustainability beyond the 3-year term of the grant. It also provides a framework and means for evaluating results, best practices, and successful operations.

minimum information needed. Your narrative will act as a supplement to this business plan. To begin your business plan, some good rules of thumb to follow Individual center planners may find that this format needs to be modified to suit the needs of the center, PHA, and residents. This plan serves as only the when preparing the plan are:

The goal should be to progress from substantial reliance on federal grants and to self sustaining status within three years. HUD strongly encourages all centers to provides a way to communicate the center's operations, goals, and philosophy to personnel, residents, community partners, foundations, and other financial and I) Plan from the start to be self sufficient. Many centers, from the beginning, will rely on the HUD grant as well as the minimum 25% match requirement. incorporate this goal into their NN Business Plan. The Business Plan is a road map to follow with goals and action steps to guide decision making. It also business contacts.

Resident involvement and "ownership" of the process is a necessity and key to the center's success. All plans should include a section describing resident 2) Are the residents involved in the planning, implementation, and maintenance of the computer learning center? involvement either as designers or operators as well as customers. form HUD-52766 (03/2003)



| OMB Approval No. 2577-0229<br>Expiration Date 11/30/2003                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DESCRIPTION OF COMPUTER LEARNING CENTER<br>1. General Computer Learning Center Description: Description of the computer learning center's purpose and its intended customers/clients. |
| Mission:                                                                                                                                                                              |
| Intended Clients:                                                                                                                                                                     |
| II. Please identify other PHA locations involved in this proposal, if any.                                                                                                            |
| Name:<br>A Africant.                                                                                                                                                                  |
| Person:                                                                                                                                                                               |
| Phone: Email: Email: Email:                                                                                                                                                           |
| III. Focus of Computer Learning Center (Please check all that apply)                                                                                                                  |
| Job Skills Training/Employment<br>Introduction to/Familiarization with Computers<br>Internet Access and Access to Local Services<br>Health Care                                       |
| Basic Adult Education, Literacy, ESL, GED       Youth Education       Senior Services                                                                                                 |
| Continuing Education Recreation Other (please describe)                                                                                                                               |
| IV. Projects work best when everyone benefits (Win-Win). It is helpful to think in terms of benefits for all players. Please indicate how your center will result in:                 |
| Benefits to the PHA (i.e lower maintenance costs, less vandalism, lower vacancy rate)                                                                                                 |
| Benefits to the Residents (i.e. employability, access to information & services, fellowship, sense of community)                                                                      |
| Benefits to the Local Community and Employers (i.e safer neighborhoods, positive environment, skilled employees, large market share access/potential customers)                       |
|                                                                                                                                                                                       |
| 4 form HUD-52766 (03/2003)                                                                                                                                                            |

|                                                                                                                                                                                                                                                                                                                                  | OMB Approval No. 2577-0229<br>Expiration Date 11/30/2003                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PHA DATA AND DEMOGRAPHICS<br>Total Number of Conventional Family Public<br>Total Number of Residents:<br>Resident Overview:<br>Number of Adults 21 - 61 years old:<br>Number of Adults 62 and older:<br>Number of Children 0 - 6 years old:<br>Number of Children 1 - 17 years old:<br>Number of Young Adults 18 - 20 vears old: | MOGRAPHICS<br>ntional Family Public Housing Units<br>ats:                                                                                                                                                                                                    |
| Please provide the follov                                                                                                                                                                                                                                                                                                        | Please provide the following information on the residents. The % refers to the % of the total number of residents, unless otherwise specified.                                                                                                               |
| Ethnic Groups %:                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                              |
| ESL (English as Second Language) Needs?<br>Single Parent Household % Fer<br>Disabled Residents % Physical<br>Public Assistance Recipients %                                                                                                                                                                                      | l Language) Needs? Yes No<br>d % Female Male Other<br>pients % Other                                                                                                                                                                                         |
| <b>OBJECTIVES:</b> (Please c<br>TOTALLY INCLUSIVE)                                                                                                                                                                                                                                                                               | <b>OBJECTIVES:</b> (Please check and insert appropriate number to all objectives that apply. THIS LIST IS NEITHER TOTALLY MANDATORY NOR TOTALLY INCLUSIVE)                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                  | Providing residents with access to technology and the Internet per year.                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                  | Providing an opportunity for residents to be involved in the Planning, Implementation, and Daily Maintenance of the Center on a yearly basis.                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                  | Reducing Welfare Dependency by enabling at least 51% of the adult residents on welfare to participate in the program to get off welfare into decently paying jobs withinyears, by(date). This is in conjunction with other/similar Welfare to Work Programs. |
|                                                                                                                                                                                                                                                                                                                                  | Expanding Community Based Job Training to at least of the adult residents who participate in the program each year.                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                  | Provide opportunities to telecommute for residents each year.                                                                                                                                                                                                |
| -                                                                                                                                                                                                                                                                                                                                | Teaching Basic Skills and Increasing Adult Education Level, including Literacy, ESL, GED courses, by making educational programs available to adult residents who participate in the program each year.                                                      |
|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                  | 5 form HUD-52766 (03/2003)                                                                                                                                                                                                                                   |

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| OMB Approval No. 2577-0229<br>Expiration Date 11/30/2003 | aintain the educational level on standardized year.                                                                                                                                                                         | t least other community groups each                                   | s with at least other health care<br>residents who participate in the                                                                                   | ges with at least other social service<br>residents who participate in the                                                                                                                                                    |                                                       |                                           | ms that apply to your center. Further details                                                                                                      |                                    |                      |                                          |                                                                 |                                           |                         |                                                                                                                    |                                        |                                                  |     |     | form HUD-52766 (03/2003) |   |
|                                                          | Improving Academic Achievement of School Aged Children by attempting to raise and maintain the educational level on standardized test of children who participate in the program, to the appropriate grade level each year. | the Local Community by creating useful ongoing linkages with at least | Accessibility and Partnerships by creating useful ongoing linkages with at least making the programs of local health care providers available to reside | Improving Social Service Accessibility and Partnerships by creating useful ongoing linkages with at least providers a year and by making the programs of local social service providers available to reside center each year. | ig computer learning center by the year of operation. | w):                                       | TIME LINE FOR PROPOSED CENTER: Please indicate proposed beginning and end dates for the following items that apply to your center. Further details |                                    | DATE COMPLETION DATE |                                          |                                                                 |                                           |                         |                                                                                                                    |                                        |                                                  |     |     | 9                        |   |
|                                                          | ing Academic Achievement of Sc<br>children who participate in                                                                                                                                                               | Building Partnerships in the Local Comr<br>year.                      | Improving Health Care Accessibility and<br>providers a year and by making the prog<br>center each year.                                                 | Improving Social Service Accessibility a providers a year and by making the progenter each year.                                                                                                                              | Creating a self-sustaining computer lear              | Other Objectives: (Please specify below): | <b>CENTER:</b> Please indicate propo                                                                                                               |                                    | START DATE           | cility                                   | etc.)                                                           | n board)                                  |                         | ons Participation<br>I ongoing                                                                                     | sginning                               | his box)                                         |     |     |                          |   |
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|                                                          |                                                                                                                                                                                                                                      | reuera                                                    | i Kegi            | 13101 /                       | V 01.                                    | . 00,                                                                                                        | 110.                                     | 807 Friday, April 25, 20037 Notices                                                                                                                                                                                                                                                              | 210                      | 575 |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------|-------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|
| OMB Approval No. 2577-0229<br>Expiration Date 11/30/2003 | DETAIL ON TIMELINE ACTIVITIES (Continued)<br>Staffing of Center/Training Program and Classes Offered (Weekly Schedule for the Center)<br>(Please indicate how the computer learning center will be staffed, include hours per week.) | Staffing:<br>Project Coordinator:<br>Resident Paid Staff: | Other Paid Staff: | Resident or Other Volunteers: | Outside Agencies Providing Instructions: | Weekly Schedule for the Center (including days/hours open, classes, and open lab/free time on the computers. | Classes/Training Programs to be Offered: | Partnerships: Third Party/Voluntary Organization Funding and Participation<br>(Please list those partners involved in the initial set-up and what they brought to the center. Also indicate targeted partners or other partners that will be assisting<br>in the daily operation of the center.) | form HUD-52766 (03/2003) |     |

### L SET-UP AND FIRST YEAR OF OPERATIONS FINANCIAL PLAN/WBUDGET: SORUCES AND USES OF FUNDS INITL

Time period: From to

| Hifty)                     | TOTALS                  | છ                                   |                 | ↔                                                                                           | \$       | ÷                                           | \$                        | \$            | GRAND TOTAL<br>FOR INITIAL<br>SET-UP<br>\$ |
|----------------------------|-------------------------|-------------------------------------|-----------------|---------------------------------------------------------------------------------------------|----------|---------------------------------------------|---------------------------|---------------|--------------------------------------------|
| Other<br>(Please Identify) |                         | \$                                  |                 | 64                                                                                          | S        | <del>6</del>                                | \$                        | <del>60</del> | <i></i> ея                                 |
| HUD ROSS Funds             |                         | Э                                   |                 | ы                                                                                           | S        | S                                           | \$                        | <b>\$</b>     | \$                                         |
| In-kind<br>Donations/      | Services                | \$                                  |                 | ф                                                                                           | \$       | <b>6</b>                                    | \$                        | \$            | Ф                                          |
| PHA funds                  |                         | Ş                                   |                 | ÷                                                                                           | 69       | 64                                          | \$                        | s             | 69                                         |
| Grants<br>(Please note     | grant sources<br>below) | ø                                   |                 | S                                                                                           | \$       | €4                                          | \$                        | \$            | <del>9</del>                               |
| Private<br>Denstione       |                         | \$                                  |                 | 64                                                                                          | \$       | с <b>.</b>                                  | ÷.                        | s             | ю                                          |
| SOURCES →                  | USES                    | Computer Hardware<br>(Please List): | Other Equipment | Computer Software<br>(All programs will be<br>site-licensed and run<br>through the server.) | Staffing | Maintenance,<br>Insurance,<br>Miscellaneous | Retrofitting/<br>Security | Other         | TOTALS                                     |

Grant Sources and Donations Listed Below (if any)

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# YEAR 2 OF OPERATIONS FINANCIAL PLAN/WBUDGET: SORUCES AND USES OF FUNDS

Time period: From

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| SOURCES →                                                                                   | Private<br>Donations | Grants<br>(Please note  | PHA funds | In-kind<br>Donations/ | HUD ROSS Funds                                     | Other<br>(Please Identify) |                                                         |
|---------------------------------------------------------------------------------------------|----------------------|-------------------------|-----------|-----------------------|----------------------------------------------------|----------------------------|---------------------------------------------------------|
| USES                                                                                        |                      | grant sources<br>below) |           | Services              | а <i>ран с с с с с с с с с с с с с с с с с с с</i> |                            | TOTALS                                                  |
| Computer Hardware<br>(Please List):                                                         | ÷                    | \$                      | Ś         | <del>69</del>         | ¢9                                                 | Ф                          | \$                                                      |
| Other Equipment                                                                             |                      |                         |           | A.                    |                                                    |                            |                                                         |
| Computer Software<br>(All programs will be<br>site-licensed and run<br>through the server.) | ¢A                   | 69                      | \$        | 64                    | а                                                  | 64                         | 64                                                      |
| Staffing                                                                                    | 64                   | \$                      | \$        | \$9                   | ÷                                                  |                            | s                                                       |
| Maintenance,<br>Insurance,<br>Miscellaneous                                                 | \$                   | \$                      | S         | \$                    | \$                                                 | \$                         | S                                                       |
| Retrofitting/<br>Security                                                                   | 64                   | \$                      | \$        | \$                    | \$                                                 | \$                         | 53                                                      |
| Other                                                                                       | \$\$                 | \$                      | \$        | \$.                   | \$                                                 | \$                         | \$                                                      |
| TOTALS                                                                                      | Ө                    | <del>6</del>            | 69        | <del>6</del>          | 69                                                 | 69                         | GRAND TOTAL<br>FOR SECOND<br>YEAR OF<br>OPERATION<br>\$ |

Grant Sources and Donations Listed Below (if any)

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# YEAR 3 OF OPERATIONS FINANCIAL PLANWBUDGET: SORUCES AND USES OF FUNDS

Time period: From to

| SOURCES →                                                                                   | Private<br>Donations | Grants<br>(Please note  | PHA funds    | In-kind<br>Donations/ | HUD ROSS Funds | Other<br>(Please Identify) |                                                        |
|---------------------------------------------------------------------------------------------|----------------------|-------------------------|--------------|-----------------------|----------------|----------------------------|--------------------------------------------------------|
| USES                                                                                        |                      | grant sources<br>below) |              | Services              |                |                            | TOTALS                                                 |
| Computer Hardware<br>(Please List):                                                         | \$                   | Ś                       | Å            | ф                     | ↔              | 69                         | \$                                                     |
| Other Equipment                                                                             |                      |                         |              | -                     |                |                            |                                                        |
| Computer Software<br>(All programs will be<br>site-licensed and run<br>through the server.) | <del>.</del>         | ₩                       | ÷            | €9                    | ы              | \$                         | 64                                                     |
| taffing                                                                                     | \$                   | \$                      | <b>\$</b>    | \$                    | \$             | \$                         | 69                                                     |
| Maintenance,<br>Insurance,<br>Miscellaneous                                                 | <del>6</del> 9       | S                       | θ.           | \$                    | \$             | S                          | \$                                                     |
| Retrofitting/<br>Security                                                                   | <del>6</del> 9       | 54                      | \$           | 59                    | \$             | \$                         | \$                                                     |
| Other                                                                                       | \$                   | 69                      | \$           | 69                    | \$             | 64                         | \$                                                     |
| TOTALS                                                                                      | <del>6</del>         | <del>6</del>            | <del>9</del> | <del>6</del> 9        | <del>9</del>   | 69                         | GRAND TOTAL<br>FOR THIRD<br>YEAR OF<br>OPERATION<br>\$ |

Grant Sources and Donations Listed Below (if any)

form HUD-52766 (03/2003)

### DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

### **CONTINUUM OF CARE HOMELESS ASSISTANCE PROGRAMS –**

SUPPORTIVE HOUSING PROGRAM (SHP)

SHELTER PLUS CARE (S+C),

SECTION 8 MODERATE REHABILITATION SINGLE ROOM OCCUPANCY PROGRAM FOR HOMELESS INDIVIDUALS (SRO)

Billing Code 4210-32-C

Funding Availability for Continuum of Care Homeless Assistance Programs— Supportive Housing Program (SHP), Shelter Plus Care (S+C), Section 8 Moderate Rehabilitation Single Room Occupancy Program for Homeless Individuals (SRO)

### **Program Overview**

Purpose of the Programs. The purpose of the Continuum of Care Homeless Assistance Programs is to fund projects that will fill gaps in locally developed Continuum of Care systems to assist homeless persons to move to selfsufficiency and permanent housing. An important element of meeting this objective is to fund projects that will meet the Department's goal of ending chronic homelessness.

*Available Funds*. Approximately \$ 1.060 billion.

*Eligible Applicants.* The chart in Appendix A to this program section of this SuperNOFA identifies the eligible applicants for each of the three programs under the Continuum of Care.

Application Deadline. July 15, 2003. Match. Yes.

### **Additional Information**

If you are interested in applying for funding under any of the Continuum of Care Homeless Assistance programs, please review carefully the General Section of the SuperNOFA and the following Additional Information. Failure to comply with the procedures specified may disqualify your application.

### I. Application Due Date, Application Kits, Further Information, and Technical Assistance

Application Due Date. Your completed applications (an original containing the signed documentation and two copies) are due on or before July 15, 2003 to the addresses shown below.

Security Procedures. HUD security procedures apply to application submission. Please read the following instructions carefully and completely. HUD will not accept hand delivered applications at any office. Applications to HUD Headquarters must be either mailed using the United States Postal Service (USPS) or may be shipped via the following delivery services: United Parcel Service (UPS), FedEX, DHL, or Falcon Carrier. Express delivery service is highly recommended. No other delivery services are permitted into HUD Headquarters without escort. You must, therefore, use one of the four carriers listed above. HUD strongly suggests application copies submitted to HUD Field Offices be sent via the United

States Postal Service, as access by other delivery services is not guaranteed.

Please remember that mail to Federal facilities is screened prior to delivery, so please allow time for your package to be delivered, and that it is addressed to the proper location and office.

*Timeliness.* Your application will be considered timely filed if your application is either

(1) Postmarked on or before 12:00 midnight on the application due date; or

(2) Was placed in transit with an approved overnight delivery/express mail service on or before 12:00 midnight on the application due date; and was received by HUD Headquarters with in fifteen (15) days of the application due date. All applicants must obtain and save a Certificate of Mailing (USPS Form 3817) showing the date when you submitted your application to the United States Postal Service (USPS) or documentary evidence showing the date that the application was placed in transit with an approved overnight delivery/express mail service. These will be your evidence that your application was timely filed.

Approved Overnight Delivery/Express Mail Services. Due to new security measures, you must use one of the four carrier services that do business with HUD Headquarters regularly. These services are UPS, DHL, FedEx, and Falcon Carrier. Delivery by these services must be made during HUD's Headquarters business hours, between 8:30 AM and 5:30 PM Eastern time, Monday to Friday. If these companies do not service your area, you should submit your application via the United States Postal Service.

Addresses for Submitting Applications. To HUD Headquarters. Submit your original completed application (the application with the original signed documentation) to: Room 7270, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410, Attention: Continuum of Care Programs.

To the Appropriate CPD Field Office. Also submit two copies of your completed application to the Community Planning and Development Division of the appropriate HUD Field Office for your jurisdiction. The field office copies also must be postmarked or placed in transit with an approved delivery/express mail service on or before 12:00 midnight on the application due date and received by the field office with in fifteen (15) days. You must obtain and save a Certificate of Mailing (USPS Form 3817) showing the date when you submitted the field

office's copies of your application to the United States Postal Service (USPS). The determination, however, that your application was received on time will be made solely on receipt of the application at HUD Headquarters in Washington. Reviews will be based upon the contents of the application submitted to HUD Headquarters. However, in the event that the application received in Headquarters is missing pages or exhibits that result in your application not being selected for an award, HUD may request proof that your field office copies were submitted and received on time and may insert pages from the field office copies into the Headquarters copy for review.

For Application Kits. This year, the application kit will be attached to this program section of the SuperNOFA as Appendix B. An applicant may also obtain a copy of the application kit by calling the SuperNOFA Information Center at 1–800–HUD–8929 (voice) (this is a toll-free number) or you may download an application by Internet at http://www.hud.gov.

*For Further Information*. You may contact the HUD Field Office serving your area, at the telephone number shown in Appendix A to the General Section of the SuperNOFA, or you may contact the Community Connections Information Center at 1–800–998–9999 (voice) or by Internet at: *http:// www.hud.gov.* Individuals who are hearing-or speech-impaired should use the Information Relay Service at 1–800– 877–8339 (these are toll-free numbers).

For Technical Assistance. Before the application deadline, HUD staff will be available to provide you with general guidance. HUD staff, however, cannot provide you with guidance in actually preparing your application. HUD Field Office staff also will be available to help you identify organizations in your community that are involved in developing the Continuum of Care (CoC) system. Following conditional selection of applications, HUD staff will be available to assist selected applicants in clarifying or confirming information that is a prerequisite to the offer of a grant agreement or Annual Contributions Contract by HUD. However, between the application deadline and the announcement of conditional selections, HUD will accept no information that would improve the substantive quality of your application pertinent to HUD's funding decision.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you should consult the HUD Web site at *http://www.hud.gov.* 

### **II. Amount Allocated**

Approximately \$1.060 billion is available for this Continuum of Care (CoC) competition in FY 2003. Any unobligated funds from previous CoC competitions or additional funds that may become available as a result of deobligations or recaptures from previous awards or budget transfers may be used in addition to 2003 appropriations to fund applications submitted in response to this program section of this SuperNOFA. The FY 2003 HUD Appropriation Act requires HUD to obligate all Continuum of Care homeless assistance funds by September 30, 2005. These funds will remain available for expenditure for five years following that date. The funds available for the CoC program can be used under any of three programs that can assist in creating community systems for combating homelessness. The three programs are:

(1) Supportive Housing (SHP);

(2) Shelter Plus Care (S+C); and

(3) Section 8 Moderate Rehabilitation Single Room Occupancy for Homeless Individuals (SRO).

The chart in Appendix A to this program section of this SuperNOFA summarizes key aspects of the programs, and also provides the citations for the statutes and regulations that authorize these programs. The regulations listed in the chart provide more detailed descriptions of each of the programs.

As noted in Appendix A, for FY 2003, the minimum term of assistance for all new SHP projects is two (2) years. The minimum term for new HMIS is one (1) year. Any requests for one-(1) year terms for new SHP projects will be automatically changed to a two-year term if funded. In this case, the one-year budget will be doubled and the applicant will provide the difference between the awarded SHP amount and the two-year total budget. If the applicant does not agree to these conditions, the award will be deselected. The renewal term of expiring SHP projects will remain at the applicant's choice of one-, two- or threevear term.

As in previous funding availability announcements for the CoC Homeless Assistance Programs, HUD will not specify amounts for each of the three programs this year. Instead, the distribution of funds among the three programs will depend largely on locally determined priorities and overall demand. Local priorities notwithstanding, the FY 2003 HUD

Appropriations Act requires that not less than 30 percent of this year's Homeless Assistance Grants appropriation, excluding amounts provided for one-year renewals under the Shelter Plus Care Program, must be used for permanent housing projects. (See Sections V(A)(5)(b) and V(A)(8) of this program section of the SuperNOFA for additional information.) Since this permanent housing set-aside requirement is expected to continue to be part of future competitions and may affect project funding selections as described below, you are strongly encouraged to begin planning as soon as possible for new permanent housing projects to be included as part of your submission in this and future competitions.

Secretary Martinez has established as a HUD priority the elimination of chronic homelessness in ten years. Continuums, therefore, are strongly encouraged within the rating and ranking process to use the funds available in this NOFA to target the chronic homeless in their communities. Such projects awarded through any of the three programs will contribute to the Department's priority of ending chronic homelessness.

Under the FY 2003 HUD Appropriations Act, eligible Shelter Plus Care Program grants whose terms are expiring in FY 2004, and Shelter Plus Care Program grants that have been extended beyond their original five-year terms but which are projected to run out of funds in FY 2004, will be renewed for one year provided that they are determined to be needed by the CoC as evidenced by their inclusion on the priority chart. These projects must also meet the applicant and sponsor eligibility and capacity requirements described in Section V(A)(1) of this NOFA. However, these S+C renewal projects will not count against a continuum's pro rata need amount. On the other hand, no S+C renewal adjustment will be made to a CoC's pro rata need amount since these projects are being funded outside of the competition. Please be advised that S+C renewal applications that are not submitted as part of either a "consolidated" or "associated" CoC application will not be considered as eligible for funding. (See Section VI for a description of the three options for submitting applications.) Noncompetitive S+C renewals should be submitted by the application deadline.

### III. Program Description; Eligible Applicants; Eligible Activities

### (A) Program Description

(1) Developing Continuum of Care Systems. The purpose of the Continuum of Care Homeless Assistance Programs is to fund projects that will fill gaps in locally developed CoC systems to assist homeless persons, especially the chronically homeless, to move to selfsufficiency and permanent housing. The process of developing a CoC system to assist homeless persons is part of the community's larger effort of developing a Consolidated Plan. For a community to successfully address its often complex and interrelated problems, including homelessness, the community must marshal its varied resourcescommunity and economic development resources, social service resources, housing and homeless assistance resources-and use them in a coordinated and effective manner. The Consolidated Plan serves as the vehicle for a community to comprehensively identify each of its needs and to coordinate a plan of action for addressing them.

In addition to prevention, a CoC system consists of four basic components:

(a) A system of outreach and assessment for determining the needs and conditions of an individual or family who is homeless;

(b) Emergency shelters with appropriate supportive services to help ensure that homeless individuals and families receive adequate emergency shelter and referral to necessary service providers or housing finders;

(c) Transitional housing with appropriate supportive services to help those homeless individuals and families who are not prepared to make the transition to permanent housing and independent living; and

(d) Permanent housing, or permanent supportive housing, to help meet the long-term needs of homeless individuals and families.

A CoC system is developed through a community-wide or region-wide process involving nonprofit organizations (including those representing persons with disabilities), government agencies, public housing authorities, faith-based and other community-based organizations and other homeless providers, housing developers and service providers, private businesses and business associations, law enforcement agencies, funding providers, and homeless or formerly homeless persons. To ensure that the CoC system addresses the needs of homeless veterans, it is particularly

important that you involve veteran service organizations with specific experience in serving homeless veterans. A CoC system should address the specific needs of each homeless subpopulation: those experiencing chronic homelessness, veterans, persons with serious mental illnesses, persons with substance abuse issues, persons with HIV/AIDS, persons with cooccurring diagnoses, victims of domestic violence, youth, and any others. The term "co-occurring diagnoses" may include diagnoses of multiple physical disabilities or multiple mental disabilities or a combination of these two types.

Your application is more likely to be given a high score under the CoC scoring factors if the application demonstrates the achievement of three basic goals:

• That you have provided maximum participation by nonprofit organizations (including those representing persons with disabilities), government agencies, public housing authorities, faith-based and other community-based organizations and other homeless providers, housing developers and service providers, private businesses and business associations, law enforcement agencies, funding providers, and homeless or formerly homeless persons.

• That you have created, maintained and built upon a community-wide inventory of housing and services for homeless families and individuals; identified the full spectrum of needs of homeless families and individuals; and coordinated efforts to fill gaps between the current inventory and existing needs. This coordinated effort must appropriately address all aspects of the continuum, especially permanent housing.

• That you have instituted a CoCwide strategy to coordinate homeless assistance with mainstream health, social services and employment programs for which homeless individuals and families may be eligible. These programs include Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funded through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act, Welfare-to-Work grant program, and Veterans Health Care.

Should HUD determine, in its sole discretion, that sufficient evidence exists to confirm that the entity responsible for convening and managing the CoC process in a community has failed to follow locally established or

accepted procedures governing the conduct of that process or has failed to provide for a fair process, including a project priority selection process that gives equal consideration to projects proposed by nonprofit organizations, HUD reserves the authority to impose sanctions up to and including a prohibition on that entity and the individuals comprising that entity from participating in that capacity in the future. In making this determination, HUD will consider as evidence court proceedings and decisions, or the determinations of other independent and impartial review bodies. This authority cannot be exercised until after a description of procedural safeguards, including an opportunity for comment and appeal, and the specific process and procedures for imposing a prohibition or debarment, have been published in the Federal Register.

In deciding what geographic area you will cover in your CoC strategy, you should be aware that the single most important factor in being awarded funding under this competition will be the strength of your CoC strategy when measured against the CoC rating factors described in this program section of the SuperNOFA. When you determine what jurisdictions to include in your CoC strategy area, include only those jurisdictions that are involved in the development and implementation of the CoC strategy.

The more jurisdictions you include in the CoC strategy area, the larger the pro rata need share that will be allocated to the strategy area (as described in Section V(A)(5) of this program section of the SuperNOFA). However, it would be a mistake to include jurisdictions that are not fully involved in the development and implementation of the CoC strategy since this would adversely affect the CoC score. If you are a rural county, you may wish to consider working with larger groups of contiguous counties to develop a region-wide or multi-county CoC strategy covering the combined service areas of these counties.

Since the basic concept of a CoC strategy is to create a single, coordinated, inclusive homeless assistance system for an area, the areas covered by CoC strategies should not overlap. If the geography included in your CoC strategy geographically overlaps to the extent that it competes with another application, projects within the CoC application that receive the highest CoC score will be eligible for up to 40 Need points. Projects in the competing CoC application with the lower CoC score will be eligible for only 10 Need points. In no case will the same geographical area be used more than one time in assigning Need points. The local HUD Field Office can help you determine if any of the areas proposed for inclusion by your CoC system is also likely to be claimed under another CoC system in this competition.

(2) Prioritizing. In HUD's view, project priority decisions are best made through a local process, which includes nonprofit organizations. Again this year, you must list all projects proposed for funding in priority order from the highest priority to the lowest, and indicate the applicant, project sponsor, and term for each project. Generally, this priority order will mean, for example, that if HUD has funds available only to award 8 of 10 proposed projects, then it will award funding to the first eight eligible projects listed, except as may be necessary to achieve the 30 percent overall permanent housing requirement—in which case higher priority non-permanent housing projects may be de-selected to fund lower priority permanent housing projects. Since you are now able to closely calculate your Continuum of Care's total pro rata need amount using information provided to you from HUD, and now that you no longer need to carry the large cost burden imposed by Shelter Plus Care five-year renewals, the tiering of projects (splitting into two or more projects by year or by units) on your priority list is not permitted.

To promote permanent housing, a special incentive is being provided to CoC systems that place an eligible, new permanent housing project in the number one priority slot on the priority list. The only eligible activities that will be counted toward the incentive for the number one priority project are housing activities and for SHP, administration. For the SHP program, housing activities include acquisition, new construction, rehabilitation, leasing of housing and operating costs for housing. Because S+C and SRO provide only rental assistance, they are by definition housing activities and are eligible as well. See Section V(A)(5)(b) of this program section of the SuperNOFA for a description of this incentive.

HUD will use this priority list to award up to 40 points per project under the "Need" scoring factors. Higher priority projects will receive more points under Need than lower priority projects. A project priority chart is included in the application kit and you should complete and submit it. If you do not submit clear project priority designations for the continuum, or if HUD, at its sole discretion, cannot determine priority designations, then HUD will give all projects the lowest score for Need. (3) *Project renewals.* If your SHP or S+C grant will be expiring in calendar year 2004, or if your S+C Program grant has been extended beyond its original five-year term and is projected to run out of funds in FY 2004, you must apply under this CoC program section of the SuperNOFA to get continued funding.

Your local needs analysis process must consider the need to continue funding for projects expiring in calendar year 2004. HUD will not fund competitive renewals out of order on the priority list except as may be necessary to achieve the 30 percent overall permanent housing requirement. HUD reserves the authority to use FY 2004 funds, if available, to conditionally select for one year of funding lowerrated eligible SHP renewal projects that are assigned 40 need points in either a "consolidated" or "associated" CoC application receiving at least 20 points under the CoC scoring factor that would not otherwise receive funding for these projects.

It is important that SHP renewals and S+C non-competitive renewals meet minimum project eligibility and capacity standards identified in this program section of the SuperNOFA or they will be rejected from consideration for either competitive or noncompetitive funding.

For the renewal of an SHP project, you may request funding for one (1), two (2) or three (3) years. The total amount of the request cannot exceed the average yearly amount received in total for leasing, supportive services, and/or operations for the grant being renewed, plus up to five percent for administration.

For the renewal of an S+C project, including S+C SROs, the grant term will be one (1) year, as specified by Congress. For the renewal of S+C rental assistance that is Tenant-based (TRA), Sponsor-based (SRA) or Project-based (PRA), you may request up to the amount determined by multiplying the number of units under lease at the time of your application for renewal funding by the applicable current Fair Market Rent(s) by 12 months, except that for S+C grants having been awarded one year of renewal funding in 2002, the number of units requested for renewal this year may not exceed the number of units funded in 2002. While full funding of existing grants may be requested, there is no guarantee that the entire amount will be awarded. As is the case with SHP, HUD will recapture S+C grant funds remaining unspent at the end of the previous grant period when it renews a grant. The one-year term of non-competitively awarded S+C renewal projects may not be extended.

The renewal of S+C SROs will also be non-competitively awarded in this application process. The process for determining renewal funding amounts for S+C SROs, however, is substantially similar to the Section 8 Mod Rehab SRO program and is described in the application kit.

This program section of the SuperNOFA is not applicable to the renewal of funding under the Section 8 Mod Rehab SRO program. The renewal of expiring SRO projects is not part of the competitive SuperNOFA process. Rather, expiring SROs will be identified at the beginning of the applicable year by the public housing authority and HUD field office. One-year renewal funds will be provided by HUD under a separate, non-competitive process. For further guidance on Section 8 Mod Rehab SRO renewals, please contact your local HUD Field Office.

As a project applicant, you are eligible to apply for renewal of a grant only if you have executed a grant agreement for the project directly with HUD. If you are a project sponsor or subrecipient who has not signed such an agreement, you are not eligible to apply for renewal of these projects. HUD will reject applications for renewal submitted by ineligible applicants. If you have questions about your eligibility to apply for project renewal, contact the local HUD field office. To be considered an applicant when applying as part of a "consolidated" application, you must be an eligible applicant for the program for which you are applying, and you must submit an original, signed Form HUD-424 and the necessary certifications and assurances. (See Section VI for a description of the three options for submitting an application.) Only public housing authorities and private nonprofits are eligible applicants for the Section 8 Mod Rehab Single Room Occupancy SRO program. If you are a unit of general local government acting as an applicant for a consolidated application and plan to include a request for Section 8 SRO funds, you must have a public housing authority or nonprofit listed as the Section 8 SRO applicant and they must submit a signed Form HUD-424, along with all necessary certifications and assurances applicable to the Section 8 SRO project.

(B) Eligible Applicants. See Appendix A.

(C) *Eligible Activities*. See Appendix A.

### **IV. Program Requirements**

(A) Statutory and Regulatory Requirements. If your project is selected for funding as a result of the competition, you will be required to coordinate and integrate your homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible, including Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funding through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act, Welfare-to-Work grant program and Veterans Health Care. In addition, as a condition for award, any governmental entity serving as an applicant must agree to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. While the state or local governmental entity having jurisdiction in the area of the Continuum's application has the formal responsibility to enact the discharge policy, the Continuum is expected to actively involve itself in the planning and implementation of the discharge policy. Starting in 2003, the effort of a CoC in this area will be rated in Exhibit 1 of the application. This condition for award is intended to emphasize that States and units of general local government are primarily responsible for the care of these individuals, and to forestall attempts to use scarce McKinney-Vento Act funds to assist such persons in lieu of State and local resources.

(B) Program specific requirements follow:

(1) *SRO Program*. As an applicant, you need to know that the following limitations apply to the Section 8 SRO program:

• Under section 8(e)(2) of the United States Housing Act of 1937, no single project may contain more than 100 assisted units;

• Under 24 CFR 882.802, applicants that are private nonprofit organizations must subcontract with a Public Housing Authority to administer the SRO assistance;

• Under section 8(e)(2) of the United States Housing Act of 1937 and 24 CFR 882.802, rehabilitation must involve a minimum expenditure of \$3,000 for a unit, including its prorated share of work to be accomplished on common areas or systems, to upgrade conditions to comply with the Housing Quality Standards. • Under section 441(e) of the McKinney-Vento Act and 24 CFR 882.805(d)(1), HUD publishes the SRO per unit rehabilitation cost limit each year to take into account changes in construction costs. This cost limitation applies to rehabilitation that is compensated for in a Housing Assistance Payments Contract. For purposes of Fiscal Year 2003 funding, the cost limitation is raised from \$18,500 to \$19,000 per unit to take into account increases in construction costs during the past 12-month period.

• The SRO Program is subject to the Federal labor standards provisions at 24 CFR part 882, subpart H.

• Individuals assisted through the SRO Program must meet the definition of homeless individual found at section 103 of the McKinney-Vento Act.

(2) Shelter Plus Care/SRO Component. With regard to the SRO component of the Shelter Plus Care program, if you are a State or a unit of general local government, you must subcontract with a Public Housing Authority to administer the Shelter Plus Care assistance. Also with regard to this component, no single project may contain more than 100 units.

(3) Supportive Housing Program. Please be advised that where an applicant for Supportive Housing Program funding is a State or unit of general local government that utilizes one or more nonprofit organizations to administer the homeless assistance project(s), administrative funds provided as part of the SHP grant must be passed on to the nonprofit organization(s) in proportion to the administrative burden borne by them for the SHP project(s). HUD will consider States or units of general local government that pass on at least 50 percent of the administrative funds made available under the grant as having met this requirement. This requirement does not apply to either the SRO Program, since no administrative funds are provided as part of the grant, or to the S+C Program, since paying the costs associated with the administration of these grants is ineligible by regulation.

(4) HUD will require recordation of a HUD-approved use and repayment covenant (a form may be obtained from your field office) for all grants of funds for acquisition, rehabilitation or new construction. The covenant will enforce the use and repayment requirements found at section 423(b)(1) and (c) of the McKinney Act.

(C) *Match*. You must match Supportive Housing Program funds provided for acquisition, rehabilitation, and new construction with an equal

amount of funds from other sources. For operating costs, since by law SHP can pay no more than 75% of the total operating budget for supportive housing, you must provide at least 25% of the total annual operating costs. In addition, for all SHP funding for supportive services and Homeless Management Information Systems (HMIS) you must provide a 25% cash match. The cash source may be you, the Federal Government, State and local governments, or private resources. You must match rental assistance provided through the Shelter Plus Care Program in the aggregate with supportive services.

(D) *Timeliness Standards*. As an applicant, you are expected to initiate your approved projects promptly in accordance with Section II of this NOFA. In addition, HUD will take action if you fail to satisfy the following timeliness standards:

(1) Supportive Housing Program • HUD will deselect your award if you do not demonstrate site control within one (1) year of the date of your grant award letter, as required by the McKinney-Vento Act (see 42 U.S.C. 11386(a)(3)) and implemented in program regulations at 24 CFR 583.320(a).

• HUD may de-obligate SHP funds if the following additional timeliness standards are not met:

- —You must begin construction activities within eighteen (18) months of the date of HUD's grant award letter and complete them within thirty-six (36) months after that notification.
- —For activities that cannot begin until construction activities are completed, such as supportive service or operating activities that will be conducted within the building being rehabilitated or newly constructed, you must begin these activities within three (3) months after you complete construction.
- —You must begin all activities that may proceed independent of construction activities within twelve (12) months of the date of HUD's grant award letter.

(2) Shelter Plus Care Program Components Except SRO Component. HUD may de-obligate S+C funds if you do not meet the following timeliness standards:

• For Tenant-based Rental Assistance, for Sponsor-based Rental Assistance, and for Project-based Rental Assistance without rehabilitation, you must start the rental assistance within twelve (12) months of the date of HUD's grant award letter.

• For Project-based Rental Assistance with rehabilitation, you must complete

the rehabilitation within twelve (12) months of the date of HUD's grant award letter.

(3) SRO Program and SRO Component of the Shelter Plus Care Program.

For projects carried out under the SRO program and the SRO component of the S+C program, the rehabilitation work must be completed and the Housing Assistance Payments contract executed within twelve (12) months of execution of the Annual Contributions Contract. HUD may reduce the number of units or the amount of the annual contribution commitment if, in HUD's determination, the Public Housing Authority fails to demonstrate a good faith effort to adhere to this schedule.

### V. Application Selection Process

(A) Review, Rating and Conditional Selection. HUD will use the same review, rating, and conditional selection process for all three programs (SHP, S+C and SRO). The standard factors for award identified in the General Section of this SuperNOFA have been modified in this program section as described below. Only the factors described in this program section-Continuum of Care and Need—will be used to assign points. To review and rate applications, HUD may establish panels. In order to obtain certain expertise and outside points of view, including views from other Federal agencies, these panels may include persons not currently employed by HUD. Two types of reviews will be conducted. Paragraphs (1) and (2) below describe threshold reviews and paragraphs (3) and (4) describe factors—Continuum of Care and Need-that will be used to assign points. Up to 100 points will be assigned using these factors.

(1) Applicant and sponsor eligibility and capacity. HUD will review your capacity as the applicant and project sponsor to ensure the eligibility and capacity standards in this section are met. If HUD determines these standards are not met, the project will be rejected from the competition. The eligibility and capacity standards are:

• You must be eligible to apply for the specific program;

• You must demonstrate ability to carry out the project(s). With respect to each proposed project, this means that, in addition to knowledge of and experience with homelessness in general, the organization carrying out the project, its employees, or its partners, must have the necessary experience and knowledge to carry out the specific activities proposed, such as housing development, housing management, and service delivery; • If you or the project sponsors are current or past recipients of assistance under a HUD McKinney-Vento Act program, there must have been no delay in meeting applicable program timeliness standards unless HUD determines the delay in project implementation is beyond your or the project sponsor's control, no unresolved HUD finding, or no outstanding audit finding of a material nature regarding the administration of the program; and

• You and the project sponsors must be in compliance with applicable civil rights laws and Executive Orders, and must meet the threshold requirements of Section V of the General Section of the SuperNOFA.

(2) *Project eligibility.* HUD will review projects to determine if they meet the following eligibility standards. If HUD determines the following standards are not met by a specific project or activity, the project or activity will be rejected from the competition.

• The population to be served must meet the eligibility requirements of the specific program as described in the program regulations and you must provide evidence of eligibility specified in the application kit. The application must clearly establish eligibility pertaining to homelessness and disability status.

• Projects that involve rehabilitation or new construction must meet the accessibility requirements of Section 504 of the Rehabilitation Act of 1973, the design and construction requirements of the Fair Housing Act and the accessibility requirements of the Americans with Disabilities Act, as applicable.

<sup>1</sup>The project must be cost-effective in HUD's opinion, including costs associated with construction, operations and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.

• For the Section 8 SRO program, only individuals meeting HUD's definition of homeless are eligible for assistance. Therefore, any individual occupying a unit at the time of application is not eligible for the SRO program and upon returning after having vacated their unit during the rehabilitation period is not eligible to receive rental assistance under the SRO Program since they do not meet the McKinney-Vento Act definition of homeless individual.

• For those projects proposed under the SHP innovative category: Whether or not a project is a considered innovative will be determined on the basis that the particular approach proposed is new and can be replicated. • Applicant agrees to participate in a local HMIS system when implemented. Standards for participation in an HMIS will soon be published by HUD.

(3) *Project quality.* HUĎ will review projects to determine if they meet the following quality standards. The housing and services proposed must be appropriate to the needs of the persons to be served. HUD may find a project to be inappropriate if:

• The type, scale and general location of the housing or services do not fit the needs of the proposed participants. A S+C or SHP project renewal will be considered as having met this requirement through its previously approved grant application unless information to the contrary is received.

• A specific plan for ensuring that clients will be assisted to obtain the benefits of the mainstream health, social service, and employment programs for which they are eligible is not provided.

• The description of the project does not show how participants will be helped to access permanent housing and achieve self-sufficiency. A S+C project renewal will be considered as having met this requirement through its previously approved grant application.

• Renewal projects do not evidence satisfactory performance for their existing grant in HUD's opinion based upon the substantial achievement of their program goals as reflected in their most recent Annual Progress Report. (New projects funded for one year in 2001 are not subject to this requirement.)

• Renewal projects do not evidence that they have assisted clients to obtain the benefits of the mainstream health, social service, and employment programs for which they were eligible as evidenced in their most recent Annual Progress Report.

• An applicant that proposes a new project does not evidence satisfactory performance for their existing or prior grants based upon the substantial achievement of their program goals as reflected in their most recent Annual Progress Report.

(4) *Continuum of Care.* HUD will award up to 60 points as follows:

(a) *Process and Strategy.* HUD will award up to 20 points based on the extent to which your application demonstrates:

• The existence of a coordinated and inclusive community process, including organizational structure(s), for developing and implementing a CoC strategy which includes nonprofit organizations (such as veterans service organizations, organizations representing persons with disabilities, faith-based and other community-based organizations, and other groups serving homeless persons), State and local governmental agencies, public housing authorities, housing developers and service providers, law enforcement, hospital and medical entities, funding providers, local businesses and business associations, and homeless or formerly homeless persons; and

 That a well-defined and comprehensive strategy has been developed which addresses the components of a CoC system (*i.e.*, prevention, outreach, intake, and assessment; emergency shelter; transitional housing; permanent and permanent supportive housing) and that strategy has been designed to serve all homeless subpopulations in the community (e.g., seriously mentally ill, persons with multiple diagnoses, veterans, persons with HIV/AIDS), including those persons living in emergency shelters, supportive housing for homeless persons, or in places not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The CoC's statement on process and strategy must also include the following:

A description of how the Continuum will work with the appropriate local government entity to develop and implement a discharge policy for persons leaving publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons; and a description of the CoC's strategy and schedule for implementing an HMIS and its progress to date.

(b) *Gaps and Priorities.* HUD will award up to 15 points based on the extent to which your application:

(i) Describes the gap analysis performed, uses reliable information and sources that are presented completely and accurately; and

(ii) Proposes projects that are not inconsistent with the gaps analysis described in the CoC strategy, describes a fair project selection process, explains how gaps identified through the analysis are being addressed, and correctly completes the priority chart.

When HUD reviews a community's CoC to determine the points to assign, HUD will consider whether the community took its renewal needs into account in preparing its project priority list. (See discussion on renewals in Section III(A)(3) of this NOFA.)

(c) *Supplemental Resources*. HUD will award up to 15 points based on the extent to which your application incorporates mainstream resources and demonstrates leveraging of funds requested under this program section of the SuperNOFA with other resources, including private, other public, and mainstream services and housing programs. To achieve the highest rating for this factor, applicants must evidence explicit Continuum-wide strategies to coordinate homeless assistance with mainstream health, social services and employment programs for which homeless populations may be eligible, and to use those benefits as appropriate and practicable to help offset supportive service costs of the programs that would otherwise be paid for with HUD funding. These include Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funding through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act, the Welfare-to-Work grant program, and Veterans Health Care. To the extent that such mainstream benefits supplement, and ideally reduce, HUD's coverage of supportive service costs, greater resources will be available for housing.

(d) Emphasis on housing. HUD will award up to 10 points based upon the relationship between funds requested for housing activities and funds requested for supportive service activities among projects assigned 40 need points (excluding S+C renewals). Points will be awarded on a sliding scale with the Continuums with the highest percentage of approvable requests for funds for housing activities receiving the highest points. HUD will count as housing activity all approvable funds for rental assistance and approvable funds for acquisition, rehabilitation, construction, leasing and operations when used in connection with housing. HMIS costs will be excluded from this calculation as either a housing or supportive service cost.

(5) *Need.* HUD will award up to 40 points for need. There is a three-step approach to determining the need scores to be awarded to projects:

(a) Determining relative need: To determine the homeless assistance need of a particular jurisdiction, HUD will use nationally available data, including the following factors as used in the Emergency Shelter Grants program: data on poverty, housing overcrowding, population, age of housing, and growth lag. Applying those factors to a particular jurisdiction provides an estimate of the relative need index for that jurisdiction compared to other jurisdictions applying for assistance under this program section of the SuperNOFA.

(b) Applying relative need: HUD will then apply that relative need index to the total amount of funding estimated to be competitively available under this program section of the SuperNOFA to determine a jurisdiction's pro rata need. However, in order to promote permanent housing for the homeless, if a CoC's number one priority project qualifies as an eligible, new permanent housing project, then the full amount of that project's housing eligible activities, up to the lesser of 100 percent of the CoC's preliminary pro rata need or \$750,000, will be added to the final pro rata need amount for the Continuum. For this purpose, HUD will consider the same housing activities identified in Section D above as counting toward the permanent housing bonus. HUD also reserves the right to adjust pro rata need, if necessary, to address SHP project renewals.

(c) Awarding need points to projects: Once the pro rata need is established, it is applied against the priority project list in the application. Starting from the highest priority project, HUD proceeds down the list to award need points to each project. An eligible project will receive the full 40 points for need if at least one half of its requested amount falls within the pro rata need amount for that CoC. Thereafter, HUD proceeds further down the priority project list and awards 15 points for need to each project if at least one half of its requested amount falls within the "second level" of pro rata need amount for that CoC. The "second level" is the amount between the pro rata need and twice the pro rata need for theCoC. Remaining projects each receive 10 points. If projects are not prioritized for the Continuum, then all projects will receive 10 points for Need.

In the case of competing CoC applications from a single jurisdiction or service area, projects in the application that received the highest score out of the possible 60 points for CoC are eligible for up to 40 points under Need. Projects in the competing applications with lower CoC scores are eligible for only 10 points under Need.

(6) *Ranking*. HUD will add the score for CoC to the Need score to obtain a total score for each project. The projects will then be ranked from highest to lowest according to the total combined score.

(7) Conditional Selection and Adjustments to Funding.

(a) Conditional Selection. Whether a project is conditionally selected, as described in Section V (B) below, will depend on its overall ranking compared to others, except that HUD reserves the right to select lower rated eligible projects in order to meet the 30 percent overall permanent housing requirement. (See Section V (A)(8) for additional selection information.)

When insufficient funds remain to fund all projects in the competition having the same total score, HUD will first fund permanent housing projects if necessary to achieve the 30 percent overall permanent housing requirement. HUD will then break ties among the remaining projects with the same total score by comparing scores received by the projects for each of the following scoring factors, in the order shown: Need, Overall CoC score, CoC Process and Strategy, CoC Gaps and Priorities, and CoC Supplemental Resources. The final tie-breaking factor is the priority number of the competing projects on the applicable CoC priority list(s).

(b) Adjustments to Funding. The Secretary of HUD has determined that geographic diversity is appropriate to carrying out homeless assistance programs in an effective manner. HUD believes that geographic diversity can be achieved best by awarding grants to as many CoCs as possible. To this end, in instances where any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Northern Mariana Islands, the Virgin Islands, and American Samoa does not have at least one funded COC, HUD reserves the right to fund eligible project(s) receiving 40 Need points in the CoC with the highest total score in that jurisdiction. To qualify for funding, the total score for these first level projects on the CoC priority list must be at least 65 points. In the case of two or more CoCs with the same total score, HUD will use the tie-breaking rules described above. In addition, if the highest priority project passing threshold requirements within a CoC fails to meet the criteria for receiving 40 Need points, HUD reserves the right to reduce the total requested amount for that project to allow it to qualify for 40 Need points. Finally, if the total amount that would be awarded for first level projects in a CoC exceeds the final pro rata need amount for that COC by more than \$200,000, the lowest priority first level project being selected for funding will be reduced to the amount necessary to ensure that the total sum being awarded for such projects does not exceed the final pro rata need amount by more than \$200,000. HUD may otherwise adjust funding of applications in accordance with the provisions of Section VI(E) of the General Section of the SuperNOFA. In addition, HUD reserves the right to ensure that a project that is applying for, and eligible for,

selection under this competition is not awarded funds that duplicate activities.

(8) Additional Selection Considerations. HUD also will apply the limitations on funding described below in making conditional selections.

In accordance with the appropriation for homeless assistance grants in the Fiscal Year 2003 Appropriation Act for HUD, HUD will use not less than 30 percent of the total FY 2003 Homeless Assistance Grants appropriation, excluding amounts provided for renewals under the Shelter Plus Care Program, to fund projects that meet the definition of permanent housing. Projects meeting the definition of permanent housing for this purpose are: (1) New Shelter Plus Care projects, (2) Section 8 SRO projects, and (3) new and renewal projects under the Supportive Housing Program that are designated as either permanent housing for homeless persons with disabilities or Safe Havens projects having the characteristics of permanent housing for homeless persons with disabilities, including leases with the program participants, that, in addition, have been assigned at least 15 Need points, and which are submitted as part of either a "consolidated" or "associated" Continuum of Care application receiving at least 20 points under the Continuum of Care scoring factor. However, no Continuum of Care application may receive more than 30 percent of its pro rata need, up to \$3 million, for "second-level" permanent housing projects assigned 15 Need points that are selected for funding under this procedure. (See Section V(A)(5)(c) for definition of "secondlevel".) As stated above, HUD will award no less than 30 percent of the total FY 2003 Homeless Assistance Grants appropriation, excluding amounts for Shelter Plus Care renewals, for permanent housing projects unless an insufficient number of approvable permanent housing projects are submitted. In order to meet this permanent housing funding requirement and stay within the total funding amount available, initially selected Supportive Service Only (SSO) and nonpermanent housing projects may need to be de-selected to add an adequate number of permanent housing projects, even if they are lower scoring housing projects. As a result, within a Continuum, higher priority SSO and non-permanent housing projects may need to be de-selected to include lower priority permanent housing projects. This is because HUD will initially select projects (permanent housing, SSO and other non-permanent housing alike) until the 30 percent permanent housing

requirement is met. Since this will likely exceed the total funding amount available for award, HUD will, if necessary, first proceed to de-select new SSO projects initially selected, starting with lowest scoring new projects and proceeding if needed to the lowest scoring new non-permanent housing projects initially selected. If the funding line is still exceeded, HUD will proceed to de-select SSO and non-permanent housing renewal projects until all selected projects are within the funding line.

In accordance with section 429 of the McKinney-Vento Act, HUD will award Supportive Housing funds as follows: not less than 25 percent for projects that primarily serve homeless families with children; not less than 25 percent for projects that primarily serve homeless persons with disabilities; and not less than 10 percent for supportive services not provided in conjunction with supportive housing. After projects are rated and ranked, based on the factors described above, HUD will determine if the conditionally selected projects achieve these minimum percentages. If not, HUD will skip higher-ranked projects in order to achieve these minimum percentages.

In accordance with section 463(a) of the McKinney-Vento Act, as amended by the Housing and Community Development Act of 1992, at least 10 percent of Shelter Plus Care funds will be awarded for each of the four components of the program: Tenantbased Rental Assistance; Sponsor-based Rental Assistance; Project-based Rental Assistance; and Section 8 Moderate Rehabilitation of Single Room **Occupancy Dwellings for Homeless** Individuals (provided there are sufficient numbers of approvable projects to achieve these percentages). After projects are rated and ranked, based on the factors described above, HUD will determine if the conditionally selected projects achieve these minimum percentages. If necessary, HUD will skip higher-ranked projects in order to achieve these minimum percentages.

In accordance with section 455(b) of the McKinney-Vento Act, no more than 10 percent of the assistance made available for Shelter Plus Care in any fiscal year may be used for programs located within any one unit of general local government. In accordance with section 441(c) of the McKinney-Vento Act, no city or urban county may have Section 8 SRO projects receiving a total of more than 10 percent of the assistance made available under this program. HUD is defining the 10 percent availability this fiscal year as \$10 million for Shelter Plus Care and \$10 million for Section 8 SRO. However, if the amount awarded under either of these two programs exceeds \$100 million, then the amount awarded to any one unit of general local government (for purposes of the Shelter Plus Care program) or city or urban county (for the purposes of the SRO program) could be up to 10 percent of the actual total amount awarded for that program.

Lastly, HUD reserves the right to reduce the amount of a grant if necessary to ensure that no more than 10 percent of assistance made available under this program section of the SuperNOFA will be awarded for projects located within any one unit of general local government or within the geographic area covered by any one Continuum of Care. If HUD exercises a right it has reserved under this program section of the SuperNOFA, that right will be exercised uniformly across all applications received in response to this program section of the SuperNOFA.

(B) Action on Conditionally Selected Applications. HUD will notify conditionally selected applicants in writing. As necessary, HUD will subsequently request them to submit additional project information, which may include documentation to show the project is financially feasible; documentation of firm commitments for cash match; documentation showing site control; information necessary for HUD to perform an environmental review, where applicable; and such other documentation as specified by HUD in writing to the applicant, that confirms or clarifies information provided in the application. HUD will notify SHP, SRO, S+C and S+C/SRO applicants of the deadline for submission of such information. If an applicant is unable to meet any conditions for fund award within the specified timeframe, HUD reserves the right not to award funds to the applicant, but instead either to use them to select the next highest ranked application(s) from the original competition for which there are sufficient funds available; or to add them to funds available for the next competition for the applicable program.

(C) Applicant Debriefing. See Section VII(E)(2) of the General Section of the SuperNOFA.

### VI. Application Submission Requirements

The application kit provides the application materials, including Form HUD–424 and certifications, that must be used in applying for homeless assistance under this SuperNOFA. These application materials substitute for the forms, certifications, and assurances listed in Section II(H) of the General Section of the SuperNOFA (collectively, the "standard" forms).

In addition to the required narratives, the items that you must submit to HUD as part of the application for homeless assistance funding are the following:

(1) 2003 Application Summary Form(2) Continuum of Care and Project

- Exhibits
  - (3) Gaps Analysis Form

(4) Project Priorities Form(5) Project Leveraging Form

- (6) HUD-424
- (7) Applicant Certifications
- (8) Consolidated Plan Certification(s)

The standard forms can be found in Appendix B to the General Section of the SuperNOFA. The remaining forms (*i.e.*, excluding such items as narratives), referred to as the nonstandard forms, can be found in the

Application Kit. The application requires a description of the Continuum of Care system and the proposed project(s). To ensure that no applicant is afforded an advantage in the rating of the Continuum of Care element (described in Section V(A)(4) above), HUD is establishing a limitation of 25 pages, excluding required multiple page tables or charts but including any attachments, on the length of Exhibit 1 of any application submitted in response to this NOFA. HUD will not consider the contents of any pages exceeding this limit when rating the Continuum of Care element of any application. The application kit also contains certifications that the applicant will comply with fair housing and civil rights requirements, program regulations, and other Federal requirements, and (where applicable) that the proposed activities are consistent with the HUD-approved Consolidated Plan of the applicable State or unit of general local government. Projects funded under this SuperNOFA shall operate in a fashion that does not deprive any individual of any right protected by the Fair Housing Act (42 U.S.C. 3601-19), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) or the Age Discrimination Act of 1975 (42 U.S.C. 6101).

There are three options for submitting an application under this program section of the SuperNOFA.

*One:* A "Consolidated Application" is submitted when a jurisdiction (or a consortium of jurisdictions) submits a single application encompassing a Continuum of Care strategy and containing all the projects within that strategy for which funding is being requested. Individual projects are contained within the one consolidated application. Grant funding may go to one entity which then administers all funded projects submitted in the application, or under this option, grant funding may go to all or any of the projects individually. Your application will specify the grantee for each project.

*Two:* "Associated Applications" are submitted when applicants plan and organize a single Continuum of Care strategy that is adopted by project sponsors or operators who choose to submit separate applications for projects while including the identical Continuum of Care strategy. In this case, project funding would go to each successful applicant individually and each would be responsible to HUD for administering its separate grant.

Three: A "Solo Application" is submitted when an applicant applies for a project exclusive of participation in any community-wide or region-wide Continuum of Care development process.

Options one and two are not substantively different and will be considered equally competitive. Applicants are advised that projects that are not a part of a Continuum of Care strategy will receive few, if any, points under the Continuum of Care rating factors.

### VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications (See Section V of the General Section).

### **VIII. Appeals Process**

Applicants may appeal the results of HUD's review and selection process if they believe a HUD error has occurred. Appeals must be in writing to the Assistant Secretary for Community Planning and Development and must state what HUD error the applicant believes has occurred.

### IX. Environmental, Local Resident Employment, and Relocation Requirements

### (A) Environmental Requirements

(1) Finding of No Significant Impact. A Finding of No Significant Impact (FONSI) with respect to the environment was made for this program section of the SuperNOFA, in accordance with HUD regulations at 24 CFR part 50 that implement section 102(2)(C) of the National Environmental Policy Act of 1969 (42 U.S.C. 4223). The FONSI is available for public inspection during regular business hours in the Department's Office of the Rules Docket Clerk, Office of General Counsel, Room 10276, Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410–0500.

(2) Environmental Reviews. All Continuum of Care assistance is subject to the National Environmental Policy Act and applicable related Federal environmental authorities. Section 208 of Public Law 106-377 (114 Stat. 1441, approved October 27, 2000) amended section 443 of the Stewart B. McKinney-Vento Homeless Assistance Act to provide that for purposes of environmental review, Continuum of Care projects shall be treated as assistance for special projects that are subject to section 305(c) of the Multifamily Housing Property Disposition Reform Act of 1994, and shall be subject to HUD's regulations implementing that section. The effect of this provision is that environmental reviews for Continuum of Care activities are to be completed by responsible entities (States or units of general local government) in accordance with 24 CFR part 58, whether or not the applicant is itself a State or a unit of general local government. Applicants (such as PHAs or nonprofit organizations) that are not States or units of general local government must request the unit of general local government to perform the environmental review. This statutory provision supersedes those portions of 24 CFR 582.230 and 583.230 that provide for automatic HUD environmental review in the case of applications from such entities. With this exception, conditional selection of projects under the Continuum of Care Program is subject to the environmental review requirements of 24 CFR 582.230, 583.230, and 882.804(c), as applicable. Recipients may not commit or expend any Continuum of Care assistance or nonfederal funds on project activities (other than those listed in 24 CFR 58.22(c), 58.34 or 58.35(b)) until HUD has approved a Request for Release of Funds and environmental certification from the responsible entity. The expenditure or commitment of Continuum of Care assistance or nonfederal funds for such activities prior to this HUD approval may result in the denial of assistance for the project under consideration.

### (B) Local Resident Employment

To the extent that any housing assistance (including rental assistance) funded through this program section of the SuperNOFA is used for housing rehabilitation (including reduction and abatement of lead-based paint hazards, but excluding routine maintenance, repair, and replacement) or housing construction, then it is subject to section 3 of the Housing and Urban Rehabilitation Act of 1968, and the implementing regulations at 24 CFR part 135. Section 3, as amended, requires that economic opportunities generated by certain HUD financial assistance for housing and community development programs shall, to the greatest extent feasible, be given to low- and very lowincome persons, particularly those who are recipients of government assistance for housing, and to businesses that provide economic opportunities for these persons.

### (C) Relocation

The SHP, S+C, and SRO programs are subject to the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA). These requirements are explained in HUD Handbook 1378, Tenant Assistance, Relocation and Real Property

Acquisition. Any person or family who moves, even temporarily, as a direct result of acquisition, rehabilitation or demolition for a project that is assisted through one of these programs (whether or not HUD funded the acquisition, rehabilitation or demolition) is entitled to relocation assistance. Displacement that results from leasing a unit in a structure may also trigger relocation requirements. Relocation assistance can be expensive. To avoid unnecessary costs, it is important to provide occupants with timely information notices, including a general information notice to be sent at the time the application is submitted to HUD. HUD Handbook 1378 contains guideform information notices. The HUD field office can provide a copy of the handbook and copies of appropriate information booklets to be provided to occupants. Accordingly, if the site is occupied, the applicant should contact the HUD field office in the planning stage to obtain advice, including help in estimating the cost of required relocation assistance.

### X. Authority

The Supportive Housing Program is authorized by title IV, subtitle C, of the Stewart B. McKinney-Vento Homeless Assistance Act (McKinney-Vento Act), 42 U.S.C. 11381. Funds made available under this program section of the SuperNOFA for the Supportive Housing Program are subject to the program regulations at 24 CFR part 583.

The Shelter Plus Care program is authorized by title IV, subtitle F, of the McKinney-Vento Act, 42 U.S.C. 11403. Funds made available under this program section of the SuperNOFA for the Shelter Plus Care program are subject to the program regulations at 24 CFR part 582.

The Section 8 Moderate Rehabilitation Program for Single Room Occupancy Dwellings for Homeless Individuals (SRO) is authorized by section 441 of the McKinney-Vento Act, 42 U.S.C. 11401. Funds made available under this NOFA for the SRO program are subject to the program regulations at 24 CFR part 882, subpart H.

### APPENDIX A CONTINUUM OF CARE HOMELESS ASSISTANCE PROGRAMS

| ELEMENTS                                             | SUPPORTIVE HOUSING                                                                                                                                                                                                                                                               | SHELTER PLUS CARE                                                                                                                                                                | SECTION 8 SRO                                                     |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| AUTHORIZING<br>LEGISLATION                           | Subtitle C of Title IV of the<br>McKinney-Vento Homeless<br>Assistance Act                                                                                                                                                                                                       | Subtitle F of Title IV of the McKinney-<br>Vento Homeless Assistance Act                                                                                                         | Section 441 of the McKinney-<br>Vento Homeless Assistance Act     |
| IMPLEMENTING<br>REGULATIONS                          | 24 CFR part 583                                                                                                                                                                                                                                                                  | 24 CFR part 582                                                                                                                                                                  | 24 CFR part 882                                                   |
| ELIGIBLE<br>APPLICANT(S)                             | <ul> <li>State</li> <li>Units of general local<br/>government</li> <li>Special purpose units of<br/>government such as<br/>public housing agencies<br/>(PHAs)</li> <li>Private nonprofit<br/>organizations</li> <li>CMHCs that are public<br/>nonprofit organizations</li> </ul> | <ul> <li>States</li> <li>Unites of general local<br/>governments</li> <li>PHAs</li> </ul>                                                                                        | <ul> <li>PHAs</li> <li>Private nonprofit organizations</li> </ul> |
| ELIGIBLE<br>COMPONENTS                               | <ul> <li>Transitional housing</li> <li>Permanent housing for<br/>disabled persons only</li> <li>Supportive services not<br/>in conjunction with<br/>supportive housing</li> <li>Safe Havens</li> <li>Innovative supportive<br/>housing</li> </ul>                                | <ul> <li>Tenant-based</li> <li>Sponsor-based</li> <li>Project-based</li> <li>SRO-based</li> </ul>                                                                                | SRO housing                                                       |
| ELIGIBLE<br>ACTIVITIES<br>See footnotes<br>1,2 and 3 | <ul> <li>Acquisition</li> <li>Rehabilitation</li> <li>New construction</li> <li>Leasing</li> <li>Operating costs</li> <li>Supportive services</li> <li>Homeless Mngt. Info.<br/>System (HMIS)</li> </ul>                                                                         | Rental assistance                                                                                                                                                                | • Rental assistance                                               |
| ELIGIBLLE<br>POPULATIONS<br>See footnote 2           | Homeless persons                                                                                                                                                                                                                                                                 | <ul> <li>Homeless disabled<br/>individuals</li> <li>Homeless disabled<br/>individuals &amp; their families</li> </ul>                                                            | Homeless individuals                                              |
| POPULATIONS<br>GIVEN SPECIAL<br>CONSIDERATION        | <ul> <li>Homeless persons with<br/>disabilities</li> <li>Homeless families with<br/>children</li> </ul>                                                                                                                                                                          | <ul> <li>Homeless persons who:</li> <li>Are seriously mentally ill</li> <li>Have chronic problems with alcohol and/or drugs</li> <li>Have AIDs &amp; related diseases</li> </ul> | N/A                                                               |
| INITIAL TERM OF<br>ASSISTANCE                        | Minimum 2 years for SHP<br>Minimum 1 year for HMIS                                                                                                                                                                                                                               | 5 years: TRA, SRA, and PRA if no rehab<br>10 years: SRO, and PRA with rehab                                                                                                      | 10 years                                                          |

Footnote 1: Homeless prevention activities are statutorily ineligible under these programs.

Footnote 2: Persons at risk of homelessness are statutorily ineligible for assistance under these programs.

**Footnote 3:** Acquisition, construction, rehabilitation, leasing, and operating costs for emergency shelters are statutorily ineligible for assistance under Shelter Plus Care and Section 8 SRO.

## **Continuum of Care Homeless Assistance Programs**

### OMB Approval No. 2506-0112 (exp. 6/30/2003)

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). 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.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public Reporting burden for this collection of information is estimated to average 44 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the Continuum of Care Homeless Assistance application does not request the submission of such information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.(18 U.S.C. 100l, 1010, 1012; 31 U.S.C. 3729, 3802)

### **Continuum of Care Homeless Assistance:** 2003 Competition SHP, S+C, and SRO Programs

### **General Instructions**

Since 1987, the programs authorized under the McKinney-Vento Homeless Assistance Act have been a major source of Federal assistance to States, local governments, and nonprofit organizations for meeting the needs of homeless individuals and families. It is widely recognized and accepted that these and other programs designed to assist homeless persons are more effective and efficient when carried out through carefully planned and systematic local approaches, otherwise known as Continuum of Care systems. The application process under the 2003 Notice of Funding Availability (NOFA) gives heavy emphasis to programs that are designed and will be carried out under such systems. Please give close attention to the NOFA since it is the document that controls the competition. If there is a conflict between information provided in the application kit and information provided in the published NOFA, the information in the published NOFA prevails.

The homeless assistance application has two parts. The first is the process and outcome of the community-based homeless assistance plan – the Continuum of Care. The second consists of the exhibits for the specific program funds for which you are applying – Supportive Housing Program (SHP) New and Renewal, Shelter Plus Care (S+C) New and Renewal, and Section 8 Moderate Rehabilitation Single Room Occupancy Dwellings (SRO) Program.

### **Eligibility and Roles**

Under each of the programs, there may be applicants and sponsors. An applicant will be responsible for the overall management and administration of the grant, including drawing down the grant funds, distributing them to the project sponsors, and reporting to HUD. Applicants can submit projects on behalf of project sponsors, who will actually carry out the proposed project activities. Applicants can also carry out their own projects. In these cases, the applicant is responsible for both administering/managing the grant (as the grantee) and carrying out the project (as the project sponsor).

### **Submitting Your Application**

**To HUD Headquarters.** The original completed application (containing the original signed documentation) must be submitted to: Special Needs Assistance Programs Office, Room 7270, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410, Attention: Continuum of Care Programs.

To the Appropriate CPD Field Office. Two copies of the completed application must also be submitted to the Community Planning and Development Division of the appropriate HUD Field Office for the applicant's jurisdiction. Field Office copies must be received by the deadline date as well, but a determination that an application was received on time will be made solely on receipt of the application submitted to HUD Headquarters in Washington. The review and scoring will be based upon the contents of the submission received in HUD Headquarters.

See the General Section of this SuperNOFA for specific procedures governing the form of application submissions (e.g., mailed applications, express mail, or overnight delivery). Please note that hand delivery is no longer permitted.

The three ways to package an application under the NOFA are described below. Options one and two are developed from a single Continuum of Care strategy. They will be considered *equally competitive* and are not substantively different. A Solo Application, because it is not part of a single Continuum of Care strategy, will receive few, if any, points under the Continuum of Care rating criteria.

- 1. A Consolidated Application is developed from a single Continuum of Care strategy for a jurisdiction (or several jurisdictions) and contains funding requests for all the projects within that system. In a Consolidated Application there may be one applicant, which then administers all funded projects through project sponsors or multiple applicants that request funding.
- 2. An Associated Application is also developed from a single Continuum of Care strategy, but project funding is requested through individual applications and the applicant and project sponsor are the same entity.
- 3. A Solo Application is not connected to the community's Continuum of Care strategy, and the applicant and project sponsor are the same entity.

In both the Consolidated Application and the Associated Application there is a single Continuum of Care exhibit (Exhibit 1).

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### **Application Exhibits**

There are six exhibits in the homeless assistance portion of the application. Exhibit 1 is a description of your community's Continuum of Care strategy, the process used to create that strategy, and the project priorities. Exhibits 2, 2R, 3, 3R and 4 correspond to the three programs (SHP – New, SHP – Renewal, S+C - New, S+C - Renewal and SRO) and are used to describe the projects for which funding is requested. The SHP – Renewal Exhibit is new and will contain information pertaining to previously funded supportive housing projects.

A completed application will include one Exhibit 1 (Continuum of Care) and any number of Exhibits 2 (SHP New), and 2R (SHP Renewal), 3 (S+C New), 3R (S+C Renewal) and 4 (SRO), depending on the number of projects and type of programs proposed for funding. For example, if you were proposing five SHP Renewal projects and one S+C New project, then you would submit one Exhibit 1, five Exhibits 2R and one Exhibit 3. No submission would be necessary for Exhibit 4 because funding is not being requested under the SRO program. (Refer to Assembling Your Application on page iii for full assembling instructions.)

### **Exhibit 1: Continuum of Care**

Exhibit 1 is a description of your community's Continuum of Care strategy, the process used to create that strategy, and a list of projects in priority order. You should pay special attention to Exhibit 1: Continuum of Care and the associated selection criteria in the 2003 NOFA. Scoring high on Exhibit 1 will be the key to the success of an application in this competition.

### Exhibits 2 and 2R: Supportive Housing Program (SHP)

The Supportive Housing Program is designed to develop supportive housing and services that will allow homeless persons to live as independently as possible. Eligible applicants for SHP are States, units of local government, other governmental entities such as public housing agencies (PHAs), public nonprofit community mental health associations, and private nonprofits. A private nonprofit organization is any organization with tax exempt status under Section 501(c)(3) of the IRS Code, or an organization with documentation that it meets the requirements for private nonprofit status listed in the Glossary on page iv.

There are no eligibility requirements for project sponsors; however, a sponsor and any partners that will assist with a project must have the experience and skills to carry out the project.

When applying for SHP assistance, you should submit one Exhibit 2 for each new project and/or one Exhibit 2R for each renewal project.

### Exhibits 3 and 3R: Shelter Plus Care (S+C) Program

The S+C Program provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program. S+C was designed to give an applicant maximum flexibility by allowing the rental assistance to be tenant-, sponsor-, or project-based (with or without rehabilitation) or for SRO units. Eligible applicants are States, units of general local government, and PHAs. Under the sponsor-based component, an applicant must subcontract with a private nonprofit organization (see Glossary for definition) or a community mental health agency established as a public nonprofit organization. Under the SRO component, non-PHA applicants must subcontract with a PHA. For new project requests, see Exhibit 3 for specific details. For renewal requests, see Exhibit 3R.

When applying for S+C assistance, you should submit one Exhibit 3 for each new project and/or one exhibit 3R for each renewal. A project may not include more than one component.

### Exhibit 4: Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO) Program

SRO housing contains units for occupancy by one person. These units may contain food preparation or sanitary facilities, or both. The SRO Program provides rental assistance on behalf of homeless individuals in connection with the moderate rehabilitation of SRO dwellings. Resources outside the program pay for the rehabilitation; however, the rental assistance covers operating expenses of the SRO housing, including debt service for rehabilitation financing. Eligible applicants are private nonprofit organizations which subcontract with PHAs (see Glossary for definition), and PHAs. Please note that States and units of local government are **not** eligible applicants for the SRO Program.

As an applicant, if you are a private nonprofit organization, you must subcontract with a PHA to administer the rental assistance. An application may contain multiple projects (multiple Exhibit 4's), but each project may not contain more than 100 assisted units.

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### Scoring

HUD will review and rate all three programs using the same process. Two types of reviews will be conducted. One is a threshold review of each proposed project for the specific criteria identified in the NOFA. Projects that do not meet these requirements will be eliminated from the competition. In the other review, HUD will assign up to 60 points for the community's Continuum of Care (CoC) strategy and up to 40 points for that community's relative need for housing and services for homeless persons. The NOFA describes fully the criteria HUD will use to assign points and should be read carefully. Please note this year that there will not be a bonus of up to two (2) points for projects located within an Empowerment Zone/Enterprise Community (EZ/EC).

Applicants conditionally selected for funding under the SHP, SRO, or the SRO component of the S+C program will be required to provide additional information in the form of a Technical Submission at a later date.

### **Assembling Your Application**

Please assemble your application as outlined below, with tabs marking each exhibit and project and all pages numbered sequentially. Be sure to complete the Application Summary Form using the Geographic Area Guide included with the application kit. Please also pay special attention to the HUD-424, the form that indicates who the applicant is for a project. (Project sponsors do not fill out an HUD-424 unless they are also the applicant for the project.) This form helps HUD determine if an organization is eligible to apply for a specific program and for which projects it will be the grantee. It is essential, therefore, that you complete and sign the form, along with the Applicant Certification and, where appropriate, submit private nonprofit documentation or community mental health association documentation, followed by the projects for which you will be the grantee. The law requires a Consolidated Plan Certification for *each* project.

For a Consolidated Application with one applicant, an Associated Application, or a Solo Application, assemble the application as shown below. For a Consolidated Application with multiple applicants, the first applicant should submit all the information in the order shown below. The second applicant would then insert its HUD-424 form, Applicant Certification, and, if applicable, private nonprofit documentation or community mental health association documentation followed by its project exhibit(s), Consolidated Plan Certification(s) and the required HUD Form-2880. For additional applicants, this order would be repeated.

### Assembly order:

- 1. Application Summary Form
- 2. Exhibit 1: Continuum of Care
- 3. Certifications/Forms
  - a. HUD-424 Form (signed by applicant)
  - b. Applicant certifications (signed by applicant)
  - c. Private nonprofit documentation [SHP, SRO, and S+C (SRA component) programs] New Applicants
  - d. Community mental health association documentation (for SHP public nonprofits only) New Applicants
- 4. Project exhibits including a Consolidated Plan Certification, HUD Form 2880-Disclosure/Update Report, and Special Project Certifications (a) Coordination and Integration of Mainstream Programs, and (b) Discharge Policy (as applicable).

### Assembly Format:

- 1. Number all pages sequentially and insert tabs marking each exhibit. For Exhibit 1, Continuum of Care narrative, number pages from 1 up to 30 using letter suffixes where appropriate to indicate pages that do not count toward the 30 page limit as per the instructions for completing the Continuum of Care narrative. For example, the first page of a 4 page project leveraging chart would be numbered 23 while the next 3 pages of the chart would be numbered 23-A, 23-B, and 23-C.
- 2. Please use a two-hole punch to insert holes at the *top* of your application.
- 3. Please do not bind your application, since this impedes processing.

### Deadline

It is critical that you check the NOFA published in 2003 for the deadline date. Please carefully review the NOFA for specific information on meeting the application submission deadline.

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### Glossary

**Applicant.** An entity that applies to HUD for funds. In order to be an applicant, you must submit a HUD-424. If selected for funding, the applicant becomes the grantee and is responsible for the overall management of the grant, including drawing grant funds and distributing them to project sponsors. The applicant may also be a project sponsor. **Applicant Certification**. The form, required by law, in which an applicant certifies that it will adhere to certain statutory requirements, such as the Civil Rights Act of 1964.

**Chronically Homeless Person**. An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during that time.

**Consolidated Plan**. A long-term housing and community development plan developed by State and local governments and approved by HUD. The Consolidated Plan contains information on homeless populations and can be a source of information for the Gaps Analysis Chart. The plan contains both narratives and maps, the latter developed by localities using software provided by HUD.

**Consolidated Plan Certification**. The form, required by law, in which a state or local official certifies that the proposed activities or projects are consistent with the jurisdiction's Consolidated Plan and, if the applicant is a State or unit of local government, that the jurisdiction is following its Consolidated Plan.

**Continuum of Care.** An approach that helps communities plan for and provide a full range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons.

Current Inventory. An inventory of the community's existing beds and supportive services.

Homeless Management Information Systems (HMIS). An HMIS is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services. An HMIS may also cover a statewide or regional area, and include several CoCs. The HMIS can provide data on client characteristics and service utilization.

**Homeless Person**. A person sleeping in a place not meant for human habitation or in an emergency shelter; a person in transitional or supportive housing for homeless persons who originally came from the street or an emergency shelter. For a more detailed discussion, see the Questions and Answers Supplement. The programs covered by this application are not for populations who are at risk of becoming homeless.

**NOFA**. Notice of Funding Availability, published in the *Federal Register* to announce available funds and application requirements.

**Private Nonprofit Status** (includes faith-based and community-based organizations). Private nonprofit status is documented by submitting either: a) a copy of the Internal Revenue Service (IRS) ruling providing tax-exempt status under Section 501(c)(3) of the IRS Code; or b) documentation showing that the applicant is a certified United Way agency; or c) a certification from a designated official of the organization that no part of the net earnings of the organization inures to the benefit of any member, founder, contributor, or individual; that the organization has a voluntary board; that the organization practices nondiscrimination in the provision of assistance; and that the organization has a functioning accounting system that provides for each of the following (mention each in the certification):

- 1. Accurate, current and complete disclosure of the financial results of each federally-sponsored project.
- 2. Records that identify adequately the source and application of funds for federally-sponsored activities.
- 3. Effective control over and accountability for all funds, property and other assets.
- 4. Comparison of outlays with budget amounts.
- 5. Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury and the use of the funds for program purposes.
- 6. Written procedures for determining the reasonableness, allocability and allowability of costs.
- 7. Accounting records including cost accounting records that are supported by source documentation.

**Public Nonprofit Status.** Public nonprofit status is documented for community mental health centers by including a letter or other document from an authorized official stating that the organization is a public nonprofit organization. **Project Sponsor.** The primary organization responsible for carrying out the proposed project activities. A project

sponsor does not submit a HUD-424, unless it is also the applicant.

HUD Form 424. The information sheet required to be submitted by applicants requesting HUD Federal Assistance.

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### **2003 Application Summary**

| This is the first page of your application. Remove this page and p | place it in the front of your application. |
|--------------------------------------------------------------------|--------------------------------------------|
| Continuum of Care (CoC) Name:                                      |                                            |
| CoC Contact Person and Organization:                               |                                            |
| Address:                                                           |                                            |
|                                                                    |                                            |
| Phone Number: E-mail Address                                       |                                            |

### **Continuum of Care Geography**

Using the Geographic Area Guide, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care. Because the geography covered by your system will affect your Need score, it is important to be accurate. Enter the name of *every listed* city and/or county that makes up the geography for your Continuum of Care system and its assigned code. Leaving out a jurisdiction could reduce your pro rata need amount. Adding in a jurisdiction that is not really part of your system is likely to significantly reduce your score. Before completing, please read the NOFA guidance and page 2 of this application regarding geographically overlapping Continuum of Care systems.

| Geographic Area Name                  | 6-digit Code | Geographic Area Name | 6-digit Code |
|---------------------------------------|--------------|----------------------|--------------|
| example: Syracuse                     | 366376       |                      |              |
| example: Onondaga County              | 369067       |                      |              |
|                                       |              |                      |              |
|                                       |              |                      |              |
|                                       |              |                      |              |
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|                                       |              |                      |              |
|                                       |              |                      |              |
|                                       |              |                      |              |

Reproduce this page to include additional names and codes.

### Exhibit 1: Continuum of Care

### **Developing a Continuum of Care**

HUD believes the best approach for alleviating homelessness is through a community-based process that provides a comprehensive response to the different needs of homeless individuals and families. To this end, HUD is encouraging localities to shape a comprehensive and coordinated housing and service delivery system called a Continuum of Care.

A Continuum of Care approach helps communities plan for and provide a balance of emergency, transitional, and permanent housing and service resources to address the needs of homeless persons so they can make the critical transition from the streets to jobs and independent living.

The fundamental components of a Continuum of Care system are:

- Homeless prevention
- Outreach and assessment to identify an individual's or family's needs and make connections to facilities and services.
- Immediate (emergency) shelter and safe, decent alternatives to the streets.
- Transitional housing with appropriate supportive services to help people reach independent living. Such services include job training and placement, substance abuse treatment, short-term mental health services, and independent living skills training.
- Permanent housing or permanent supportive housing arrangements.

While many homeless people will not need access to all components, each component must be present and coordinated within a community for a Continuum of Care to be viable. A Continuum of Care system serves the specific needs of all homeless subpopulations within the community. It is coordinated with as inclusive a group of community representatives as possible, such as nonprofit organizations (including faith-based and community-based organizations), State and local governmental agencies, public housing authorities (PHAs), service providers, local businesses and business associations, law enforcement, private funders and homeless or formerly homeless persons.

While the Continuum of Care approach can serve as a framework to bring homeless housing and services and their respective providers together, only the community—not HUD—can design a strategy that works best.

As part of the development and ongoing refinement of a Continuum of Care strategy, communities should assess the service and housing needs of homeless persons in their locality, inventory the existing resources available to serve them, and identify gaps. This assessment will help to ensure that the needs of all homeless persons will be met to the extent practicable.

If you are a service or housing provider for homeless persons and you are not currently involved in a Continuum of Care process, feel free to contact your local HUD Field Office to identify other organizations in your area that have established a Continuum of Care system and may be applying for funding.

### **Choosing a Geographic Area**

The geographic area included in your Continuum of Care system may be composed of one or more cities or counties. The geographic area of one Continuum of Care system should not overlap any portion of the service area of any other system. If Continuum of Care systems geographically overlap to the extent that they are competing with each other, projects in the application that receive the highest score out of the possible 60 points for Continuum of Care will be eligible for up to 40 points under Need. Projects in the competing application with the less effective Continuum of Care system will be eligible for only 10 points under Need. In no case will the same geography be used more than one time in assigning Need points. The local HUD Field Office can help determine if any of the area covered by one Continuum of Care system is also likely to be claimed under another Continuum of Care in this competition.

In determining what jurisdictions to include in a Continuum of Care strategy, you should only include those jurisdictions that are fully involved in the development and implementation of the strategy. You should be aware that the larger the area included in a Continuum of Care strategy, the larger the pro rata need share that will be allocated to the strategy area. However, it would be a mistake to include jurisdictions that are not fully involved in the development and implementation of the Continuum of Care strategy, since this would adversely affect the Continuum of Care score. Because most rural counties have extremely small pro rata need shares, they are strongly encouraged to consider working with contiguous counties to develop a region-wide Continuum of Care strategy covering the combined service areas of these counties.

### **Continuum of Care Narrative**

The Exhibit 1 submission for applicants involved in the same Continuum of Care strategy must be identical. The information will be in narrative and chart form, as indicated below.

To ensure that no applicant is afforded an advantage in the rating of the Continuum of Care Exhibit [described in Section V(A)(4) of the NOFA], HUD is establishing a limitation of 30 pages on the length of Exhibit 1. Except as indicated herein, all pages, including attachments, are counted towards the 30-page limitation. HUD will not consider the contents of any pages exceeding this limit when rating Exhibit 1: Continuum of Care of any application.

### 1. Your Continuum of Care's accomplishments.

Briefly describe the specific accomplishments over the past 12 months in implementing your Continuum of Care strategy. (Please keep discussion to no more than half a page)

### 2. Your community's *planning process* for developing a Continuum of Care strategy.

In order to determine the quality and inclusiveness of your Continuum of Care (CoC) planning process, please provide the following:

- a. *Identify* the lead entity (i.e., convenor or organization managing the overall process) for the CoC planning process.
- b. **Describe** your community's CoC planning process, demonstrating that one well-coordinated process is in place with no overlapping or duplicative efforts.
- c. *List* the dates and main topics of your CoC planning meetings held since June 2002, which should demonstrate that these meetings (**both plenary and committee**) are: (1) regularly scheduled; (2) held year round; and (3) not solely focused on developing an application in response to the NOFA.
- d. *List*, using the format on the following page:

(1) the specific names and types of organizations involved in your Continuum of Care (CoC) <u>planning process</u>, such as State and local government agencies, Public Housing Authorities (PHAs), nonprofit organizations, individual businesses or business associations, homeless or formerly homeless persons, and others, including law enforcement, hospital or medical facility representatives, and funders;

(2) the <u>one or two</u> subpopulation(s) the organization/entity <u>primarily</u> serves and whose interests they are <u>specifically focused</u> on representing; and

(3) each organization's level of participation in the planning process. High participation levels might include: steering committee member attends all monthly planning meetings, housing subcommittee member attends most CoC planning meetings, gaps analysis subcommittee chairperson attends all group meetings and most CoC planning meetings, etc. In order to obtain a higher competitive score for "participation", planning participants must attend most of the planning and/or committee meetings. In addition, if more than one geographic area is claimed on the 2003 Application Summary page, you <u>must</u> indicate which geographic area(s) each organization represents in your Continuum of Care planning process.

(Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)

| Specific Names of CoC<br>Organizations/Persons                    | Geographic Area<br>Represented | Subpopulations<br>Represented, if any* | Level of Participation<br>(activity and frequency)<br>in Planning Process |
|-------------------------------------------------------------------|--------------------------------|----------------------------------------|---------------------------------------------------------------------------|
| Example: Nonprofit Org,: ABC, Inc.                                | City of Ajax                   | HIV/AIDS                               | Com. Chair attends all planning meetings                                  |
| State agencies:                                                   |                                |                                        |                                                                           |
| Local government agencies:                                        |                                |                                        |                                                                           |
| Public Housing Authorities (PHAs):                                |                                |                                        |                                                                           |
| Nonprofit organizations:<br>(includes Faith-Based organizations): |                                |                                        |                                                                           |
| Businesses / Business Associations:                               |                                |                                        |                                                                           |
| Homeless / Formerly homeless persons:                             |                                |                                        |                                                                           |
| Other: e.g.: Law Enforcement:<br>Hospital/Medical:<br>Funders:    |                                |                                        |                                                                           |

\*Subpopulations Key: Seriously Mentally III (SMI), Substance Abuse (SA), Veterans (VETS), HIV/AIDS, Domestic Violence (DV), and Youth (Y).

### 3. Your community's Continuum of Care goals and system under development.

The key to developing a successful Continuum of Care is to continually assess the existing system and identify shortcomings or gaps, then establish a set of goals and carry out a series of action steps intended to address these shortcomings or gaps. With this in mind, please provide the following:

### A. Chronic Homelessness Strategy/Goals

Chronic homelessness refers to an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time.

- Past Performance. In 2001, HUD established a goal of eliminating chronic homelessness within 10 years. HUD is beginning to track progress made toward this ambitious goal. Please tell us using no more than 2 pages: (a) the specific actions that your community has taken over the past year towards ending chronic homelessness; and (b) any remaining obstacles to achieving this goal.
- (2) <u>Current Chronic Homelessness Strategy</u>. In order to keep HUD informed of your chronic homelessness strategy, please provide a brief summary of the community's strategy for ending chronic homelessness by 2012, including any updates to your strategy. As a part of this discussion, please include in this narrative the number of sheltered and unsheltered chronically homeless persons identified on the "CoC: Homeless Population and Subpopulations Chart" (see page 10). (Your response is expected to be no more than 2 pages, however, none of it will count towards your 30-page limitation.)
- (3) <u>Future Goals</u>. Describe your specific future-oriented goals, and specific action steps for each to be undertaken over the next 18 months in carrying out a strategy to end chronic homelessness in your community. Specify the entity that has the lead responsibility for success or failure in carrying out each step and provide specific target dates for completion. Be sure to include among your goals/action steps each of the plans for housing and services mentioned in sections 3.E. and 3.F. Please use the following format. (Add to as needed for additional goals.)

| Action Steps<br>("How" are you to go about<br>accomplishing it) | Responsible<br>Person/Organization<br>("Who" is responsible for<br>accomplishing it) | Target Dates<br>(mo/yr will be<br>accomplished)                                                                                                                                            |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Annual street counts of<br>unsheltered homeless persons         | Emergency Shelter<br>Commission                                                      | January 2004                                                                                                                                                                               |
|                                                                 |                                                                                      |                                                                                                                                                                                            |
|                                                                 |                                                                                      |                                                                                                                                                                                            |
|                                                                 |                                                                                      |                                                                                                                                                                                            |
|                                                                 | ("How" are you to go about<br>accomplishing it)<br>Annual street counts of           | Person/Organization           ("How" are you to go about accomplishing it)         ("Who" is responsible for accomplishing it)           Annual street counts of         Emergency Shelter |

### B. Other Homelessness Goals Chart

- (1) Please provide a summary of accomplishments made over the past year in addressing your community's other homelessness goals.
- (2) In addition to the goals for ending chronic homelessness, please describe any other goals and specific action steps that your community has developed to address homelessness. Specify the entity that has lead responsibility for carrying out each step and specific target date for completion. Please use the following format.

| Goal: Other Homelessness | Action Steps | Responsible Person/<br>Organization | Target Dates |
|--------------------------|--------------|-------------------------------------|--------------|
| Goal 1:                  |              |                                     | -            |
| Goal 2:                  |              |                                     |              |
| Goal 3:                  |              |                                     |              |

### C. Discharge Planning Policy

The McKinney-Vento Act requires that any governmental agency receiving funding may not receive HUD McKinney funds unless they develop and implement, to the extent practicable, policies for the discharge of persons from publicly funded institutions or systems of care. These institutions and systems of care include health care facilities, foster care or other youth facilities, and corrections programs and institutions. The purpose of developing and implementing discharge policies is to prevent persons being discharged from immediately becoming homeless.

**Describe** how your CoC will work with the appropriate local and State governments to ensure that a discharge policy for persons leaving publicly funded institutions or systems of care is being developed and implemented to prevent the discharge of persons from immediately resulting in homelessness.

### D. Unexecuted Grants Awarded Prior to the 2002 Continuum of Care Competition

Homeless assistance awards are intended to rapidly help homeless individuals and families become more selfsufficient. It is expected that continuums will keep apprised of grants awarded to homeless providers in their jurisdiction(s) and become aware of projects that are not moving forward. Using the prescribed format, please provide a list of all HUD McKinney-Vento Act awards announced prior to 2002 that are not yet under contract (i.e. signed grant agreement or executed ACC).

| Project Number  | Applicant Name       | Project Name             | Grant Amount |
|-----------------|----------------------|--------------------------|--------------|
| Ex: MI23B901002 | Michiana Homes, Inc. | TH for Homeless Families | \$514,000    |
|                 |                      |                          |              |
|                 |                      |                          |              |
|                 |                      | Total                    |              |

### E. Service Activity Chart

Using the format below, describe the fundamental service components of your Continuum of Care system currently in place, and any additional services being planned. Describe how homeless persons access or receive assistance under each component other than Outreach. (Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)

### Fundamental Components in CoC System -- Service Activity Chart

### Component: Prevention

Services in place: Please arrange by category (e.g., rental/mortgage assistance), being sure to identify the service provider. Services planned:

How persons access/receive assistance:

### Component: Outreach

Outreach in place: (1) Please describe the outreach activities for homeless persons who are living on the streets in your CoC area and how they are connected to services and housing.

(2) Describe the outreach activities that occur for other homeless persons.

Outreach planned: Describe any planned outreach activities for (1) persons living on the streets; and (2) for other homeless persons.

### Component: Supportive Services

Services in place: Please describe how each of the following services are provided in your community (as applicable): case management, life skills, alcohol and drug abuse treatment, mental health treatment, AIDS-related treatment, education, employment assistance, child care, transportation, and other.

Services planned:

How homeless persons access/receive assistance:

### F. Housing Activity Chart

### How to Complete the Housing Activity Chart

Starting with the information on the 2002 Housing Activity Chart, please update that information and show all housing activity on the following chart for 2003. Please provide information on each facility concerning: (1) the location of the facility/voucher program, using HUD's geographic codes, (2) the target populations, and (3) each facility/voucher program under development.

Geo Code column: Indicate the Geographic Area Code (Geo Code) for the facility. Where there is only one geographic code for the Continuum, check the box and indicate that code in the first facility listing only. If the project is located in multiple jurisdictions, select the jurisdiction where the majority of the inventory is located. **Target Population columns:** 

Column A, Select the code that best represents your project: SM=only Single Males (18 years and over); SF=only Single Females (18 years and over); SMF=only Single Males and Females (18 years and over with no children); FC=Families with Children; YM=only unaccompanied Young Males (under 18 years), YF=only unaccompanied Young Females (under 18 years), YMF=unaccompanied Young Males and Females (under 18 years), and O=Others.

Column B, Indicate whether the facility serves these additional characteristics: DV=only Domestic Violence victims, VET=only Veterans, and AIDS=only persons with HIV/AIDS.

Current Inventory: List all facilities and voucher programs that are currently operating.

Under Development: List all the projects that are fully funded but are not yet serving homeless people.

(Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)

| Component: Emergency She                  | lter              |             |                   |              |                    |              |          |                 |
|-------------------------------------------|-------------------|-------------|-------------------|--------------|--------------------|--------------|----------|-----------------|
| Provider Name                             | Facility Name     | Geo<br>Code | Target<br>Populat | ion          |                    | Bed C        | apacity  |                 |
|                                           |                   | □*          | ·                 |              | Indiv              | iduals       |          | es with<br>dren |
| Current Inventory                         | I                 |             | Α                 | B            | 2002               | 2003         | 2002     | 2003            |
| Ex: Homeless Help, Inc.                   | Donovan's Shelter | 180084      | SF                | DV           | 25                 | 30           |          |                 |
| Ex. Jacob's House                         | Voucher Program   | 090102      | FC                |              |                    |              | 42       | 54              |
|                                           |                   |             | Sub               | total        |                    |              |          |                 |
| Under Development                         |                   |             | 500               | 10141        | <u> </u>           |              | 1        | L               |
| Ex: Michael's House, Inc.                 | Haven Place       |             | SF                |              |                    |              |          | 27              |
|                                           |                   |             |                   |              |                    |              |          |                 |
|                                           |                   |             |                   |              |                    |              |          |                 |
|                                           | I                 |             |                   | Sub          | total              |              |          |                 |
| Component: Transitional He                | ousing            |             |                   | 1            |                    |              |          |                 |
| Provider Name                             | Facility Name     | Geo         | Target            |              | Bed Cap            |              | apacity  |                 |
|                                           |                   | Code        | Populat           | ion          | Individuals Famili |              | • (1)    |                 |
|                                           |                   |             |                   |              |                    |              | Children |                 |
| Current Inventory                         |                   |             | A                 | B            | 2002               | 2003         | 2002     | 2003            |
| EX: Alpha, Inc.                           | A New Beginning   | 180084      | SM                | VET          | 18                 | 23           |          |                 |
|                                           |                   |             |                   |              |                    |              |          |                 |
|                                           |                   |             |                   |              |                    |              |          |                 |
|                                           |                   |             | Sub               | total        |                    |              |          |                 |
| Under Development                         |                   |             |                   | r            |                    |              |          |                 |
|                                           |                   |             |                   |              |                    |              |          |                 |
|                                           |                   |             |                   | Sub          | ototal             |              |          |                 |
| Construction Discourse and Second         |                   |             |                   | Sub          | notai              |              |          | 1               |
| Component: Permanent Sup<br>Provider Name |                   | C           | <b>T</b> (        |              | 1                  | D.J.C        |          |                 |
| Provider Name                             | Facility Name     | Geo<br>Code |                   | Target Bed C |                    | Bea C        | apacity  |                 |
|                                           |                   |             |                   | Population   |                    | Families wit |          |                 |
|                                           |                   | Code        | ropulat           | 10 <b>n</b>  | Indiv              | iduale       | Famili   |                 |
|                                           |                   |             | Topulai           | 1011         | Indiv              | iduals       |          |                 |
|                                           |                   | ⊂ode<br>□*  |                   | F            |                    |              | Chil     | dren            |
| Current Inventory                         | Home At Last      | _*          | A                 | B            | 2002               | 2003         |          |                 |
| Current Inventory                         | Home At Last      |             |                   | B            |                    | 2003         | Chil     | dren            |
| Current Inventory                         | Home At Last      | _*          | A                 | B            | 2002               | 2003         | Chil     | dren            |
| Current Inventory<br>EX: Lazarus, Inc.    | Home At Last      | _*          | A                 | B            | 2002               | 2003         | Chil     | dren            |
| Current Inventory                         | Home At Last      | _*          | A                 | B            | 2002               | 2003         | Chil     | dren            |
| Current Inventory<br>EX: Lazarus, Inc.    | Home At Last      | _*          | A                 | B            | 2002               | 2003         | Chil     | dren            |

**\*CoCs** that list only one geographic code in their Application Summary sheet may check this box and should identify the Geographic Code. All other CoCs must identify the location of each facility by the geographic code. **\*\*Permanent Supportive Housing** is Shelter Plus Care (S+C), Section 8 SRO and Supportive Housing Program-Permanent Housing component (SHP-PH). It also includes any permanent housing projects dedicated exclusively to serving homeless persons such as public housing units that have been dedicated to housing homeless persons.

### 4. Instructions for Continuum of Care Housing Gaps Analysis and Homeless Population Charts

### Housing Gaps Analysis Chart

This required chart summarizes the information from the Fundamental Components in the CoC System -- Housing Activity Chart and represents the CoC's judgment as to the need for additional emergency, transitional housing and permanent supportive housing resources. The estimated unmet need is based upon the status of the inventory at a point-in-time (one-day) and takes into account both existing beds and <u>funded</u> new beds that are not yet ready for occupancy but are under development.

Include this required chart with your Continuum of Care narrative in your Exhibit 1 submission.

### 1. Complete the first column "Current Inventory in 2003."

Enter the number of existing beds serving the community in 2003. This inventory includes only beds currently available for occupancy. The completion of the "Current Inventory in 2003" for emergency shelter, transitional housing, and permanent supportive housing beds must be carried over from the subtotals shown under "Current Inventory" in each of the three housing component areas contained in the Fundamental Components Housing Activity Chart.

### 2. Complete the second column "Under Development in 2003."

Enter the number of <u>funded</u> new beds not ready for occupancy but under development in 2003. The completion of "Under Development in 2003" must be carried over from the subtotals shown under "Under Development" in each of the three housing component areas contained in the Fundamental Components Housing Activity Chart.

### 3. Complete the third column "Unmet Need/Gap."

Enter the number of beds the CoC determines to be the unmet remaining need for each category. This number should represent the need for additional beds after the current inventory and under development inventories are considered. This represents the Continuum of Care's judgment on the need for additional beds under each category.

### **Homeless Population and Subpopulations Chart**

<u>Completing Part 1: Homeless Population</u>. This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The counts must be from: (A) administrative records, (N) enumerations, (S) statistically reliable samples, or (E) estimates. The quality of the data presented in each box must be identified as: (A), (N), (S) or (E).

<u>Completing Part 2: Homeless Subpopulations</u>. This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The numbers must be from: (A) administrative records, (N) enumerations, (S) statistically reliable samples, or (E) estimates. The quality of the data presented in each box must be identified as: (A), (N), (S) or (E).

Sheltered Homeless. Count adults, children and youth residing in shelters for the homeless. "Shelters" include all emergency shelters and transitional shelters for the homeless, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. **Do not count:** (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units; (3) children or youth, who because of their own or a parent's homelessness or abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

**Unsheltered Homeless.** Count adults, children and youth sleeping in places not meant for human habitation. Places not meant for human habitation include streets, parks, alleys, parking ramps, parts of the highway system,

transportation depots and other parts of transportation systems (e.g. subway tunnels, railroad car), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places.

### 5. Methods used to Collect Information for the Housing Gaps Analysis and Homeless Population/Subpopulations Charts

In order to assess the quality of the data identified by your community, please provide the following:

- a. For Housing Gaps Analysis Chart identify the data source (e.g., City Shelter Survey), and the methods (e.g., mail survey) for filling out the "Current Inventory in 2003" and "Under Development in 2003" columns. Briefly describe the basis for the community's determination as to the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing for the homeless.
- b. Provide your community's definition of emergency shelter and transitional housing.
- c. For the Part 1 Homeless Population and Subpopulations Chart indicate the specific point-in-time date of data collection (e.g., March 30, 2003) for <u>both</u> the "sheltered" and "unsheltered." This must be only a one-day/night count. Describe your community's process and methods for collecting the data, including the reason(s) your community chose those methods. If your community conducts an enumeration of persons at least annually or uses administrative data from outreach programs to those living on the street, please provide a description of the lead agency/contact person and the process for data collection and coverage in the community.
- d. For the Part 2 Homeless Population and Subpopulations Chart indicate the methods for determining homeless subpopulations in general and the chronic homeless in particular.
- e. **Describe your community's plans** for conducting an annual update of the Fundamental Components in the CoC System Housing Activity Chart.
- f. **Describe your community's process** for conducting regular point-in-time counts (not less than once every three years) of the "sheltered" and "unsheltered" categories in order to complete Part 1 and 2 of the Homeless Population and Subpopulations Chart and the collection <u>methods</u> you plan to use.

# Continuum of Care: Housing Gaps Analysis Chart Current Current Under Inventory in 2003 2003

|         |                              | Individuals |    |    |
|---------|------------------------------|-------------|----|----|
| Example | Emergency Shelter            | 100         | 40 | 26 |
|         | Emergency Shelter            |             |    |    |
| Beds    | Transitional Housing         |             |    |    |
|         | Permanent Supportive Housing |             |    |    |
|         | Total                        |             |    |    |

| Persons in Families With Children |                                                                           |                                                                                 |                   |
|-----------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------|
| Emergency Shelter                 |                                                                           |                                                                                 |                   |
| Transitional Housing              |                                                                           |                                                                                 |                   |
| Permanent Supportive Housing      |                                                                           |                                                                                 |                   |
| Total                             |                                                                           |                                                                                 |                   |
|                                   | Emergency Shelter<br>Transitional Housing<br>Permanent Supportive Housing | Emergency Shelter       Transitional Housing       Permanent Supportive Housing | Emergency Shelter |

### **Continuum of Care: Homeless Population and Subpopulations Chart**

| Part 1: Homeless Population                       | Sheltered |              | Unsheltered | Total |
|---------------------------------------------------|-----------|--------------|-------------|-------|
|                                                   | Emergency | Transitional |             |       |
| Example:                                          | 75 (A)    | 125 (A)      | 105 (N)     | 305   |
| 1. Homeless Individuals                           |           |              |             |       |
| 2. Homeless Families with Children                |           |              |             |       |
| 2a. Persons in Homeless Families<br>with Children |           |              |             |       |
| Total (lines 1 + 2a)                              |           |              |             |       |
| Part 2: Homeless Subpopulations                   | Sheltered |              | Unsheltered | Total |
| 1. Chronically Homeless                           |           |              |             |       |
| 2. Seriously Mentally Ill                         |           |              |             |       |
| 3. Chronic Substance Abuse                        |           |              |             |       |
| 4. Veterans                                       |           |              |             |       |
| 5. Persons with HIV/AIDS                          |           |              |             |       |
| 6. Victims of Domestic Violence                   |           |              |             |       |
| 7. Youth                                          |           |              |             |       |

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Unmet Need/

Gap

### 6. Homeless Management Information System (HMIS). (Your response to this item will not count towards your 30-page limitation.)

Congress has established a national goal that all communities should be collecting an array of data on the homeless, including unduplicated counts of the homeless, their use of services and the effectiveness of local assistance systems. In order to achieve this objective, HUD has encouraged communities to develop a Homeless Management Information System (HMIS).

- a. Describe in a brief narrative your Continuum of Care (CoC) strategy to implement an HMIS, providing a schedule for implementation and describing the progress you have made to date, including obtaining the participation of emergency shelter, transitional housing and McKinney-Vento permanent supportive housing providers.
- Please check <u>one</u> of the following which best reflects the status of your CoC in having a Continuum-wide HMIS (see Section O of the "Questions and Answers" supplement to the application before completing):
- \_\_\_\_\_ The CoC has not yet considered implementing an HMIS.
- \_\_\_\_\_ The CoC has been meeting and is considering implementing an HMIS.
- The CoC has decided to implement an HMIS and is selecting needed software and hardware.
- \_\_\_\_\_ The CoC has implemented a Continuum-wide HMIS.
- \_\_\_\_\_ The CoC has implemented, but is seeking to update or change its current HMIS.
- \_\_\_\_\_ The CoC has implemented, but is seeking to expand the coverage of its current HMIS system.
- c. If your CoC has already implemented or is seeking to update or expand its HMIS system, identify in the table below how many of the Current Inventory in 2003 beds listed on your Housing Gaps Analysis chart are included in the CoC's HMIS and are currently providing data on clients into the system. For each Current Inventory in 2003 Housing Activity category, indicate the number of beds that are providing client level data into the HMIS and the percent of coverage for that category. For example: there are 100 beds in the Current Inventory in 2003 for the Individuals/Emergency Shelter category and client level data into the HMIS are provided for 60 of these beds. Place 60 beds/60 percent in the following chart for the Individuals/Emergency Shelter category.

### Current Inventory in 2003 Beds/Percentage Providing Client Data into HMIS Individuals Families

| Emergency Shelter            | / | / |
|------------------------------|---|---|
| Transitional Housing         | / | / |
| Permanent Supportive Housing | / | / |

### 7. Priorities.

Having now assessed the need in your community and having compared it to your existing Continuum of Care system, please provide the following:

- a. Using your gaps analysis findings, complete the *Continuum of Care: Project Priorities* chart that follows according to the instructions provided. (Refer to the chart for specific instructions and examples.)
- b. Describe the methods you use to determine whether projects up for renewal are: (1) performing satisfactorily and (2) effectively addressing the need(s) for which they were designed.
- c. Describe how each project proposed for funding will fill a gap in your community's Continuum of Care system. (Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)
- d. Demonstrate how the project selection and priority placement processes were conducted **fairly and impartially**, and gave equal consideration to projects sponsored by nonprofit organizations. In doing so, (1) specify your open solicitation efforts for projects; (2) identify the objective rating measures applied to the projects and demonstrate that participants on the review panel or committee are unbiased; and (3) explain the voting system used. Finally (4), if written complaints concerning the process were received during the last 12 months, please briefly describe them and how they were resolved.

### 8. Supplemental Resources.

HUD funding is limited and, therefore, can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. This being the case, please provide the following:

- A. Project Leveraging. Fill out the Continuum of Care: Project Leveraging chart. (See instructions with chart).
- B. Enrollment and Participation in Mainstream Programs.
  - Describe your Continuum of Care-wide strategy currently in place to systematically:
  - (1) **IDENTIFY ELIGIBILITY** of homeless persons for mainstream programs.
  - (2) <u>HELP ENROLL</u> them in the following programs for which they are eligible: SSI, TANF, Medicaid, Food Stamps, SCHIP, Workforce Investment Act, Veterans Health Care.
  - (3) **ENSURE THEY RECEIVE** assistance under each of the programs for which they are enrolled.
- C. Participation in Mainstream Programs and Employment.

In order for HUD to assess the results of your continuum's effort in implementing this strategy, please complete the following chart. The source of information is from the most recent Annual Progress Report (APR) for all SHP and SPC renewals being submitted in this year's competition.

Instructions for filling out the Participation in Mainstream Programs and Employment chart:

Column 1 – Income Source. Use these income sources from the APR (Question 11).

- Column 2 –Adults Who Exited (All Renewals). For each SHP and SPC renewal being submitted in this year's competition, use APR Question 2C (Number who left the program during the operating year). For each APR, add the Number of Singles Not in Families and the Number of Adults in Families. The total represents the number of adults who exited the project during the operating year. Add the total from each renewal's APR to get the total number of adults in the CoC who left the projects during the operating year.
- Column 3 Source of Income at Entry. Using the information in each project's APR Question 11C (Income Sources at Entry), add the total number of exiting adults who, upon entry to the project, already had each source of income.

Column 4 - % with Income at Entry. Divide Column 3 by Column 2, multiply by 100 and round.

Column 5 – Source of Income at Exit. Using the information in each project's APR Question 11D (Income Sources at Exit), add the total number of adults who, upon exiting the project, had each source of income.

Column 6 – % with Income at Exit. Divide Column 5 by Column 2, multiply by 100 and round. Column 7 – Entry / Exit Difference. Subtract Column 4 from Column 6.

**IMPORTANT:** If you are <u>not</u> submitting any renewals in this year's competition, provide the chart using the most recent APR for all currently operating SHP and SPC projects in your continuum.

### Participation in Mainstream Programs and Employment Chart

What is the total number of projects represented in this chart?

| 1<br>Income Source        | 2<br>Adults Who<br>Exited (All<br>Renewals) | 3<br>Source<br>of<br>Income<br>at Entry | 4<br>% w/ Income<br>at Entry<br>(Col 3+Col 2) | 5<br>Source<br>of<br>Income<br>at Exit | 6<br>% w/ Income<br>at Exit<br>(Col 5÷Col 2) | 7<br>Entry/Exit<br>Difference<br>(Col 6 – Col 4) |
|---------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------------|----------------------------------------|----------------------------------------------|--------------------------------------------------|
| a. SSI                    | 854                                         | 129                                     | 15.1%                                         | 174                                    | 20.4%                                        | 5.3                                              |
| e. TANF                   | 854                                         | 91                                      | 10.7%                                         | 126                                    | 14.8 %                                       | 4.1                                              |
|                           |                                             |                                         |                                               |                                        |                                              |                                                  |
| a. SSI                    |                                             |                                         |                                               |                                        |                                              |                                                  |
| e. TANF                   |                                             |                                         |                                               |                                        | <                                            |                                                  |
| h. Employment Income      |                                             |                                         |                                               |                                        |                                              |                                                  |
| k. Medicaid               |                                             |                                         |                                               |                                        |                                              |                                                  |
| 1. Food Stamps            |                                             |                                         |                                               |                                        |                                              |                                                  |
| n. No Financial Resources |                                             |                                         |                                               |                                        |                                              |                                                  |

D. Use of Other Mainstream Resources. Using the following format, describe how the identified mainstream resources are currently (within the past 2 years) being used to assist homeless persons (see definition of "homeless person" in Glossary). "Prevention" activities are *not* to be included. Please ensure that there is no overlap between the resource funds listed on your Project Leveraging Chart and the uses/projects described below. (Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)

| Mainstream<br>Resources                                                    | Use of Resource in CoC System for <u>Homeless</u><br>Persons (e.g., rehab of rental units, job<br>training, etc.) | Specific Project<br>Name | \$ Amount or number<br>of units/beds<br>provided within last <u>2</u><br><u>years</u> specifically for<br>the <u>homeless</u> |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| CDBG                                                                       |                                                                                                                   |                          |                                                                                                                               |
| HOME                                                                       |                                                                                                                   |                          |                                                                                                                               |
| Housing Choice<br>Vouchers (only if<br>"priority" is given<br>to homeless) |                                                                                                                   |                          |                                                                                                                               |
| <b>Public Housing</b><br>(only if units are<br>dedicated to<br>homeless)   |                                                                                                                   |                          |                                                                                                                               |
| Mental Health<br>Block Grant                                               |                                                                                                                   |                          |                                                                                                                               |
| Substance Abuse<br>Block Grant                                             |                                                                                                                   |                          |                                                                                                                               |
| Social Services<br>Block Grant                                             |                                                                                                                   |                          | · · · · · · · · · · · · · · · · · · ·                                                                                         |
| Welfare-to-Work                                                            |                                                                                                                   |                          |                                                                                                                               |
| State-Funded<br>Programs                                                   |                                                                                                                   |                          |                                                                                                                               |
| City/County<br>Funded Programs                                             |                                                                                                                   |                          |                                                                                                                               |
| Private                                                                    |                                                                                                                   |                          |                                                                                                                               |
| Foundations<br>(Identify by name)                                          |                                                                                                                   |                          |                                                                                                                               |

### **Instructions for Continuum of Care: Project Priorities**

A priority ordering of all projects proposed for each community in the Continuum of Care strategy should be included on the Project Priority chart whether submitted through Consolidated or Associated Applications. The projects that communities rank as higher priorities will receive the most points under the "Need" criterion. *This required chart must be identical for all Associated Applications requesting funding under the same Continuum of Care system.* If you do not provide a Project Priorities Chart in Exhibit 1, all proposed projects may lose up to 30 points of the 40point Need total. There should be *only one project per line.* Projects submitted in response to the 2003 NOFA should fill gaps identified as priorities for funding as determined by your community's gaps analysis.

- 1. In the *first column*, enter the name of the *applicant*, the entity that is responsible for the overall management of the grant. This entity becomes the grantee if the project is selected for funding. (*You must submit a HUD-424*).
- 2. In the second column, enter the project sponsor that will carry out the project and the project name.
- 3. The *third column* is the numeric priority that your Continuum of Care community has assigned to each project. For your convenience, this column has been pre-filled, with number 1 as the highest priority and number 12 as lowest. Please reproduce this *required* chart if you need additional space to accommodate more projects, renumbering as necessary.
- 4. In the *fourth column*, enter the requested amount of project funding for each project.
- 5. In the *fifth column*, enter the requested term of your project in years.
- 6. In the sixth column, enter the component/type of each project. Codes for the project components/type are:
   <u>SHP new and renewal</u>—Transitional Housing (TH), Permanent Housing for Persons with Disabilities (PH), Supportive Services Only (SSO), Safe Haven (SH), Homeless Management Information Systems (HMIS), and Innovative Supportive Housing (IH)

Shelter Plus Care new and renewal—Tenant-based Rental Assistance (TRA), Sponsor-based Rental Assistance (SRA), Project-based Rental Assistance (PRA), Project-based Rental Assistance with Rehabilitation (PRAR), and Section 8 Moderate Rehabilitation Single Room Occupancy rental assistance (SRO).

- 7. At the bottom of the chart, fill in the total requested amount for the projects in the chart. (If multiple pages are being submitted, provide only a grand total at the end of the last page.)
- 8. Place all Shelter Plus Care renewal projects as the last entries in the chart. They are not prioritized with the other programs because they are being funded non-competitively; however, the law requires that they be a part of the national competition.
- 9. The tiering of projects on your priority list is no longer permitted.

### **Instructions for Renewals**

Communities wishing to seek funding for project renewals (for expiring HUD projects other than S+C renewals) need to include such projects in their priority list. The purpose of renewal funding is to provide continued assistance to homeless persons, provided that the grantee can demonstrate success in achieving program objectives. A project whose HUD grant will expire during calendar year 2004 may request renewal funding if it previously received HUD McKinney-Vento Act funds for one of the following:

- Supportive Housing Program (SHP)
- SHP Renewal
- Shelter Plus Care (S+C) Program
- S+C Renewal

When developing priority lists, your community may wish to pay particular attention to the funding needs of current McKinney-Vento homeless assistance projects that will not have sufficient funds to continue operating throughout 2004. If your community is unsure as to when its grants are eligible for renewal funding, please contact your local HUD Field Office. Note: Only the current grantee (the entity that has executed the current grant agreement with HUD) can apply for renewal of its project, i.e., must be the applicant and submit a HUD-424.

## **Continuum of Care: Project Priorities**

(This entire chart will count as only one page towards the 30-page limitation)

| (1)<br>Applicant       |                                       |         | (4)<br>**Requested<br>Project<br>Amount | (5)<br>Term<br>of<br>Project | (6)<br>Program and<br>Component/Type* |              |            |              |            |
|------------------------|---------------------------------------|---------|-----------------------------------------|------------------------------|---------------------------------------|--------------|------------|--------------|------------|
|                        |                                       |         |                                         |                              | SHP<br>new                            | SHP<br>renew | S+C<br>new | S+C<br>renew | SRC<br>new |
| Example: ABC Nonprofit | ABC Nonprofit/<br>Sarah's House       | 1       | \$1,026,000                             | 3 (yrs)                      | РН                                    |              |            |              |            |
| Example: XYZ County    | AJAY Nonprofit/<br>Spencer's Place    | 2       | \$800,000                               | 5 (yrs)                      |                                       |              | TRA        |              |            |
|                        |                                       | 2       |                                         |                              |                                       |              |            |              |            |
|                        |                                       | 3       |                                         |                              |                                       |              |            |              |            |
|                        |                                       | 4       |                                         |                              |                                       |              |            |              |            |
|                        |                                       | 5       |                                         |                              |                                       |              |            |              | <br>       |
|                        |                                       | 7       |                                         |                              |                                       |              |            |              |            |
|                        |                                       | 8       |                                         |                              |                                       |              |            |              |            |
| <u></u>                |                                       | 9       |                                         |                              |                                       |              |            |              |            |
|                        |                                       | 10      |                                         |                              |                                       |              |            |              |            |
|                        | · · · · · · · · · · · · · · · · · · · | 11      |                                         |                              |                                       |              |            |              |            |
|                        |                                       | 12      |                                         |                              |                                       |              |            |              |            |
|                        | <b>**</b> Total Requested             | Amount: |                                         |                              |                                       |              |            |              |            |

\*Place the components/type for each project under column 6.

\*\*The Requested Project Amount must not exceed the amount entered in the project budget in Exhibits 2, 3, and 4. If the project budget exceeds the amount shown on the priority list, the project budget will be reduced to the amount shown on the priority list.

Please Note:

- (1) Place all Shelter Plus Care renewal projects as the last entries on the Chart.
- (2) For all Shelter Plus Care and SRO projects, please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002 Federal Register.

### Instructions for Continuum of Care: Project Leveraging

Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. Provide information only for contributions for which you have a written commitment in hand at the time of application. A written agreement could include signed letters, memoranda of agreement, and other documented evidence of a commitment. Leveraging items may include any written commitments that will be used towards your cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g., the value of donated land, buildings or equipment claimed in 2002 and prior years for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions). The written commitments must be documented on letterhead stationery, signed by an authorized representative, dated and in your possession prior to the deadline for submitting your application, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and, the date the contribution will be available. The documentation will be required at Technical Submission if a project is conditionally selected. If you do not have in hand at the time of application submission a written agreement for a contribution that will be used in your project, do not enter the contribution. Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).

- 1. In the *first column*, enter the project priority number.
- 2. In the *second column*, enter the name of the project.
- 3. In the *third column*, identify the type of contribution being leveraged by the proposed project. Types of contributions could include cash, buildings, equipment, materials, and services, such as transportation, health care, and mental health counseling.
- 4. In the *fourth column*, enter the name of the source or provider from whom the contribution is being leveraged. The contribution may be leveraged through Federal, State, local, or private sources, including mainstream housing and social service programs.
- 5. In the *last column*, enter the value of the contribution. Donated professional services should be valued at the customary rate; volunteer time should be valued at \$10 per hour. Donated buildings should be valued at their fair market value or fair rental value minus any charge to the SHP, S+C, or SRO program.
- 6. At the bottom of the chart, fill in the total amount. (If multiple pages are being submitted, provide only a grand total at the end of the last page.)

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Continuum of Care: Project Leveraging (Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. *This entire chart will count as only* one page towards the 30-page limitation)

| Project<br>Priority<br>Number | Name of Project           | Type of Contribution | Source or Provider                              | *Value of<br>Written<br>Commitment |
|-------------------------------|---------------------------|----------------------|-------------------------------------------------|------------------------------------|
| 3                             | Example:<br>Sarah's House | Child Care           | Spotsville Co. Department of<br>Social Services | \$10,000                           |
|                               |                           |                      |                                                 |                                    |
|                               |                           |                      |                                                 |                                    |
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|                               |                           |                      |                                                 |                                    |
|                               |                           |                      |                                                 |                                    |

\*Please enter the value of the contribution for which <u>you have</u> a written commitment at time of application submission.

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# Exhibit 2 and 2R: Supportive Housing Program (SHP)

The following information pertains to Exhibit 2 (SHP New) and Exhibit 2R (SHP Renewal). Exhibit 2R is new this year. It was developed for renewal projects since the majority of CoC applications are for SHP renewal projects. Since HUD has prior history working with these applicants/grant recipients, this streamlined exhibit was developed for ease in filling out the application. The Project Components and SHP Guidance sections apply to both exhibits.

### **Program Components/Type**

The Supportive Housing Program promotes the development of supportive housing and services that help homeless persons transition from homelessness to living as independently as possible. Each project submitted under SHP must be classified as one of the program components described below.

**Transitional Housing** facilitates the movement of homeless individuals and families to permanent housing within 24 months. This temporary housing is combined with supportive services to enable homeless individuals and families to live as independently as possible. Supportive services—which help promote residential stability, increased skill level and/or income, and greater self-determination—may be provided by the organization managing the housing or coordinated by that organization and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

**Permanent Housing for Persons with Disabilities** is long-term housing for this population. Basically, it is community-based housing and supportive services as described above, designed to enable homeless persons with disabilities to live as independently as possible in a permanent setting. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

Supportive Services Only projects provide services designed to address the special needs of the homeless persons. Projects are classified as this component only if the project sponsor is not also providing or operating the housing for the same persons receiving the services. Eligible activities for Supportive Services Only projects are acquisition, rehabilitation, leasing, and, of course, supportive services. (Applicants cannot request funds for new construction or operations.) Supportive services only projects may have one or more structures at a central site or at scattered sites where services are delivered; or services may be delivered independent of a structure, such as street outreach.

Safe Haven projects must meet the following criteria: (1) have no limit on length of stay; (2) serve hard to-reach homeless persons who have severe mental illness, are on the streets, and have been unable or unwilling to participate in supportive services; (3) provide 24-hour residence for an unspecified duration; (4) provide private or semiprivate accommodations; and (5) have overnight occupancy limited to 25 persons. A safe haven may also provide supportive services to eligible persons who are not residents, on a drop-in basis. A Safe Haven project that has the characteristics of the SHP/Permanent Housing component and requires participants to execute a lease agreement may now be classified as permanent supportive housing.

For many persons with mental illness who have been living on the streets, the transition to self-sufficiency is best made in stages, starting with a small, highly supportive environment where an individual can feel at ease, out of danger, and subject to no immediate service demands. Safe Havens do not require participation in services and referrals as a condition of occupancy. Rather, it is hoped that after a period of stabilization in a safe haven, residents will be more willing to participate in services and referrals, and will eventually be ready to move to more traditional forms of housing. Safe Havens can serve as an entry point to the service system and provide access to basic services such as food, clothing, bathing facilities, telephones, storage space, and mailing addresses.

Homeless Management Information System (HMIS) is now a separate component/type for new and renewal dedicated HMIS projects in the 2003 CoC competition. There is also a separate budget activity for specifying costs in dedicated HMIS projects and in SHP projects including HMIS costs as a share of their participation in an HMIS. SHP may be used to pay the costs of implementing and operating an HMIS. Eligible HMIS costs are: equipment, software, computer services, personnel to manage and operate the system, training, and staff that analyze the data and prepare reports for providers, the CoC, and HUD.

**Innovative Supportive Housing** enables the applicant to design a supportive housing project for homeless persons that is outside the scope of the other SHP components. A project is innovative when the particular approach is new to the area and can be replicated in other communities. The project must be determined by HUD to be innovative or it will be rejected from the competition. The project must also be for eligible SHP activities.

#### **Project Definition**

Under SHP, a "project" may be either for supportive housing, supportive services only or HMIS. For a supportive housing project, one project sponsor provides housing in one or more structures and delivers services, or arranges with other organizations to deliver services, to the residents. For a Supportive Services Only project, one sponsor delivers services to homeless persons, but the sponsor *does not* provide housing to the same persons receiving the services. Supportive services can be delivered from a structure(s) or they can be delivered independent of a structure(s), such as street outreach. The following are examples of SHP projects:

**Example 1:** Project sponsor Serenity House will provide 10 units of permanent housing to homeless persons with serious mental illness. The project sponsor is requesting funding for rehabilitation, supportive services, and operations. The supportive services will be provided by the local day treatment center. This is one project and is classified under the permanent housing component.

**Example 2:** Project sponsor Greenville Nonprofit proposes to acquire, rehabilitate, and operate a transitional housing facility for homeless women and children. Services will be coordinated by Greenville Nonprofit but delivered by a local charitable organization and a health clinic. This is one project and is classified under the transitional housing component.

**Example 3:** Project sponsor Health Care, Inc., currently owns a van from which it does outreach and provides health care services to homeless persons and families on the streets and in emergency shelters. Health Care proposes to expand its service level to serve more people and to provide immunizations and help refer homeless persons to appropriate housing. The expansion is one project and is classified under the supportive services only (SSO) component. SHP funds may be requested for the expansion only; the project sponsor would continue to provide funding for the current activities from other sources.

**Example 4:** Project sponsor Second Chance is part of a CoC which has decided to implement a community-wide Homeless Management Information System (HMIS). The CoC has determined that Second Chance will propose a dedicated HMIS project. The project's funds will be used to purchase HMIS software and computers and to pay the salary of HMIS staff. (See the "Question and Answer" supplement to the application for further information on funding for HMIS activities.)

## **SHP** Guidance

**Eligible and Ineligible Activities and Limitations**. There are eight activities that can be funded under SHP. They are acquisition, rehabilitation, new construction, leasing, operating costs, supportive services, HMIS and administrative costs. This year, HMIS will be classified as its own eligible SHP activity rather than as a supportive service. See the "Questions and Answers" supplement to the application for additional discussion on this topic. Specific activities that are *not eligible* by law under the six program components/type include:

- Operating costs or new construction for supportive service only projects.
- Support for an existing project except as noted in section E of this exhibit and renewals.
- Support for permanent housing for non-disabled persons.
- Rehabilitation of a structure owned by a primarily religious organization, except in accordance with the requirements of 24 CFR 583.150(b)(2).
- New construction or rehabilitation of a structure prior to an executed grant agreement with HUD. Lack of an environmental clearance in such a case would necessitate withdrawal of HUD funds from the project.
- Acquisition and rehabilitation, or new construction that exceeds statutory funding limitations. (See section K of this exhibit for the specific limits.)
- Homeless prevention activities.
- Planning costs for HMIS.

**Match.** SHP funds provided for acquisition, rehabilitation, and new construction must be matched by the recipient with an equal amount of funds from other sources. In addition, any applicant requesting SHP funds for operating costs for supportive housing must provide a cash contribution of at least 25 percent of the total operating costs. Any applicant requesting SHP funds for supportive service activities funds must provide a cash contribution of at least 20 percent of the total supportive services costs. HMIS activities must also have a cash contribution of at least 20 percent of the total HMIS costs.

**Relocation and Environmental Issues**. SHP projects are subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act and additional relocation requirements in Section 583.310 of the SHP regulations. In addition, the use of SHP funds for acquisition, rehabilitation, new construction and, in some cases, leasing triggers 24 CFR Part 58, Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities, for recipients who are private nonprofit organizations or public housing authorities. Projects are also subject to the Lead-Based Paint Poisoning Prevention Act and are, therefore, subject to 24 CFR Part 35. Because Lead-Based Paint requirements can be complex, please contact your local HUD Field Office for guidance during the planning stages of your project.

## **Renewal Projects**

The purpose of renewal funding is to provide operating, leasing and supportive services for previously approved grantees in order to ensure continued assistance to homeless persons. Note: Only the current grantee (the entity that has executed the current grant agreement with HUD) can apply for renewal of its project, i.e., must be the applicant and submit a HUD-424.

A project may request one, two or three years of renewal funding if it previously received HUD McKinney-Vento Act funds under the Supportive Housing Program, including those previously renewed, and will expire during calendar year 2004. Since renewal projects may request renewal funds only for continuing a previously approved project at the *same level of housing and/or services* provided in the previous grant, renewal project budgets should be based upon the **average of the term activities of the previous grant award**. Renewal projects proposing both to renew the existing project and expand the number of units or number of participants receiving services must submit a new project proposal for the expansion portion of the project. HMIS activities being renewed should be included on the HMIS budget chart.

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## **Exhibit 2: Supportive Housing Program - New**

### Section A. Project Narrative

Section A is a description of your proposed project. Please respond to the items in Section A according to the following:

- New project applicants for TH, PH, Safe Havens, or Innovative components answer items 1-6, and 8 (if applicable).
- New project applicants for the SSO component answer items 1, 2, 4, 5, 6 and 8 (if applicable).
- New project applicants for dedicated HMIS projects answer items 1 and 7.
- 1. **Project summary**. Please provide the following:
  - a. Applicant and sponsor names
  - b. Program component
  - c. Total SHP request and the percent of this request for housing activities. SHP housing activities include acquisition, rehabilitation, and new construction; leasing of housing; and operations for supportive housing.
  - d. The type of housing (e.g., apartments, group home) proposed, if applicable
  - e. The population(s) to be served (N/A for dedicated-HMIS projects)
  - f. Grant term of the proposed project (2 year minimum, except for dedicated HMIS projects)
- 2. Homeless population to be served. Briefly describe the following:
  - a. Their characteristics and need for housing and supportive services.
  - b. Where they will come from. Indicate percentage coming from: (e.g., streets, emergency shelters, transitional housing for homeless persons who came from street/shelters, or other). "Other" must be clearly explained.
    c. The outreach plan to bring them into the project.
- **3.** Housing where participants will reside. For applicants requesting SHP funds for Transitional Housing, Permanent Housing for Persons with Disabilities, Safe Havens, or Innovative Supportive Housing components, demonstrate each of the following:
  - a. How the TYPE (e.g., apartments, group home) and SCALE (e.g., number of units, number of persons per unit) of the proposed housing will fit the needs of the participants.
  - b. That the basic COMMUNITY AMENITIES (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) will readily be ACCESSIBLE (e.g., walking distance, bus, etc.) to your clients.
  - c. For transitional housing component only: the residents' length of stay.
  - d. For permanent housing for persons with disabilities component where **more** than 16 persons will reside in a structure: describe what local market conditions necessitate the development of a project of this size and how the housing will be integrated into the neighborhood.
  - e. For innovative supportive housing component projects only: how the project represents an approach that is new to the area, is a sensible model for others, and can be replicated in other communities.
- 4. Supportive services the participants will receive. Demonstrate for each of the following:
  - a. How the TYPE (e.g., case management, job training) and SCALE (e.g., the frequency and duration) of the supportive services proposed will fit the needs of the participants.
  - b: WHERE the supportive services will be provided and what TRANSPORTATION will be available to participants to access those services.
  - c. The details of your plan to ensure that all homeless clients will be individually assisted to identify, apply for and obtain benefits under each of the following mainstream health and social services programs for which they are eligible: SSI, TANF, Medicaid, Food Stamps, SCHIP, Food Stamps, Workforce Investment Act and Veterans Health Care programs.
- 5. Accessing permanent housing. Describe specifically how participants will be assisted both to OBTAIN and REMAIN in PERMANENT HOUSING.

- 6. **Self-sufficiency**. Describe specifically how participants will be assisted **both** to increase their INCOMES **and** to maximize their ability to LIVE INDEPENDENTLY.
- 7. Homeless Management Information System. Describe the following:
  - a. How the CoC's homeless needs will be assessed, resources allocated and services coordinated more efficiently and effectively through the introduction of a new or expanded CoC-wide HMIS.
  - b. For all dedicated HMIS projects (New, Expansion, and Updated) demonstrate that at least 50 percent of the beds (emergency, transitional and McKinney-Vento permanent housing) listed in the "Current Inventory in 2003" categories in the Fundamental Components in the CoC System Housing Activity Chart will be included in the CoC-wide HMIS.
  - c. Name the lead agency designated to oversee the HMIS project.
  - d. Provide the timetable for implementing the new or expanded HMIS.
  - e. Demonstrate that no State or local government funds would be replaced with the funding being requested of HUD for this project.
- 8. Discharge Policy. For State and local government applicants who submitted a Discharge Policy certification within their 2001 or 2002 application, please describe any policies and protocols subsequently developed or implemented affecting the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in your jurisdiction. Indicate how these changes have or will prevent such discharges from immediately resulting in homelessness for such persons. (You may submit a single response for all projects for which you are the applicant. Be sure a copy is inserted with each project.)

## **Section B. Experience Narrative**

Section B is a description of the experience of all the organizations involved in carrying out the project. (Refer to section V(A)(1) of the NOFA for the Applicant and Sponsor Eligibility and Capacity Standards.)

Please describe the following:

- 1. The specific type and length of experience of *all organizations* involved in implementing the project, including the project sponsor, housing and supportive service organizations, and any key subcontractors. Describe experience directly related to carrying out the project and experience working with homeless people.
- If your project structure will be constructed or rehabilitated, please describe experience in these areas and/or
  experience in contracting for and overseeing the rehabilitation or construction of housing.
- 3. List *all* HUD McKinney-Vento Act grants, other than ESG, received after 1997, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact your HUD field office for assistance.

| Year          | Grant        | Grant     | Amount Spent |
|---------------|--------------|-----------|--------------|
| Awarded       | Number       | Amount    | to Date      |
| Example: 1999 | CA16B900-060 | \$500,000 | \$375,412    |
|               |              |           |              |

4. Please explain any delays in implementing any of the grants listed in (3) above which exceed the SHP timeliness standards described in Section IV (D) of the Notice of Funding Availability (NOFA).

5. Identify any unresolved HUD findings, or outstanding audit findings related to any of the grants listed in (3).

## Section C. Project Information (please type or print)

| Project Name:                                                            | Project Priority No.<br>(from project priority<br>chart in Exhibit 1): |
|--------------------------------------------------------------------------|------------------------------------------------------------------------|
| Project Address (street, city, state, & zip):                            |                                                                        |
| Project Sponsor's Name:                                                  | Proj. Congressional<br>District(s):                                    |
| Sponsor's Address (street, city, state, & zip):                          | Project 6-digit<br>Geographic Code:                                    |
| Authorized Representative of Project Sponsor (name, title, phone number, | & fax):                                                                |

## Section D. Program Components/Type

Please check the box that best classifies the project for which you are requesting funding. Check only **one** box. The components/type are:

|    | Transitional Housing                                                                                                                           |
|----|------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Permanent Housing for Persons with Disabilities                                                                                                |
|    | Supportive Services Only                                                                                                                       |
|    | Safe Havens Check here if your Safe Haven project has the characteristics of SHP/Permanent Housing (see page 18 of Exhibit 2) and will require |
| r— | participants to execute a lease agreement.                                                                                                     |
|    | HMIS                                                                                                                                           |
|    | Innovative Supportive Housing (check this box only if your project cannot be classified under any other component)                             |

## Section E. Existing Facilities and/or Activities Serving Homeless

**Persons** (To be completed for new projects only; renewal projects see Exhibit 2R.)

1. Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing?



Yes (Check one or more of the activities below that describe your proposed project, then proceed to section F.)

No (Skip to section F.)

2. Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the four purposes listed below. SHP cannot be used to fund ongoing activities. My project will:

Increase the number of homeless persons served.

Provide additional supportive services for residents of supportive housing and/or homeless persons not residing in supportive housing.

Bring existing facilities up to a level that meets State and local government health and safety standards. Please explain.

Replace the loss of nonrenewable funding from private, Federal, or other sources (except from the State or local government), which will cease on or before the end of the current calendar year. By law, no SHP funds may be used to replace State or local government funds previously used, or designated for use, to assist homeless persons [see 24 CFR 583.150(a)].

If this box is checked, you must fully describe the following in order to be eligible for funding:

- a. The source of the nonrenewable funding, indicating that it is not under the control of the State or local government.
- b. Why it is nonrenewable.
- c. When it will cease.
- d. Document the specific steps you took to obtain other funding, why there are no other sources of funding and why, without the SHP assistance, the activity will cease.

## Section F. Number of Beds, Participants, and Supportive Services

Section F is composed of three charts:

*Chart 1* is for recording the number of beds/bedrooms in the project. Do not complete Chart 1 if the project is for supportive services only (SSO).

*Chart 2* is for recording the number of participants to be served. Information on *all* projects should be entered in this section except for dedicated HMIS projects.

*Chart 3* is for recording the supportive services proposed for your homeless clients. Do not include costs for HMIS activities as these costs should be included in Section G.

### Complete Chart 1 and Chart 2 based on the following instructions.

- 1. In the *first column*, please enter the requested information for all items at a point in time (a given night). You should only fill out this column if you checked "Yes" in section E. If you checked "No" in section E enter "N/A" in this column.
- 2. In the *second column*, enter the new number of beds and persons served at a point in time if this project is funded. If this is a renewal project, enter "N/A" in this column.
- 3. In the *third column*, enter the projected level (columns 1 and 2 added together) that your project will attain at a point in time.
- 4. In the *fourth column*, enter the number of persons to be served over the grant term.

#### Chart 1: Beds

| Beds                | Current Level<br>(if applicable) | New Effort or<br>Change in<br>Effort | Projected Level<br>(col. 1 + col. 2) |
|---------------------|----------------------------------|--------------------------------------|--------------------------------------|
| Number of Bedrooms* |                                  |                                      |                                      |
| Number of beds*     |                                  |                                      |                                      |

\*Do not complete information on the number of bedrooms and beds for Supportive Services Only (SSO) projects. In those instances, enter "N/A" in the appropriate cells.

#### **Chart 2: Participants**

| Participants                                                  | Current Level<br>(if applicable) | New Effort or<br>change in<br>Effort | Projected Level<br>(col. 1 + col. 2) | No. Projected to<br>be served over the<br>grant term |
|---------------------------------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|------------------------------------------------------|
| Number of families with children                              |                                  |                                      |                                      |                                                      |
| Of persons in families with children<br>a. number of disabled |                                  |                                      |                                      |                                                      |
| b. number of other adults                                     |                                  |                                      |                                      |                                                      |
| c. number of children                                         |                                  |                                      |                                      |                                                      |
| Of single individuals not in families                         |                                  |                                      |                                      |                                                      |
| a. number of disabled individuals                             |                                  |                                      |                                      | )<br>                                                |
| b. number of other individuals                                |                                  |                                      |                                      | <u></u>                                              |

Note that, if your project is funded, you will be held responsible for achieving the numbers you enter in Section F.

#### **Chart 3: Supportive Services**

If your new project is requesting the use of SHP funds for any supportive services, please complete Chart 3 on the following page for your project's supportive services budget. If you need additional space for more services, you may reproduce this chart.

In the first column, the supportive service activity is given. Please enter the quantity for each supportive service that will be provided in your project (see example below). Any other eligible supportive service and quantity that will be paid for using SHP funding that is not listed on the chart may be added under "other service activity". For staff positions please include the job title and quantity (or FTE-full time equivalent); for supportive services (such as transportation services) please include the type (e.g., bus tokens) and quantity. Please ensure that the total SHP dollars requested match the amount you entered in the "SHP Request" column on Line 6, Supportive Services, in your Project Budget in Section K.

In the second column, enter the amount of SHP funding requested for each eligible supportive service that will be provided in your project.

In the third column, enter the estimated number of persons that will be served at a point in time.

Supportive services are designed to address the special needs of the homeless persons to be served by the project. Services may be provided directly by the project sponsor and/or through an arrangement with public or private service providers, including the grantee. By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee must make a cash payment for at least 20% of the project's total supportive services budget annually.

SHP supportive service funds may be used to pay for the actual costs of supportive services and other costs directly associated with providing such services (see the SHP Rule at Section 583.120). Eligible supportive services include, but are not limited to: child care, employment assistance, outreach, outpatient health services, case management, food, housing placement assistance, life skills, and other services. Transportation associated with the delivery of supportive services (e.g., money for bus tokens to go to mental health counseling; the purchase of a van to transport homeless children to daycare) is also an eligible supportive service cost.

If a project sponsor's staff will deliver a service, only the staff time directly related to the delivery of that service to the project is eligible for SHP supportive services funding. For example, the project sponsor, ABC, Inc., will use 25% of its substance abuse counselor's time for recovery planning for residents of its transitional housing program. The remainder of the counselor's time will be spent counseling persons in another program. Using this example, only 25% of the counselor's salary may be paid for with SHP supportive service funds.

#### Example:

|                                          | SHP Dollars Requested | Est. No. of Persons    |
|------------------------------------------|-----------------------|------------------------|
| Supportive Service Costs                 | (2 or 3 years)        | Served (point in time) |
| Service Activity: Case Management        | \$100,000             | 60                     |
| Quantity: 2 FTE @ \$25,000 per year      |                       |                        |
| Service Activity: Education—job training | \$ 50,000             | 40                     |
| Quantity: 20 slots per year              |                       |                        |

|                                                            | SHP Dollars Requested | Est. No. of Persons   |
|------------------------------------------------------------|-----------------------|-----------------------|
| Supportive Service Costs Service Activity: Outreach        | (2 or 3 years)        | Served (point in time |
| •                                                          |                       |                       |
| Quantity:                                                  |                       |                       |
| Service Activity: Case Management                          |                       |                       |
| Quantity:                                                  |                       |                       |
| Service Activity: Life Skills (outside of case management) |                       |                       |
| Quantity:                                                  |                       |                       |
| Service Activity: Alcohol and Drug Abuse Services          |                       |                       |
| Quantity:                                                  |                       |                       |
| Service Activity: Mental Health and Counseling Services    |                       |                       |
| Quantity:                                                  |                       |                       |
| Service Activity: HIV/AIDS Services                        |                       |                       |
| Quantity:                                                  |                       |                       |
| Service Activity: Health Related and Home Health Services  |                       |                       |
| Quantity:                                                  |                       |                       |
| Service Activity: Education and Instruction                |                       |                       |
| Quantity:                                                  |                       |                       |
| Service Activity: Employment Services                      |                       |                       |
| Quantity:                                                  |                       |                       |
| Service Activity: Child Care                               |                       |                       |
| Quantity:                                                  |                       |                       |
| Service Activity: Transportation                           |                       |                       |
| Quantity:                                                  |                       |                       |
| Service Activity: Transitional Living Services             |                       | ···                   |
| Quantity:                                                  |                       |                       |
| Other Service Activity: (please specify *)                 |                       | · ·                   |
| Quantity:                                                  |                       |                       |
| Total Supportive Services Costs**                          |                       |                       |
| Total SHP Dollars Requested***                             |                       |                       |

#### Chart 3: Supportive Services

\*If not specified, the costs will be removed from the budget.

\*\*The total supportive service costs entered here should equal the amount shown in the "Total Budget" column, Line 6, of the Project Budget portion of Section K. \* \*\*SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 6, of the Project Budget portion

of Section K.

## Section G. HMIS Budget for Dedicated and Shared HMIS Projects

Complete the entire HMIS Budget Chart for a dedicated HMIS project. A project for shared HMIS costs with other projects need *only* complete the "Total" lines of the chart. In the personnel section, the number of staff positions in Full-Time Equivalents (FTEs) should be present for each category, where appropriate.

| Example:                                                                                                                      |                                             |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Personnel                                                                                                                     | SHP Dollars Requested<br>(1, 2, or 3 years) |
| Project Management /Coordination<br>1 – Staff x .5 FTE @ \$56,000/annual x 3 years = \$84,000<br>Administrative Support Staff | \$84,000                                    |
| 1 – Staff x .5 FTE @ \$16,000/annual x 3 years = \$24,000                                                                     | \$24,000                                    |

#### **Chart: HMIS Budget**

| Cost Item                              | SHP Dollars Requested                 |
|----------------------------------------|---------------------------------------|
| Equipment                              | Total                                 |
| Central Server(s)                      |                                       |
| Personal Computers and Printers        |                                       |
| Networking                             | · · · · · · · · · · · · · · · · · · · |
| Security                               |                                       |
| Software                               | Total                                 |
| Software/User Licensing                |                                       |
| Software Installation                  |                                       |
| Support and Maintenance                |                                       |
| Supporting Software Tools              |                                       |
| Services                               | Total                                 |
| Training by Third Parties              |                                       |
| Hosting/Technical Services             |                                       |
| Programming: Customization             |                                       |
| Programming: System Interface          |                                       |
| Programming: Data Conversion           |                                       |
| Security Assessment and Setup          |                                       |
| On-line Connectivity (Internet Access) | -                                     |
| Facilitation                           |                                       |
| Disaster and Recovery                  |                                       |
| Personnel                              | Total                                 |
| Project Management/Coordination        |                                       |
| Data Analysis                          |                                       |
| Programming                            |                                       |
| Technical Assistance and Training      |                                       |
| Administrative Support Staff           | · · · · · · · · · · · · · · · · · · · |
| HMIS Space and Operations              | Total                                 |
| Space Costs                            |                                       |
| Operational Costs                      |                                       |
| Total HMIS Costs*                      |                                       |
| Total SHP Dollars Requested**          |                                       |

\*The total HMIS costs entered here should equal the amount shown in the "Total Budget" column, Line 8, of the Project Budget portion of Section K.

\*\*SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 8, of the Project Budget portion of Section K.

## Section H. Operations Budget

Complete the Chart on the following page for your new project's total operations budget. *Please remember operating costs are ineligible for Supportive Services Only projects*.

In the first column, the operating cost activity is given. You must enter the quantity (if applicable) for each operating item that will be paid for using SHP funds. Add any other eligible operating costs that will be paid for using SHP funding that is not listed on the chart. For staff positions, please include the job title, salary, % of time allocated for the position, and fringe benefits. Please ensure that the total SHP dollars requested match the amount you entered in the "SHP Request" column on Line 7, Operations, in your Project Budget in Section K.

In the second column, enter the amount of SHP funding requested (2 or 3 years) for each eligible operating cost that will be needed in your project.

Operating costs are those costs associated with the day-to-day operation of supportive housing. Operating costs differ from supportive service costs in that operating costs support the function and the operation of the housing project. Examples of SHP operating costs include utilities, maintenance, security and salaries of staff not delivering services, such as the project manager or executive director, and indirect operating costs that meet the standards of OMB Circulars A-87 and A-122.

If requesting SHP operating funds, only the portion of the costs directly related to the operation of the housing project are eligible. For example, if a project sponsor's executive director will spend 10% of his/her time providing management to the housing project, then (up to) 10% of his/her salary can be charged as an SHP operating expense. As another example, in cases of shared utilities, SHP operating funds may pay only for the portion of the utilities associated with the housing project based on the square footage of the project's space. If the housing project occupies 25% of the building's space, then (up to) 25% of the monthly utility bill can be paid for using SHP operating funds.

SHP operating funds may not be used to pay for the following costs:

- a. Operating costs of a supportive services only facility;
- b. Administrative expenses such as audits and preparing HUD reports;
- c. Rent of space for supportive housing and/or supportive services (see Real Property Leasing);
- d. The payment of principal and interest on a loan for a facility currently being used as supportive housing and/or for the delivery of services; and
- e. Depreciation, because it does not constitute an incurred cost that requires a cash outlay.

SHP funds can be used to pay up to 75% of the total operations budget for the housing project. This means that the project sponsor must make a cash payment for 25% of the project's operating budget annually.

#### Example:

| Operating Costs                                                                                                            | SHP Dollars Requested |  |  |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------|--|--|
|                                                                                                                            | (2 or 3 years)        |  |  |
| Utilities                                                                                                                  | \$32,000              |  |  |
| Maintenance Engineer (salary, % time, fringe benefits)<br>\$40,000/annually .20 x .15 fringe benefits x 2 years = \$18,400 | \$18,400              |  |  |

### **Chart: Operating Costs**

Identify the day-to-day costs of operating supportive housing that will be paid for using SHP funding during the requested term of the project.

| Operating Costs                                      | SHP Dollars Requested |  |  |
|------------------------------------------------------|-----------------------|--|--|
|                                                      | (2 or 3 years)        |  |  |
| Maintenance, Repair                                  |                       |  |  |
| Staff (position, salary, % of time, fringe benefits) |                       |  |  |
| Utilities                                            |                       |  |  |
| Equipment (lease/buy)                                |                       |  |  |
| Supplies (quantity)                                  |                       |  |  |
| Insurance                                            |                       |  |  |
| Furnishing (quantity)                                |                       |  |  |
| Relocation (no. of persons)                          |                       |  |  |
| Food                                                 |                       |  |  |
| Other operating costs (please specify*)              |                       |  |  |
| Other operating costs (please specify*)              |                       |  |  |
| Total Operating Costs Budget**                       |                       |  |  |
| Total SHP Dollars Requested ***                      |                       |  |  |

\*If not specified, the costs will be removed from the budget.

\*\*The total operating costs entered here must equal the amount shown in the "Total Budget" column, Line 7 of the Project Budget portion of Section K.

\*\*\*Total SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 7, of the Project Budget portion of Section K.

### Section I. Leasing

SHP funds may be used to lease space for supportive housing or supportive services. If you are requesting SHP leasing funds, fill out the appropriate tables that follow. Housing and service space may be in the form of scattered-site leased units, or within a structure. The structures to be leased may be structures currently configured for, or structures to be converted to provide, supportive housing and/or supportive services. Under no circumstances may SHP leasing funds be used to lease units or structures owned by the project sponsor, the selectee, or their parent organizations. This includes organizations which are members of a general partnership where the general partnership owns the structure.

#### A. Leased Unit(s) for Housing and/or Services

If you propose to lease units in more than one metropolitan or non-metropolitan area, fill in the appropriate number of tables for each area with a different FMR or actual rent. Please reproduce this Chart as needed to accommodate projects using more than one FMR or actual rent.

Enter the number of unit(s) by the bedroom size to be leased and the lower of the actual rent or the FMR as published in the Federal Register on September 30, 2002. (FMRs may be found using this WEB site: <u>http://www.huduser.org/datasets/fmr.html</u>) The space to be leased may be scattered-site (e.g., one-bedroom apartments in five different apartment complexes) or contained within a structure (e.g., a group home with six bedrooms).

Multiply the number of units by the FMR or actual rent, whichever is lower, by the length of the grant (# of units x FMR or actual rent x months based on grant term) and enter the result in the total column.

Please note that the FMR for a single room occupancy (SRO) unit is equal to 75% (0.75) of the 0-bedroom FMR. The FMRs for unit sizes larger than 4-bedrooms are calculated by adding 15% to the 4-bedroom FMR for each extra bedroom. For example, the FMR for a 5-bedroom unit is 1.15 times the 4-bedroom FMR, and the FMR for a 6-bedroom unit is 1.30 times the 4-bedroom FMR.

If your project has been approved for **exception rents**, use those amounts when completing these charts **AND** submit your current approval letter with this document.

Chart A should be filled out only if you will lease individual units or structures that are currently configured for housing and/or services and, therefore, an FMR or actual rent can be used. If you have negotiated an actual rent (s) which is lower than the FMR, please use that amount instead of the FMR. The actual rent may not exceed the FMR.

#### Chart A:

Name of metropolitan or non-metropolitan FMR area:

| Size of units | No. of<br>units | FMR or actual rent | No. of months | Total<br>(d) |
|---------------|-----------------|--------------------|---------------|--------------|
| 1. SRO        | х               |                    |               |              |
| 2. 0 bdrm     | х               |                    |               |              |
| 3. 1 bdrm     | х               |                    |               |              |
| 4. 2 bdrm     | x               |                    |               |              |
| 5. 3 bdrm     | x               |                    |               |              |
| 6. 4 bdrm     | х               |                    |               |              |
| 7. 5 bdrm     | х               |                    |               |              |
| 8. 6 bdrm     | x               |                    |               |              |
| 9. Other      | x               |                    |               |              |
| 10. Totals    |                 |                    |               | \$           |

Address (indicate if scattered site):

#### B. Leased Structure(s) for Housing and/or Services

If you will lease a structure or portion of a structure for housing and/or services, fill out Chart B below using a monthly leasing cost that is comparable to and no more than the rents being charged for similar space in the area. This applies to structures already configured for housing and for those that will be converted. If your project has more than one structure, reproduce Chart B and fill it out starting with structure 2.

Multiply the monthly leasing costs by the number of months requested for funding and enter the result in the total column.

Chart B should be filled out only if you will lease a structure or portion of a structure for which an FMR is not applicable.

Chart B:

| Structure 1 | Monthly<br>Leasing<br>Cost | Number of<br>Months | Total |
|-------------|----------------------------|---------------------|-------|
|             | \$ x                       | =                   | \$    |

Address:

### Section J. Homeless Veterans

1. Are veterans the primary target population?

Yes No

### Section K. Budget

Section K consists of two budgets—a project budget and a structure budget. Please refer to the budgets for specific instructions.

When developing your budget(s), please keep in mind that each structure can receive the maximum amount of funds according to the following per-structure limits:

**For acquisition and/or rehabilitation**, the SHP request for these activities *combined* is limited by law to between \$200,000 and \$400,000 depending on whether the structure is in a HUD-identified high-cost area for acquisition and rehabilitation. Contact your local HUD Field Office to determine if your project is in a high-cost area, and, if so, which of the following percentages or limits apply:

- 100% to 119%, the limit is \$200,000
- 120% to 139%, the limit is \$250,000
- 140% to 159%, the limit is \$300,000
- 160% to 174%, the limit is \$350,000
- 175% and up, the limit is \$400,000

For new construction, the SHP request is limited by law to \$400,000 per structure, regardless of where the structure is located. If you propose to acquire land in tandem with new construction, the \$400,000 limit applies to both activities combined. Please note that you can apply for funding to construct and/or operate supportive housing; however, by law you cannot request either of these activities for supportive services only projects.

If you request funds for acquisition, rehabilitation, or new construction, the law requires that you **match** the requested amount with an equal amount of cash for the activities. Documentation of matching funds is not required in this application; however, you will be asked to submit it at a later date.

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### Project Budget (complete all 3 columns)

Enter the amount of SHP funds requested by line item in the "SHP Request" column. Dedicated HMIS projects may request funding for either one, two, or three years. All other projects may be for a grant term of 2 or 3 years only. If the grant term is not provided, HUD will consider that the project has a three (3) year grant term. The term you select must be the same for leasing, supportive services, and operations. In the "Applicant Cash" column, enter the amount of other cash that will be contributed to the project. This amount plus the SHP request must equal the "Total Budget" amount for the project, as shown in the last column.

If your project contains one structure or no structures, this is the only budget you need to fill out. If your project contains multiple structures, please add up the SHP structure budgets *on the next page* and enter those totals below.

HUD will review this chart in relation to the proposed activities and the number of persons to be served to determine whether the project is cost-effective (which is a threshold criterion).

#### Part I. Indicate grant term. Please circle one: 1 2 3 year(s)

| Proposed Activities                           | SHP Request | Applicant Cash | Total Budget<br>(Col. 1 + Col. 2) |
|-----------------------------------------------|-------------|----------------|-----------------------------------|
| 1. Acquisition                                |             |                |                                   |
| 2. Rehabilitation                             |             |                |                                   |
| 3. New Construction                           |             |                |                                   |
| 4. Subtotal (lines 1 through 3)               | *           |                |                                   |
| 5. Real Property Leasing                      |             | -              |                                   |
| 6. Supportive Services                        | **          |                |                                   |
| 7. Operations                                 | ***         |                |                                   |
| 8. HMIS                                       | **          |                |                                   |
| 9. SHP Request (subtotal lines 4 through 8)   |             |                |                                   |
| 10. Administrative Costs (up to 5% of line 9) | ****        |                |                                   |
| 11. Total SHP Request (total lines 9 and 10)  |             |                |                                   |

### Part II. Complete the Project Budget

\* By law, SHP funds can be no more than 50% of the total acquisition, rehabilitation, and new construction budget.

\*\* By law, SHP funds can be no more than 80% of the total supportive services and HMIS budget.

\*\*\* By law, SHP can pay no more than 75% of the **total** operating budget.

\*\*\*\* Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. *State and local government applicants* and project sponsors *must* work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different). Please refer to Section IV (C) (3) of the NOFA. If selected for funding, all applicants *will be required* to submit a plan for distributing administrative funds as part of the technical submission.

NOTE: The total SHP Request on line 11 cannot exceed the dollar amount on the Priority Chart for the project.

#### Structure Budget for Projects With More Than One Structure

If your project contains only one structure or no structures, please fill out **only** the project budget on the previous page. If, however, your project contains more than one structure, fill out the information requested below for the number of structures your project proposes. Do not fill out structure budgets for scattered site leasing projects unless SHP funds for rehabilitation are being requested. For each structure budget, enter the amount of SHP funds requested by line item in the first column. For leasing, supportive services, and operations, the amounts you enter should be for **two or three years**, which is the SHP grant term. The term you select must be the same for leasing, supportive services, and operations. In the second column, enter the total cost for each line item, which is the SHP request **plus** all other funds needed to pay for each line item, again, for **two or three years**. For your convenience, four structure budgets are provided below. You may reproduce this page if your project will have five or more structures; however, please attach the additional structure budgets to this page and label them appropriately starting with structure E. Enter administrative costs only on the Project Budget.

### Structure A

Structure Address: City, State, Zip:

|                          | SHP Request | Total Budget |
|--------------------------|-------------|--------------|
| 1. Acquisition           |             |              |
| 2. Rehabilitation        |             |              |
| 3. New Construction      |             |              |
| 4. Real Property Leasing |             |              |
| 5. Supportive Services   |             |              |
| 6. Operations            |             |              |
|                          |             |              |
| 7. Total                 |             | L            |

Structure B Structure Address:

City, State, Zip:

|                          | SHP Request | Total Budget |
|--------------------------|-------------|--------------|
| 1. Acquisition           |             |              |
| 2. Rehabilitation        |             |              |
| 3. New Construction      |             |              |
| 4. Real Property Leasing |             |              |
| 5. Supportive Services   |             |              |
| 6. Operations            |             |              |
| 7. Total                 |             |              |

Structure C Structure Address:

City, State, Zip:

|                          | SHP Request | Total Budget |
|--------------------------|-------------|--------------|
| 1. Acquisition           |             |              |
| 2. Rehabilitation        |             |              |
| 3. New Construction      |             |              |
| 4. Real Property Leasing |             |              |
| 5. Supportive Services   |             |              |
| 6. Operations            |             |              |
| 7. Total                 |             |              |

#### Structure D Structure Address:

City, State, Zip:

|                          | SHP Request | Total Budget |
|--------------------------|-------------|--------------|
| 1. Acquisition           |             |              |
| 2. Rehabilitation        |             |              |
| 3. New Construction      |             |              |
| 4. Real Property Leasing |             |              |
| 5. Supportive Services   |             |              |
| 6. Operations            |             |              |
| 7. Total                 |             |              |

## Section L. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)

|  | Chronically Homeless         |
|--|------------------------------|
|  | Severely Mentally Ill        |
|  | Chronic Substance Abusers    |
|  | Dually Diagnosed             |
|  | AIDS or Related Diseases     |
|  | Victims of Domestic Violence |
|  | Youth                        |
|  | Women with Children          |
|  | Veterans                     |
|  |                              |

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)



3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)



4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?

| Yes  |
|------|
| No   |
| <br> |

If "yes," please provide the name of the military installation:\_\_\_\_\_

## Exhibit 2R: Supportive Housing Program – Renewals

This exhibit is for Supportive Housing Program (SHP) renewal projects only. It consists of instructions and items you need to respond to for your renewal project. The material has been organized as follows: (1) assembly order of all information and documents needed to apply for SHP renewal; (2) instructions on how to fill out the form; and (3) the forms to fill out. Please respond to all items and assemble your application as directed below.

| Renewal Application Information Assembly Order                    | Where to Find                                 |
|-------------------------------------------------------------------|-----------------------------------------------|
| HUD-424 (For grantees only)                                       | Application Kit, following Q and A Supplement |
| Project Information                                               | See Section A, items 1-4                      |
| Supportive Services Chart                                         | See Section B                                 |
| Operating Costs Chart                                             | See Section C                                 |
| HMIS Budget (only for dedicated projects)                         | See Section D                                 |
| Required Attachments:                                             | All Found in Application Kit, Following       |
|                                                                   | Q and A Supplement                            |
| 1. Applicant Certification                                        |                                               |
| 2. Special Project Certification for Coordination and Integration |                                               |
| of Mainstream Programs                                            |                                               |
| 3. Discharge Planning Certification for State and Local Gov't.    |                                               |
| Applicants                                                        |                                               |
| 4. Consolidated Plan Certification                                |                                               |
| 5. Disclosure of Lobbying Activities                              |                                               |
| 6. Applicant/Recipient Disclosure/Update Report                   |                                               |
| 7. Acknowledgement of Applicant Receipt                           |                                               |

#### Section A. Project Information Instructions

Items 1-3 a, b, and c - Self-explanatory.

**Items 3 d and e** - Attach responses from most recent APR for Questions 11 (Monthly Income at Entry and at Exit) and 16 (Overall Program Goals). If little or no progress, provide an explanation and specific plans for improvement. **Item 4** - Fill out project budget for the proposed activities in which you are requesting funds, including the cash match resources and the total project budget.

#### Section B. Supportive Services Chart Instructions

Please fill out the Supportive Services Renewal Chart and add lines to the chart, as needed.

In the first column, fill in the supportive service expense. For staff positions, please include the job title and quantity (or FTE-full time equivalent); for supportive services, such as transportation, please include the type (e.g., bus tokens) and quantity. An example is provided below. In the year 1 column, enter the amount needed to pay for the service in the first year. If the grant is multi-year, enter the funds needed for Year 2, and if applicable, Year 3. In the last column, total the amount of funds needed for the full grant term.

By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee must make a cash payment for 20% of the project's supportive services budget annually. For Year 1 of your grant term, documentation of firm commitments of the cash resources will be required prior to grant execution. For Years 2 and 3, if applicable, a grantee needs only to certify that cash resources will also be provided. Please note that the match requirement for Year 2 and Year 3 must be met by the end of each of those years.

#### EXAMPLE:

| Supportive Service Expense             | Year 1   | Year 2   | Year 3   | Total    |
|----------------------------------------|----------|----------|----------|----------|
| Service Category: Transportation       |          |          |          |          |
| Quantity:                              | \$52,000 | \$14,500 | \$14,500 | \$81,000 |
| 1 - 15 Passenger Van @ \$37,500        |          |          |          |          |
| Gasoline/Maintenance/Repair            |          |          |          |          |
| @ \$3,000/annual x 3 years = \$9,000   |          |          |          |          |
| Supportive Services Van Driver .5 FTE  |          |          |          |          |
| @ \$20,000/annual x 3 years = \$30,000 |          |          |          |          |
| Staff Fringe/Benefits .5 FTE           |          |          |          |          |
| @ \$3,000/annual x 3 years = \$4,500   |          |          |          |          |

Please note that percentages are used during the application process to project the estimated staff time associated with an SHP grant position(s). Applicants are reminded that all staff salary payments must be based **on actual, incurred costs** that are supported by signed and dated timesheets.

#### Section C. Operating Costs Chart Instructions

Please fill out the Operating Costs Renewal Chart and add to the chart as needed.

Operating costs are those costs associated with the day-to-day operation of supportive housing. Operating costs differ from supportive service costs in that operating costs support the function and the operation of the housing project. If requesting SHP operating funds, only the portion of the costs directly related to the operation of the housing project are eligible. For example, in cases of shared utilities, SHP operating funds may only pay for the portion of the utilities associated with the housing project based on the square footage of the project's space. If the housing project occupies 25% of the building's space, then (up to) 25% of the monthly utility bill can be paid for using SHP operating funds.

In the Year 1 column of the form, enter the total amount of funds to be used to pay for the first year expenses. If the grant is a multi-year grant, enter the total funds to be used for the second and third years, if applicable. In the last column, total the amount of funds needed to help pay for the identified operating expense for the grant term.

For Year 1 of your grant term, documentation of firm commitments of the cash resources will be required prior to grant execution. Please note that the match requirement for Year 2 and Year 3, if applicable, must be met by the end of each of those years.

#### EXAMPLE:

| Operating Expense                                | Year 1  | Year 2  | Year 3 | Total   |
|--------------------------------------------------|---------|---------|--------|---------|
| Furnishings                                      |         |         |        |         |
| 10 - single beds @ \$150 = \$1,500               | \$3,000 | \$3,000 |        | \$6,000 |
| 10 - 3-drawer dressers @\$300 = \$3,000          |         |         |        | 1       |
| 10 - bed linens/blanket/pillows @\$150 = \$1,500 |         |         |        |         |

Please note that percentages are used during the application process to project the estimated staff time associated with SHP funded position(s). Applicants are reminded that all staff salary payments must be based on **actual, incurred costs** that are supported by signed and dated timesheets.

#### Section D. HMIS Budget Instructions - Dedicated Projects and Shared Costs

Complete the entire HMIS Budget Chart for a dedicated HMIS project. A project for shared HMIS costs with other projects need *only* complete the "Subtotal" lines of the chart. HMIS costs are those costs associated with the implementation of an HMIS. If requesting SHP HMIS funds, only the portion of the costs directly related to the HMIS is eligible. In the personnel section, the number of staff positions in Full-Time Equivalents (FTEs) should be present for each category, where appropriate.

| Personnel                                                                                                                  | Year 1   | Year 2   | Year 3   | Total     |
|----------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|-----------|
| Project Management / Coordination<br>15 FTE @\$56,000/annual x 3 years =\$84,000<br>Data Analysis                          | \$43,000 | \$43,000 | \$43,000 | \$129,000 |
| 125 FTE @\$28,000/annual x 3 years=\$21,000<br>Administrative Support Staff<br>15 FTE @\$16,000/annual x 3 years =\$24,000 |          |          |          |           |

In the Year 1 column of the form, enter the total amount of funds to be used to pay for the first year expenses. If the grant is a multi-year grant, enter the total funds to be used for the second and third years, if applicable. In the last column, total the amount of funds needed to help pay for the identified operating expense for the grant term.

For Year 1 of your grant term, documentation of firm commitments of the cash resources will be required prior to grant execution. Please note that the match requirement for Year 2 and Year 3, if applicable, must be met by the end of each of those years.

|    |          | n A. Project Information                                                                                                                                   |              |             |
|----|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|
| 1. | Bas      | ic Identification                                                                                                                                          |              |             |
|    | a.       | Grantee Name:                                                                                                                                              |              |             |
|    | ь.       | Project Name:                                                                                                                                              |              |             |
|    | C.       | Sponsor Name:                                                                                                                                              |              |             |
|    | d.       | Address:                                                                                                                                                   |              |             |
|    | e.       | Telephone:                                                                                                                                                 |              |             |
|    | f.       | Fax Number:                                                                                                                                                |              |             |
|    | g.<br>h  | Contact Person:<br>Project Congressional District:                                                                                                         |              |             |
|    | h.<br>i. | Project 6-digit Geographic Code:                                                                                                                           |              |             |
|    | ı.<br>j. | Project Number of Grant Being Renewed:                                                                                                                     |              |             |
|    | -        |                                                                                                                                                            |              |             |
|    | k.<br>I. | Component/Type:       (please check one)       TH       PH       SSO       SI         Grant Term:       (please check one)       1       2       3       I | H HMI        | <u>6</u> IH |
| 2. | Nu       | mber of Participants/Number of Beds                                                                                                                        |              |             |
|    | a.       |                                                                                                                                                            | eterans      |             |
|    | ц.       |                                                                                                                                                            | HIV/AID      |             |
|    |          | Seriously Mentally III Substance Abuse Dually Diagnosed                                                                                                    |              | 2           |
|    |          | Youth Domestic Violence                                                                                                                                    |              |             |
|    | h        | Vaterana are the primary torget population                                                                                                                 | Yes          |             |
|    | b.       | Veterans are the primary target population:                                                                                                                |              |             |
|    | c.       | Project is in a rural area:                                                                                                                                | Yes          | No          |
|    |          |                                                                                                                                                            | $\Box$       |             |
|    | d.       | Sponsor is a religious/faith-based organization:                                                                                                           | U Yes        | L No        |
|    | e.       | Number of beds in project (specify a number):                                                                                                              |              |             |
|    | f.       | Number of persons in families served (at a point in time):                                                                                                 |              |             |
|    | g.       | Number of single individuals served (at a point in time):                                                                                                  |              |             |
|    | h.       | Number of persons in families and single individuals who are disabled (at a point                                                                          | nt in time): |             |
| 3. | Per      | formance                                                                                                                                                   |              | _           |
| a. |          | there any significant changes in the project since the last funding approval:<br>es", briefly describe the changes.                                        | Yes          | No          |
| b. | If or    | e or more extensions have been provided for your current grant, please indicate:                                                                           |              |             |
|    | ٠        | If not applicable, indicate here:                                                                                                                          |              |             |
|    | ٠        | The number of extensions approved:                                                                                                                         |              |             |
|    | ٠        | The extension period (e.g., two months, one year):                                                                                                         |              |             |
|    | •        | The reasons why the extension(s) was necessary:                                                                                                            |              |             |
| c. | If no    | t operating at full capacity, please explain the reasons.                                                                                                  |              |             |
| d. | APR      | questions 11 and 16 are attached (required):                                                                                                               | Yes          | No          |
| e. | Add      | itional explanation for questions 11 and 16 is attached:                                                                                                   | Yes          | No          |

| Proposed Activities                          | SHP Request | Applicant Cash | Total Budget<br>(Col. 1 + Col. 2) |
|----------------------------------------------|-------------|----------------|-----------------------------------|
| 1. Real Property Leasing                     |             |                |                                   |
| 2. Supportive Services                       | *           |                |                                   |
| 3. Operations                                | **          |                |                                   |
| 4. HMIS                                      | *           |                |                                   |
| 5. SHP Request (subtotal lines 1 through 4)  |             |                |                                   |
| 6. Administrative Costs (up to 5% of line 5) | ***         |                |                                   |
| 7. Total SHP Request (total lines 5 and 6)   |             |                |                                   |

\* By law, SHP funds can be no more than 80% of the total supportive services and HMIS budget.

\*\* By law, SHP can pay no more than 75% of the total operations budget.

\*\*\* Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. *State and local government applicants* and project sponsors *must* work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different).

NOTE: The total SHP Request on line 7 cannot exceed the dollar amount on the Priority Chart for the project.

### Section B. Supportive Services Chart – Renewal Projects

| Supportive Service Expense                | Year 1 | Year 2 | Year 3 | Total |
|-------------------------------------------|--------|--------|--------|-------|
| 1. Service Category:                      |        |        |        |       |
| Quantity:           2. Service Category:  |        |        |        |       |
| Quantity:                                 |        |        |        |       |
| 3. Total Supportive Services Budget       |        |        |        |       |
| 4. SHP REQUEST                            |        |        |        |       |
| 5. Selectee's Match (Line 3 minus Line 4) |        |        |        |       |

### Section C. Operating Costs Chart - Renewal Projects

|     | Operating Expense                                 | Year 1 | Year 2 | Year 3 | Total |
|-----|---------------------------------------------------|--------|--------|--------|-------|
| 1.  | Maintenance/Repair                                |        |        |        |       |
| 2.  | Staff (position, salary, % time, fringe benefits) |        |        |        |       |
| 3.  | Utilities                                         |        |        |        |       |
| 4.  | Equipment (lease/buy)                             |        |        |        |       |
| 5.  | Supplies (quantity)                               |        |        |        |       |
| 6.  | Insurance                                         |        |        |        |       |
| 7.  | Furnishings (quantity)                            |        |        |        |       |
| 8.  | Other Operating Costs* (amounts/ quantities)      |        |        |        |       |
| 9.  | Total Operating Budget                            |        |        |        |       |
| 10. | SHP REQUEST                                       |        |        |        |       |
| 11. | Selectee's Match (Line 9 minus line 10)           |        |        |        |       |

\*If not specified, the costs will be removed from the budget.

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## Section D. HMIS Budget – Renewal Projects

| Cost Item                              | Year 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Year 2                | Year 3                                                                                                          | Total                     |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------|
| Equipment                              | a barra ta ana ana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and the second second |                                                                                                                 | All and the second states |
| Central Server(s)                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Personal Computers and Printers        | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u> </u>              |                                                                                                                 |                           |
| Networking                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Security                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Subtotal                               | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                 |                           |
| Software                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Software/User Licensing                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Software Installation                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Support and Maintenance                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Supporting Software Tools              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Subtotal                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Services                               | and the second se | and the second second | ante de constantination de constantination de constantination de constantination de constantination de constant |                           |
| Training by Third Parties              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Hosting/Technical Services             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Programming: Customization             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Programming: System Interface          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Programming: Data Conversion           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Security Assessment and Setup          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| On-line Connectivity (Internet Access) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Facilitation                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Disaster and Recovery                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Subtotal                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Personnel                              | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | and the second second | ent prostant and the                                                                                            |                           |
| Project Management/Coordination        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Data Analysis                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Programming                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Technical Assistance and Training      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Administrative and Support Staff       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Subtotal                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| HMIS Space and Operations              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Space Costs                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Operational Costs                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Subtotal                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Total HMIS Budget                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| SHP Request                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |
| Selectee's Match                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                 |                           |

## Definitions for Supportive Services In HUD's Homeless Assistance

### Programs

Applicants are advised that the supportive services proposed to be provided must be appropriate to the design of their project and the needs of participants. In addition, no SHP funds may be used to replace state or local funds previously used, or designated for use, to assist homeless persons

Alcohol and Drug Abuse Services are those activities that are primarily designed to prevent, deter, reduce, or eliminate substance abuse or addictive behaviors. Treatment services may include intake and assessment; treatment matching and planning; behavioral therapy and counseling appropriate to the client and the severity of the problem; substance abuse toxicology and screening; clinical and case management; outcome evaluation; and self-help and peer support activities.

**Case Management Services** are services or activities for the arrangement, coordination, monitoring, and delivery of services to meet the needs of individuals and families. Component services and activities may include individual service plan development; counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

Counseling Services (See Mental Health and Counseling Services)

**Child Care Services** for children (including infants, pre-schoolers, and school age children) are services or activities provided in a setting that meets applicable standards of state and local law, in a center or in a home, for a portion of a 24-hour day. Component services or activities may include a comprehensive and coordinated set of appropriate developmental activities for children, recreation, meals and snacks, transportation, health support services, social service counseling for parents, and plan development.

**Education and Instructional Services** are those training services provided to improve knowledge, daily living skills, or social skills. Services may include instruction or training in (but not limited to) such issues as consumer education, health education, education to prevent substance abuse, community protection and safety education, literacy education, English as a second language, and General Educational Development (GED). Component services or activities may include screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; and referral to community resources.

**Employment Services** are those services or activities provided to assist individuals in securing employment; acquiring or learning skills that promote opportunities for employment, advancement, and increased earning potential; and in retaining a job. Component services or activities may include employment screening, assessment, or testing; structured job skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling or job coaching; transportation; and referral to community resources.

Health Related and Home Health Services are those in-home or out-of-home services or activities that provide direct treatments or are designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; providing directly or assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; provision of appropriate medication; and providing follow-up services as needed.

**HIV/AIDS Services** include HIV/AIDS primary and secondary prevention services, HIV/AIDS counseling and testing, primary care, provision of HIV/AIDS anti-retroviral and other medications, rehabilitative, and supportive services for persons affected and infected with HIV.

Housing Services are those services or activities designed to assist individuals or families in locating and obtaining suitable housing. Component services or activities may include tenant counseling; assisting individuals and families to understand leases, secure utilities, make moving arrangements; representative payee services concerning rent and utilities; and mediation services related to neighbor/landlord problems that may arise.

**Information and Referral Services** are those services or activities designed to provide information about services provided by public and private service providers and a brief assessment of client needs (but not diagnosis and evaluation) to facilitate appropriate referral to these community resources.

Legal Services are those services or activities provided by a lawyer or other person(s) under the supervision of a lawyer to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity, and legal separation. Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.

Life Skills training provides critical life management skills that may never have been learned or have been lost during the course of mental illness, substance use, and homelessness. They are targeted to assist the individual to function independently in the community. Component life skills training includes the budgeting of resources and money management, household management, conflict management, shopping for food and needed items, nutrition, the use of public transportation, and parent training.

Mental Health and Counseling Services are those services and activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or symptom management. Component services may include crisis interventions; individual, family or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

**Outreach Services** include extending services or assistance in order to provide basic materials, such as meals, blankets, or clothes, to homeless persons; or to publicize the availability of shelters and programs to make homeless persons aware of various services and programs.

**Transitional Living Services** are those services and activities designed to help make the transition from homelessness to stable housing. Component services or activities may include supervised practice living, budgeting, one-time payments associated with establishing tenancy, food planning and preparation, and post-foster care services for homeless persons.

**Transportation Services** are those services or activities that provide and arrange for the travel, including travel costs, of individuals in order to access treatment, medical care, services, or employment. Component services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

**Other Services** are services that are appropriate, and do not fall within the definitions of the preceding services. If this category is used, the services should be defined.

# Exhibit 3: Shelter Plus Care Program (S+C) - New

This Exhibit 3 is for **new** Shelter Plus Care projects only. Eligible applicants for this program are States, units of local government and Public Housing Authorities. If you are requesting renewal funds for an existing S+C project, **do not** use Exhibit 3. You must complete Exhibit 3R instead.

## **Program Components**

Shelter Plus Care (S+C) components were created by statute and designed to give applicants flexibility in devising appropriate housing and supportive services for homeless persons with disabilities. Assisted units may be of any type, from group homes to apartments to SRO units. You may design a program that has participants first living in a group setting with intensive supportive services, then moving to another setting but retaining the rental assistance during the term of the grant, as long as they stay within a S+C unit.

Participants in S+C units receive supportive services. These services may be provided by the applicant, funded by the applicant but provided by a third party, or both funded and provided by a third party. Rental assistance provided through the S+C program must be matched in the aggregate on a dollar for dollar basis by the recipient with supportive services.

**Tenant-based Rental Assistance (TRA)** provides rental assistance that permits participants to choose their own housing. Participants retain the rental assistance even if they move. To help you provide supportive services or for purposes of controlling housing costs, you may require participants to live in a particular structure for the first year of assistance or to live in a particular area for the entire rental assistance period.

**Sponsor-based Rental Assistance (SRA)** provides rental assistance through contract(s) between the grant recipient and nonprofit organization(s), called a sponsor. The nonprofit organization may be a private nonprofit organization or a community mental health center established as a public nonprofit organization. The assisted units must be owned or leased by the sponsor. After a grant is awarded, should the sponsor lose its capacity to own or lease the assisted units, the grantee must identify an alternate sponsor in order to continue to serve the original number of persons proposed to be served.

**Project-based Rental Assistance (PRA)** provides rental assistance through a contract with a building owner(s). An applicant must enter into a contract with the building owner(s) for the full five-or ten-year period of assistance. The building owner must agree to accept eligible S+C participants to live in an assisted unit for this time period. Under PRA, applicants may assist units that will be rehabilitated or existing units that do not need to be rehabilitated. If the units are rehabilitated to meet the requirements specified below, the applicant may request 10 years of rental assistance. Otherwise, assistance will be for a period of five years.

To qualify as a rehabilitated unit and be eligible for 10 years of assistance, the rehabilitation must:

- equal at least \$3,000 per unit, including the prorated share of rehabilitated common areas;
- be necessary in order to make the unit decent, safe, and sanitary;
- be funded from other sources; and
- be completed within 12 months of grant award.

**SRO-based Rental Assistance (SRO)** provides rental assistance in an existing or reconfigured single room occupancy (SRO) setting. The units to be assisted must be in need of moderate rehabilitation. The rental assistance includes an allowance to pay for debt service to retire the cost of the moderate rehabilitation over the ten-year grant period. This component is designed to bring more standard SRO units into the local housing supply and to use those units to assist homeless persons with disabilities. The SRO units may be in a rundown hotel, a vacant motel, a YMCA, or even a large, abandoned house.

HUD enters into an annual contributions contract with the PHA recipient or subcontractor in connection with the moderate rehabilitation of SRO dwelling units. PHAs make Section 8 rental assistance payments to participating owners (i.e., landlords) on behalf of homeless, disabled individuals who rent the rehabilitated dwellings. The rental assistance payments cover the difference between the tenant contribution and the unit's rent, which must be within the fair market rent (FMR) established by HUD. To be eligible for assistance, a unit must receive a minimum of \$3,000 of rehabilitation to meet housing quality standards (HQS), including the prorated share of work on common areas or systems.

## **Persons With Disabilities**

To be eligible to participate in a Shelter Plus Care funded project, a person must be both homeless and disabled. In the case of a homeless family, at least one adult member must be considered disabled.

Persons with disabilities are those who have a disability that:

- Is expected to be of long-continued and indefinite duration;
- Substantially impedes his or her ability to live independently; and
- Is such a nature that the disability could be improved by more suitable housing conditions. The disability may be a physical, mental, or emotional impairment, including an impairment due solely to alcohol or drug abuse.

Several disabilities are specifically targeted by the S+C Program. These targeted disabilities are:

- Serious mental illness
- Chronic alcohol and/or other drug abuse
- AIDS or related diseases

The disability may also be developmental. A severe, chronic developmental disability is characterized as

- Being caused by mental or physical impairment;
- Manifested before the person is 22 years old;
- Likely to continue indefinitely;
- Reflecting a need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; and
- Resulting in substantial functional limitations in at least three of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

## S+C Tips

In developing your application, we want to help you avoid problems that could hamper your ability to qualify. Here are circumstances to avoid:

- If a structure you plan to use in your project is currently occupied, you should be aware of the complex relocation requirements that will apply. Contact your HUD Field Office Relocation Specialist or an experienced governmental relocation agency, in the planning stage of your project to ensure that you have addressed this issue properly.
- Environmental problems can be very expensive and time-consuming. Factors to consider are the presence of lead-based paint (particularly if you are proposing to serve families with children) and asbestos.
- Activities that are not eligible for assistance include:
  - Assistance for non-disabled participants
  - Assistance for transitional housing

## **S+C Component Comparisons**

| Element                                      | TRA                                                                                                                                                                | SRA                                                                                  | PRA                                                                         | SRO                                                                   |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Entity<br>Administering<br>Rental Assistance | Recipient or other<br>entity under contract<br>to recipient                                                                                                        | Recipient, nonprofit<br>sponsor(s) or other<br>entity under contract<br>to recipient | Recipient or other<br>entity under contract<br>to recipient                 | РНА                                                                   |
| Type of Housing                              | Variety of types<br>ranging from group<br>homes to independent<br>living<br>units                                                                                  | Variety of types<br>ranging from group<br>homes to independent<br>living units       | Variety of types ranging<br>from group homes to<br>independent living units | SRO dwelling units                                                    |
| Living Requirements                          | Participants choose;<br>recipient may require<br>participant to live in a<br>particular structure in<br>first year and within a<br>particular area in all<br>years | Must live in structure<br>owned or leased by<br>sponsor                              | Must live in unit in<br>particular property that is<br>assisted             | Must live in SRO<br>structure                                         |
| Eligible Participants                        | Homeless adults with<br>disabilities and their<br>families, if any                                                                                                 | Homeless adults with<br>disabilities and their<br>families, if any                   | Homeless adults with<br>disabilities and their<br>families, if any          | Homeless individuals with disabilities                                |
| Housing Quality<br>Standards                 | 24 CFR 982.401                                                                                                                                                     | 24 CFR 982.401                                                                       | 24 CFR 982.401                                                              | 24 CFR 882.803(b)                                                     |
| Rehabilitation                               | Not required                                                                                                                                                       | Not required                                                                         | \$3,000 minimum per unit<br>for 10 years of assistance                      | \$3,000 minimum per<br>unit required                                  |
| Term of Assistance                           | 5 Years                                                                                                                                                            | 5 Years                                                                              | 5 Years without<br>rehabilitation; 10 Years<br>with rehabilitation          | 10 Years                                                              |
| Unit (Contract) Rent                         | Reasonable rent                                                                                                                                                    | Reasonable rent                                                                      | Reasonable rent                                                             | Rent calculated by<br>PHA; limited by Sec<br>8 SRO Mod. Rehab.<br>FMR |

## **Renewal Grants**

If you are requesting renewal funds for an existing S+C project, **do not** use Exhibit 3. You must complete Exhibit 3R instead.

## Section A. Project Narrative

Section A is a description of your proposed project. Please respond to all of the items in this section. Submit a separate Exhibit 3 for each priority project. A project may include no more than one component (i.e., TRA, SRA, PRA without rehab, PRA with rehab, SRO) and may be carried out by no more than one project sponsor.

- 1. **Project summary**. Please provide the following:
  - a. Applicant and sponsor (if appropriate) names
  - b. Program component
  - c. Total S+C request
  - d. The type of housing and number of units proposed
  - e. The population to be served
- 2. Homeless population to be served. Briefly describe the following:
  - a. Their characteristics and needs for housing and supportive services.
  - b. Where they will come from. Indicate percentage coming from: streets, emergency shelters, transitional
    - housing for homeless persons who came from street/shelters or other. Clearly explain "other."
  - c. The outreach proposed to bring them into the project.
- 3. Discharge planning changes. For State and local government applicants who submitted a Discharge Policy certification in the FY 2002 application, please describe any policies and protocols subsequently implemented or developed effecting the discharge of persons from publicly funded institutions or systems of care (e.g. health care facilities, foster care or other youth facilities or correction programs and institutions) in your jurisdiction. Indicate how these changes have or will prevent such discharges from immediately resulting in homelessness for such persons. (You may provide a single response, a copy of which may be included in each of your project applications).
- 4. Housing where participants will reside. Demonstrate for each of the following:
  - a. How the TYPE (e.g., apartments, group home) and SCALE (e.g., number of units, number of persons per unit) of the proposed housing will fit the needs of the participants.
  - b. That the basic COMMUNITY AMENITIES (e.g., grocery store, medical facilities, recreation) will be readily ACCESSIBLE (e.g., walking distance, near bus line) to your clients.
  - c. For TRA projects, if participants are required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years or to live a particular area for the entire period of participation, how and why the project will implement this requirement.
- 5. Supportive services the participants will receive. Demonstrate for each of the following:
  - a. How the TYPE (e.g., case management, job training) and SCALE (e.g., the frequency and duration) of the supportive services proposed will fit the needs of the participants.
  - b. WHERE the supportive services will be provided and what TRANSPORTATION will be available to access those services.
  - c. The details of your plan to ensure that all homeless clients in this project will be systematically assisted to identify, apply for and obtain benefits under all of the following mainstream health and social services programs for which they are eligible: TANF, Medicaid, State CHIP, SSI, Food Stamps, Work Force Investment Act and Veterans' Health Care programs.
- 6. **Self-sufficiency.** Describe specifically how participants will be assisted **both** to increase their INCOMES and to maximize their ability to LIVE INDEPENDENTLY.

### **Section B. Experience Narrative**

Section B is a description of the experience of all organizations involved in carrying out the proposed project. (Refer to section V(A)(1) of the NOFA for Project Applicant and Sponsor Eligibility and Capacity Standards.) Please describe on preferably not more than 3 typed pages:

- 1. The specific type and length of experience of **all organizations** involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to their role in the proposed project as well as their overall experience working with homeless people. This should include experience contracting for and overseeing the rehabilitation of housing, as applicable, and experience administering rental assistance.
- 2. List *all* HUD McKinney grants, other than ESG, received after 1997, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date.
- 3. Please explain any delays in implementing any of the grants listed in (2) above which exceed applicable program timeliness standards.
- 4. Identify any unresolved HUD findings, or outstanding audit findings related to any of the grants listed in (2) above.

|                                         | describes your project (check only SRA PRA without Rehab | PRA with Rehab | SRO                                                                |
|-----------------------------------------|----------------------------------------------------------|----------------|--------------------------------------------------------------------|
| Section C.2. Project                    | Information (please type                                 | or print)      |                                                                    |
| Project Name:                           |                                                          |                | Project Priority N<br>(from project priori<br>chart in Exhibit 1): |
| Project Address (street, city, state, & | zip):                                                    |                |                                                                    |
|                                         |                                                          |                |                                                                    |
| Project Sponsor's Name (for SRA pr      | ojects):                                                 |                | Proj. Congression<br>District(s):                                  |

Section D. Targeted Disabilities In each category shown in the chart below, estimate, when the program is fully operational, the number of proposed participants expected to receive rental assistance at a point in time. Include each participant only once, in either Part 1 or Part 2. Part 1 should only include persons with disabilities who will not have family members living with them. Do not double count.

| Part 1: Individual Participants not in Families                | Number of Participants |
|----------------------------------------------------------------|------------------------|
| Persons with:                                                  |                        |
| Serious Mental Illness                                         |                        |
| Chronic Substance Abuse Problems                               |                        |
| Both Serious Mental Illness & Chronic Substance Abuse Problems |                        |
| AIDS or Related Diseases                                       |                        |
| Other Disabilities (specify)                                   |                        |
| (a) Total Participants: (not in families)                      |                        |
| Part 2: Participants in Families                               |                        |
| Persons with:                                                  |                        |
| Serious Mental Illness                                         |                        |
| Chronic Substance Abuse Problems                               |                        |
| Both Serious Mental Illness & Chronic Substance Abuse Problems |                        |
| AIDS or Related Diseases                                       |                        |
| Other Disabilities (specify)                                   |                        |
| (b) Total Participants: (in families)                          |                        |
| (c) Number of other Family Members Living with Participants    |                        |
| Total Persons Served from Parts 1 and 2 [(a) + (b) +(c)]       |                        |

### Section E. Major Milestones

Please complete the chart by entering the number of months planned from grant execution to the following milestones:

| First Unit Occupied | Supportive Services Begin | Last Unit Occupied |
|---------------------|---------------------------|--------------------|
| months              | months                    | months             |

## Section F. Budget

Fill out the information requested for the S+C component you are requesting funding for. Make certain that only one component (TRA, SRA, PRA without rehab, PRA with rehab, and SRO) budget is completed in this section. Requested subsidy cannot exceed current FMR unless an Exception Rent approval letter is attached.

## F.1. Tenant-based Rental Assistance (TRA) Project Budget

Applicants requesting TRA must complete the chart below showing the number of units expected to be used in your program. Multiply the applicable existing fair market rents (FMRs) as published in the Federal Register (FR) on September 30, 2002, by the number of units of a given size by 60 months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.] The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each single room occupancy SRO unit is equal to 75 percent of the 0-bedroom FMR.

|                      | Number of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FMR  | Number of Months | Total Amount Requested |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------|------------------------|
| Dwelling Units       | Units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | X \$ | X                | = \$                   |
| SRO                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | 60               |                        |
| 0 Bedroom            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | 60               |                        |
| One Bedroom          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | 60               |                        |
| Two Bedroom          | <u>un - 1998 yr 1999 yr 199</u> |      | 60               |                        |
| Three Bedroom        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | 60               |                        |
| Four Bedroom         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | 60               |                        |
| Other: (specify)     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | 60               |                        |
| Total TRA Assistance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                  | \$                     |

Complete a separate chart for each jurisdiction that has a different FMR.

Name of metropolitan or nonmetropolitan area for the FMR used:

## F.2. Sponsor-based Rental Assistance (SRA) Project Budget

A. Nonprofit Status: Nonprofit organizations must attach to this section one of the following:

- Private nonprofit organizations must submit a copy of their IRS ruling, providing tax-exempt status under Section 501 C (3) of the IRS Code of 1986, as amended, or documentation of nonprofit status as described in the Glossary on page iv.
- Public nonprofit community mental health centers must attach a letter or other document acceptable to HUD from an authorized official stating that the organization is a public nonprofit organization.
- **B.** Housing Description. Complete the chart below indicating the address of the specific structure(s) to be used, the number of units by bedroom size in each, and whether it is or will be owned or leased by the nonprofit entity.

| Address<br>(street, city, State & zip) |     | Number of Units by Size |   |   |   |   |    |             | Owned / Leased |  |
|----------------------------------------|-----|-------------------------|---|---|---|---|----|-------------|----------------|--|
|                                        | SRC | ) 0                     | 1 | 2 | 3 | 4 | >4 | (check one) |                |  |
|                                        |     |                         |   |   |   |   |    |             |                |  |
|                                        |     |                         | L |   |   |   |    |             |                |  |
|                                        |     |                         |   |   |   |   |    |             |                |  |
|                                        |     |                         |   | L |   |   |    |             |                |  |
|                                        |     |                         |   |   |   |   |    |             |                |  |
|                                        |     |                         |   |   | L |   |    |             |                |  |
|                                        |     |                         |   |   |   |   |    |             |                |  |
|                                        |     |                         |   |   |   | ļ |    |             |                |  |
|                                        |     |                         |   |   |   |   |    |             |                |  |
|                                        |     |                         |   |   |   |   |    |             |                |  |

Reminder: You may only have one sponsor per project.

**C. Grant Amount.** In the following chart, show the number of units by size expected to be owned or leased by the sponsor. Multiply the applicable existing FMRs as published in the Federal Register (FR) on September 30, 2002, by the number of units of a given size by 60 months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.]

The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR. *Complete a separate chart for each jurisdiction that has a different FMR*.

|                  | Number of |   | FMR | Number of Months | Total Amount Requested |
|------------------|-----------|---|-----|------------------|------------------------|
| Dwelling Units   | Units     | Х | \$  | Х                | = \$                   |
| SRO              |           |   |     | 60               |                        |
| 0 Bedroom        |           |   |     | 60               |                        |
| One Bedroom      |           |   |     | 60               |                        |
| Two Bedroom      |           |   |     | 60               |                        |
| Three Bedroom    |           |   |     | 60               |                        |
| Four Bedroom     |           |   |     | 60               |                        |
| Other: (specify) |           |   |     | 60               |                        |

### F.3. Project-based Rental Assistance (PRA) Project Budget

**A.** Site. In the chart below, indicate the address of the property to be assisted and whether or not rehabilitation that meets the requirements specified in 24 CFR 582.100(b) is to be completed.

| Address: (street, city, State &zip) | Rehabi | ilitation |
|-------------------------------------|--------|-----------|
|                                     | Yes    | No        |
|                                     |        |           |
|                                     |        |           |

**B. Grant Amount.** For each property, complete a separate copy of the appropriate chart below showing the number of units by size, expected to be assisted at this property. Multiply the applicable existing FMRs as published in the Federal Register (FR) on September 30, 2002, by the number of units of a given size by the number of months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.] If the units will be rehabilitated and your project qualifies for 10 years of rental assistance, complete chart 2. Otherwise, complete chart 1.

The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR.

#### Chart 1. PRA Units without Rehabilitation

Name of metropolitan or nonmetropolitan area for the FMR used:

| ts X \$ | X Months<br>60 | = \$                       |
|---------|----------------|----------------------------|
|         | 60             |                            |
|         | 1              |                            |
|         | 60             |                            |
|         | 60             |                            |
|         | 60             |                            |
|         | 60             |                            |
|         | 60             |                            |
|         | 60             |                            |
|         |                | 60<br>60<br>60<br>60<br>60 |

#### Chart 2. PRA Units with Rehabilitation

Name of metropolitan or nonmetropolitan area for the FMR used:

|                      | Number of |   | FMR |   | Number of | Total Am | ount Requested |
|----------------------|-----------|---|-----|---|-----------|----------|----------------|
| Dwelling Units       | Units     | Х | \$  | X | Months    | =        | \$             |
| SRO                  |           |   |     |   | 120       |          |                |
| 0 Bedroom            |           |   |     |   | 120       |          |                |
| One Bedroom          |           |   |     |   | 120       |          |                |
| Two Bedroom          |           |   |     |   | 120       |          |                |
| Three Bedroom        |           |   |     |   | 120       |          |                |
| Four Bedroom         |           |   |     |   | 120       |          |                |
| Other: (specify)     |           |   |     |   | 120       |          |                |
| Total PRA with Rehab | )         |   |     |   |           | \$       |                |

## F.4. Single Room Occupancy Moderate Rehabilitation (SRO) Rental Assistance

A. Project Site. Complete a separate F.4. for each site included under the SRO component of the S+C Program.

Name (if any) & Address of Site: (street, city, State & zip)

**B.** Grant Amount. Complete the chart below showing the number of units to be assisted. Note that the FMR for Mod Rehab SRO = Existing FMR for 0-bedroom units x 0.75 x 1.20. The Mod Rehab SRO FMR entered below should be a whole number - round before multiplying. If 0.5 or above, round to the next higher whole number. You may not request assistance for more than 100 units per site. Use the existing FMRs published in the Federal Register (FR) on September 30, 2002. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.]

Name of metropolitan or nonmetropolitan area for the FMR used.

| Dwelling Units | Number of |   | Mod. Rehab |   | Number of | Total Amount  |
|----------------|-----------|---|------------|---|-----------|---------------|
|                | Units     | Χ | SRO FMR \$ | Х | Months    | <br>Requested |
|                |           |   |            |   |           |               |
| SRO            |           |   |            |   | 120       | \$            |

**C.** Certification Requirement for Non-PHA Applicants. Non-PHA applicants must submit the following letter from the PHA that will administer the rental assistance.

(Date)

I, (name and title), authorized to act on behalf of (name of PHA), certify that this agency qualifies as a Public Housing Agency as specified in 24 CFR 882.102, is legally qualified and authorized to carry out this proposed project, and that if (name of applicant) is selected for an SRO award, this agency will administer the rental assistance.

(Signature of PHA official) (PHA number)

D. Project Costs. (1) List below an estimate of the costs of developing the project.

| Total Rehabilitation Costs (Eligible and Ineligible) | \$ |
|------------------------------------------------------|----|
| Acquisition                                          | \$ |
| Other Costs (Eligible & Ineligible, e.g., furniture) | \$ |
| Total                                                | \$ |

(2) List, on a separate sheet, any commitments from public and private sources that you are able to provide at this time to help cover the costs of developing the project.

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### Section G. Homeless Veterans

1. Are veterans among the homeless subpopulation(s) your project will specifically target and intend to serve?

| Yes | No. |
|-----|-----|
|-----|-----|

2. If your answer to question #1 is yes, are veterans the primary target population of your proposed project?



#### Section H. Chronically Homeless

Are chronically homeless persons among the homeless subpopulation(s) your project intends to serve?



### Section I. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)



2. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)



3. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?



If "yes," please provide the name of the military installation:

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## Exhibit 3R: Shelter Plus Care Program (S+C) - Renewal

### **Renewal Eligibility and Process**

This Exhibit 3R is for Shelter Plus Care (S+C) **renewal** projects only. If you are requesting funds for a **new** S+C project, **do not** use Exhibit 3R. You must complete Exhibit 3 instead. Submit a **separate** Exhibit 3R for **each** renewal project. (A renewal project may include no more than one component (i.e., TRA, SRA, PRA, and SRO) and may be carried out by no more than one project sponsor.)

The FY 2003 HUD Appropriations Act permits the noncompetitive renewal of eligible S+C program grants for oneyear terms. You are eligible to apply for renewal funding if your current Shelter Plus Care grant agreement is expiring in calendar year 2004 or if your grant has been extended beyond its original five-year term but you are projected to run out of funds in 2004. You may request up to the amount determined by multiplying the number of units under lease at the time of your application for renewal funding by the applicable current Fair Market Rent(s) by 12 months. However S+C grants that have been awarded one year of renewal funding in the FY 2002 competition, may only request for renewal this year the number of units funded in that competition. Upon renewal, the unspent balance of funds at the end of the previous grant period will be recaptured. <u>The one-year term of non-competitively awarded S+C renewal</u> <u>projects awarded in 2001 and 2002 may not be extended.</u>

Your S+C renewal application must be submitted to HUD in accordance with the NOFA requirements. Since these renewals must meet the expressed Congressional intent not to divorce S+C renewals from the accountability requirements that are needed to preserve the financial integrity of the projects, and to ensure that these projects continue to meet the needs of homeless people, all S+C renewals must be included as part of a community's Continuum of Care (CoC) submission. Therefore, S+C renewals must be given consideration as part of the local CoC planning process and, if approved for submission by the CoC, must be listed as the <u>last entries</u> on the CoC's Project Priority Chart.

### Section A. Project Narrative

Section A is a description of the existing project that you are submitting for renewal. You should include any changes resulting from amendments made to the project.

Project summary. Please provide the following:

- a. Grantee Name
- b. Program component
- c. Total S+C request
- d. The type of housing and number of participants originally proposed and ultimately served
- e. The population to be served

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### Section B. Performance

- 1. Are there any significant changes in the project since the last funding approval: If "yes" briefly describe the changes.
- 2. Are all units funded with S+C funds occupied? If not, please explain the reasons.
- 3. Attach responses from most recent APR for Questions 11 (Monthly Income at Entry and at Exit) and 16 (Overall Program Goals). If little or no progress, provide an explanation and specific plans for improvement.

Yes

Yes

SRO

No

No

### Section C.1. Component

| Select the S+C component w | hich describes | your existing project (check only | y one box) |
|----------------------------|----------------|-----------------------------------|------------|
| TRA                        | SRA            | PRA without Rehab                 |            |

## Section C.2. Project Information

| Project Name:<br>Project Address (street, city, state, & zip):                                  |                         | Project Priority No.<br>(from project<br>priority chart in<br>Exhibit 1): |
|-------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------|
| Project Sponsor's Name (for SRA only):                                                          |                         | Proj. Congressional<br>District(s):                                       |
| Sponsor's Address (street, city, state, & zip) (for SRA only):                                  |                         | Project 6-digit<br>Geographic Code:                                       |
| Authorized Representative of Project Sponsor (name, title, phone number, & fax) (for SRA only): | Grant beir<br>Grant Nur | ng renewed<br>nber:                                                       |

## Section D. Targeted Disabilities

In each category shown in the chart below indicate the number of participants receiving rental assistance at the time of your application. Include each participant only once, in either Part 1 or Part 2. Part 1 should only include persons with disabilities who do not have family members living with them. *Do not double count.* 

| Part 1: Individual Participants not in Families                | Number of Participants                   |
|----------------------------------------------------------------|------------------------------------------|
| Persons with:                                                  | •                                        |
| Serious Mental Illness                                         |                                          |
| Chronic Substance Abuse Problems                               |                                          |
| Both Serious Mental Illness & Chronic Substance Abuse Problems |                                          |
| AIDS or Related Diseases                                       |                                          |
| Other Disabilities (specify)                                   | AA MINING                                |
| (a) Total Participants: (not in families)                      |                                          |
| Part 2: Participants in Families                               |                                          |
| Persons with:                                                  |                                          |
| Serious Mental Illness                                         |                                          |
| Chronic Substance Abuse Problems                               | 911-1117-1111-11-1-1-1-1-1-1-1-1-1-1-1-1 |
| Both Serious Mental Illness & Chronic Substance Abuse Problems |                                          |
| AIDS or Related Diseases                                       |                                          |
| Other Disabilities (specify)                                   |                                          |
| (b) Total Participants: (in families)                          |                                          |
| (c) Number of other Family Members Living with Participants    | · ·                                      |
| Total Persons Served from Parts 1 and 2 [(a) +(b) + (c)]       |                                          |

### Section E. Renewal Grant Budget

Complete this budget section for the TRA, SRA, PRA or SRO project you are submitting for renewal. Remember that a separate Exhibit 3R must be submitted for each project.

#### 1. Need for Renewal

To determine if a renewal grant is needed for your project, please complete the following chart (skip to Question 2 if awarded a one-year renewal in 2002) :

A. S+C Funds Originally Awarded \$\_\_\_\_\_

| В. | Expenditure projected through 2004 | \$ |
|----|------------------------------------|----|
| C. | Difference (A minus B)             | \$ |

If balance remains after the funds projected to be spent by the end of calendar year 2004 ("B" above) are subtracted from the amount awarded for your existing grant ("A" above), a renewal grant is not needed at this time. Instead, a grant extension should be requested from the appropriate HUD Field Office.

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#### 2. Renewal Budget

The amount of rental assistance requested for a renewal may not exceed the number of S+C units currently under lease times the applicable current FMR(s) times 12 months, except that for S+C grants having been awarded one-year of renewal funding in 2002, the number of units requested for renewal this year may not exceed the number of units funded in 2002. If you received a one-year S+C renewal grant in 2002, please provide the number of units approved for funding that year: \_\_\_\_\_\_.

In the following chart for TRA, SRA or PRA renewals, show the number of units, by size, to be owned or leased during the one-year renewal period. Multiply the applicable existing FMRs as published in the Federal Register on September 30, 2002, by the number of units of a given size by 12 months. The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.] *Complete a separate chart for each jurisdiction that has a different FMR.* 

Requested subsidy cannot exceed current FMR unless an Exception Rent approval letter is attached. Name of metropolitan or nonmetropolitan area for the FMR used:

|                  | Number of |   | FMR |   | Number of                                                                                                       | Total A | Amount Requested |
|------------------|-----------|---|-----|---|-----------------------------------------------------------------------------------------------------------------|---------|------------------|
| Dwelling Units   | Units     | X | \$  | Х | Months                                                                                                          | =       | \$               |
| SRO              |           |   |     |   | 12                                                                                                              |         |                  |
| 0 Bedroom        |           |   |     |   | 12                                                                                                              |         |                  |
| One Bedroom      |           |   |     |   | 12                                                                                                              |         |                  |
| Two Bedroom      |           |   |     |   | 12                                                                                                              |         |                  |
| Three Bedroom    |           |   |     |   | 12                                                                                                              |         |                  |
| Four Bedroom     |           |   |     | - | 12                                                                                                              |         |                  |
| Other: (specify) |           |   |     |   | 12                                                                                                              | -       |                  |
| Total Assistance |           |   |     |   | un der seinen der Sternen der Sterne und der Sternen der Sterne der Sterne der Sterne der Sterne der Sterne der | \$      |                  |

In the following chart for S+C/SRO renewals, show the number of units to be owned during the one-year renewal period. Multiply the number of units by the current contract rent (at time of expiration) by 12 months.

#### SRO Renewals Only

| Dwelling Units   | Number of<br>Units | Contract<br>X Rent | Number of<br>X Months | Total Amount Requested<br>= \$ |
|------------------|--------------------|--------------------|-----------------------|--------------------------------|
|                  |                    |                    | 12                    | \$                             |
| Total Assistance |                    |                    |                       | \$                             |

If your project was completed in stages, you need to submit a separate exhibit for each distinct stage.

### Section F. Homeless Veterans

1. Are veterans among the homeless subpopulation(s) your project will specifically target and intend to serve?



2. If your answer to question #1 is yes, are veterans the primary target population of your proposed project?

| y | cci. |    |
|---|------|----|
|   | Yes  | No |

### Section G. Chronically Homeless

Are chronically homeless persons among the subpopulation(s) your project intends to serve?

| Yes | No No |
|-----|-------|
|-----|-------|

### Section H. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. The project is in a rural area:

| Yes |  | No |
|-----|--|----|
|-----|--|----|

ſ

2. The sponsor is a religious/faith-based organization:



## Exhibit 4: Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program

Eligible applicants for this program are non profit organizations and Public Housing Authorities.

Under the SRO Program, a "project" is a single site containing no more than 100 assisted units. A separate Exhibit 4 should be submitted for each new project. (Moderate Rehabilitation SROs will be renewed under a separate, non-competitive process.) In calculating your rental assistance amount, please use the Fair Market Rents (FMR) published in the Federal Register on September 30, 2002. You may obtain a copy of the applicable FMRs from your local HUD Field Office, which can also provide guidance on how to determine if your proposed project will be financially feasible. While housing providers should help residents to locate appropriate services, including services offered by the housing provider, to the extent possible, HUD encourages providers to develop housing programs which do not require participation in specific services as part of their tenancy requirements.

## **SRO** Tips

In developing Exhibit 4, please avoid problems that could hamper your ability to qualify for SRO funding. Here are a few tips that may help:

- No single project may contain more than 100 assisted units. A separate Exhibit 4 should be submitted for each site.
- The structure to be assisted must require a minimum of \$3,000 per unit of rehabilitation to meet Housing Quality Standards (HQS), including its prorated share of work on common areas or systems.
- For the FY 2003 competition, the per unit cost limitation for rehabilitation work is \$19,000.
- If a structure you plan to use in your project currently has occupants, you need to be aware that there are
  relocation requirements. These occupants cannot return to units assisted by this project following rehabilitation.
  Because these requirements are complex, please contact your HUD Field Office Relocation Specialist or an
  experienced government relocation agency in the planning stage of your application.
- If you are a private nonprofit organization, you will need to subcontract with a PHA to administer the rental assistance.

## Section A. Project Narrative

Section A is a description of your proposed project and is not intended to address only those portions of the site that will receive SRO funding. Please respond to all of the items in this section.

- 1. Project summary. Please provide the following:
  - a. Names of applicant and sponsor (if appropriate)
  - b. Program component
  - c. Total SRO request
  - d. The type of housing and number of units proposed
  - e. The population to be served
  - f. A photograph of the building to be assisted with the address (street, city, zip)

#### 2. Homeless population to be served. Briefly describe the following:

- a. Their characteristics and needs for housing and supportive services.
- b. Where they will come from. Indicate percentage coming from: streets, emergency shelters, transitional housing for homeless persons who come from street/shelters or other. Clearly explain "other."
- c. The outreach proposed to bring them into the project.

#### 3. Housing where participants will reside. Demonstrate for each of the following:

- a. How the TYPE (e.g., apartments, group home) and SCALE (e.g., number of units) of the proposed housing will fit the needs of the participants.
- b. That the basic COMMUNITY AMENITIES (e.g. grocery store, medical facilities, recreation) will be readily ACCESSIBLE (e.g., walking distance, near bus line) to your clients.
- c. The rehabilitation proposed for the property and the responsibility you and any other organizations will have in operating and maintaining the property.

- 4. Supportive services the participants will receive. Demonstrate each of the following:
  - a. How the supportive service needs of participants will be ASSESSED and TRACKED.
  - b. How the TYPE (e.g., case management, job training) and SCALE (e.g., the frequency and duration) of the supportive services will fit the needs of the participants
  - WHERE the supportive services will be provided and what TRANSPORTATION will be available to the Ċ. participant to access those services
  - The details of your plan to ensure that all homeless clients in this project will be systematically assisted to đ. identify, apply for and obtain benefits under all of the following mainstream health and social services programs for which they are eligible: TANF, Medicaid, State CHIP, SSI, Workforce Investment Act, Food Stamps and Veterans' Health Care programs.
- Self-sufficiency. Describe specifically how participants will be assisted both to increase their INCOMES and to 5. maximize their ability to LIVE INDEPENDENTLY.

### Section B. Experience Narrative

Section B is a description of the experience of all the organizations involved in carrying out the proposed project. (Refer to section V(A)(1) of the NOFA for Project Applicant and Sponsor Eligibility and Capacity Standards.) Please describe on preferably not more than 3 typed pages:

- The specific type and length of experience of all organizations involved in implementing the 1. proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to their role in the proposed project as well as their overall and experience working with homeless people.
- Describe experience contracting for and overseeing the rehabilitation of housing, and experience 2. administering rental assistance.
- List all HUD McKinney-Vento grants, other than ESG, received after 1997, including for each grant: the year 3. awarded, grant number, grant amount, and amounts spent to date.
- 4. Please explain any delays in implementing any of the grants listed in (3) above which exceed applicable program timeliness standards.
- Identify any unresolved HUD findings, or outstanding audit findings, related to any of the grants listed in (3) 5. above.

| Project Name                                                            | Project Priority No.<br>(from project priority<br>chart in Exhibit 1): |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|
| Project Address (street, city, state & zip)                             |                                                                        |
|                                                                         | Project Congressional                                                  |
| Project Sponsor's Name:                                                 | District(s):                                                           |
| Sponsor's Address (street, city, state & zip)                           | Project 6-digit<br>Geographic Code:                                    |
| Authorized Representative of the Project Sponsor (name, title, phone nu | imber, & fax):                                                         |
|                                                                         |                                                                        |

### Section C Project Information (4)

### Section D. Budget

#### 1. Rental Assistance Award Amount.

Please complete the chart below showing the number of units to be assisted, the applicable fair market rent (FMR) as published in the Federal Register (FR) on September 30, 2002, and the total amount of rental assistance requested. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002 FR Notice.] Note that the FMR for Moderate Rehabilitation SRO = Section 8 Existing Housing FMR for a 0-bedroom unit X 0.75 X 1.20. The Mod Rehab SRO FMR entered below should be a whole number – round before multiplying. (If 0.5 or above, round to the next higher whole number.) Also note that if there is no rehabilitation financing to be amortized, the rental assistance is limited to 75% of a 0-bedroom FMR. Please remember that you cannot request assistance for more than 100 units per project.

Name of metropolitan or non-metropolitan area for the FMR used:

| Dwelling Units | Number of<br>Units | x | Mod. Rehab.<br>SRO FMR \$ | х | Number of<br>Months | = | Total Amount<br>Requested |
|----------------|--------------------|---|---------------------------|---|---------------------|---|---------------------------|
| SRO            |                    |   |                           |   | 120                 |   |                           |

#### 2. Project Costs.

a. Please list below an *estimate* of the costs of developing the project.

| Total Rehabilitation Costs (eligible and ineligible)   | \$ |
|--------------------------------------------------------|----|
| Acquisition                                            | \$ |
| Other Costs (eligible and ineligible, e.g., furniture) | \$ |
| Total                                                  | \$ |

b. Please list below (or on a separate sheet) any commitments from public and private sources that you might be able to provide to help cover the costs of *developing* the project. Firm financing commitments will need to be provided at a later date.

| Source     | Amount                                 |
|------------|----------------------------------------|
|            |                                        |
|            |                                        |
|            |                                        |
|            |                                        |
|            |                                        |
|            | ······································ |
|            |                                        |
|            |                                        |
|            |                                        |
|            |                                        |
|            |                                        |
| otal Funds |                                        |
|            |                                        |

#### Section E. PHA Certification Requirements for Nonprofit Applicants

If the applicant for this project is a private nonprofit organization, please include in this exhibit the following letter from the PHA that will administer rental assistance:

(Date)

I (name and title), authorized to act on behalf of (name of PHA), certify that this agency qualifies as a Public Housing Agency, as specified in 24 CFR 882.102, is legally qualified and authorized to carry out this proposed project, and that it (name of applicant) is selected for an SRO award, this agency will administer the rental assistance.

(Signature of PHA official)

(PHA number)

### Section F. Homeless Veterans

Are veterans the primary target population?

Yes No

#### Section G. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)

Chronically Homeless
 Severely Mentally III
 Chronic Substance Abusers
 Dually Diagnosed
 AIDS and Related Diseases
 Victims of Domestic Violence
 Veterans

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)



3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)



4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?



If "yes," please provide the name of the military installation:

# **QUESTIONS AND ANSWERS**

A Supplement to the 2003 Continuum of Care Homeless Assistance NOFA and Application

Office of Community Planning and Development U.S. Department of Housing and Urban Development

2003

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### Questions and Answers A Supplement to the 2003 Continuum of Care Homeless Assistance NOFA and Application

To assist you in preparing your 2003 Continuum of Care (CoC) Homeless Assistance application, HUD developed the following questions and answers. For your convenience, they are grouped together by topic headings.

HUD Headquarters will hold satellite training conferences to answer other questions you may have. In addition, many HUD field offices will hold training sessions on the NOFA and the application. Please contact your local HUD field office to learn more about these training opportunities. A listing of the HUD Area and State Offices is provided as an appendix to the NOFA.

### A. Major Changes for 2003

<u>CONTINUUM OF CARE CHANGES</u>: There have been modifications to the Exhibit 1 questions, and changes to the number of points assigned to various scoring factors:

- The "Gaps and Priorities" scoring has been reduced from 20 to 15 points.
- The "Housing Emphasis" scoring has been increased from 5 to 10 points.
- There will be no points added this year for EZ/ECs.
- Goals and System Development: This section requests information about your performance in reaching your chronic homelessness goals and other system goals. You are also required to describe your discharge planning policy and list your continuum's unexecuted HUD grants.
- The definition for chronic homelessness is included in the application.
- Housing Activity Chart: This chart includes the information used in the 2002 competition with an update for this year's competition to reflect the changes in your housing activities. You will also include geo codes and target population codes for each facility/program.
- Gaps Analysis: Last year's Gaps Analysis Chart is now two separate charts. The first chart, Housing Gaps Analysis, shows the housing gaps reflecting your current inventory and the inventory under development for this year. The second chart is the "Homeless Populations and Subpopulations Chart." For the first time, you will be showing an estimate of the chronic homelessness population for your community.
- Mainstream Program and Employment Chart: This new chart uses information collected from the Annual Progress Report (APR) of renewal grantees to show how homeless participants are accessing mainstream programs.
- Permanent Housing Bonus: In order to encourage the development of permanent housing units, the pro rata need bonus has been increased from \$500,000 to a maximum of \$750,000 for a number one priority project that qualifies as an eligible <u>new project</u>. Only the housing activities of the new project count toward the bonus. Housing activities include: rental assistance, acquisition, new construction, rehabilitation, leasing, and operating costs.
- The page limit has been increased to 30 pages for Exhibit 1: Continuum of Care.

#### PROJECT CHANGES:

- Term for New SHP Projects: Starting with this year's competition, the minimum term for new SHP projects must be two years.
- SHP Renewal Exhibit: A streamlined SHP Renewal exhibit is included in this year's application since most submitted projects are SHP renewals.
- HMIS Categorization: Dedicated HMIS projects should be classified as HMIS projects in the application where the type and component of the project is requested. This year, there is an HMIS budget line item for HMIS activities, separate from supportive services.
- HMIS Participation: All grantees receiving 2003 funds will be required to participate in a local HMIS system when such a system is implemented.
- Calculating SHP Renewal Budgets: Beginning in 2002, the limit for an SHP renewal request became the average annual amount of the term activities of the grant being renewed. Term activities are leasing, supportive services, and operations. Applicants may request up to 5% of each project award for administrative costs.

#### CHANGES IN APPLICATION DELIVERY PROCEDURES:

• Because of enhanced security procedures in the HUD Headquarters building, submission procedures have been changed. (See specific NOFA instructions.)

### **B.** Common Mistakes

1. What experiences can you share from past competitions to help me avoid making mistakes?

Here is a list of common errors. Please read carefully the application and the NOFA for further clarification, or contact your HUD field office. Common mistakes include:

#### <u>EXHIBIT 1</u>

- using prior application forms, which do not incorporate new requirements;
- not explaining the method for collecting the data in the Gaps Analysis chart;
- in preparing Exhibit 1, not ensuring that the individual sections are consistent with each other and complete;

### EXHIBITS 2, 2R, 3, 3R, & 4

- inserting the wrong HUD-424 for the applicant, especially if your project is a renewal;
- the project budget request in the exhibit exceeds the Project Priorities chart amount;
- not describing the new portion of an existing homeless assistance project where funds are being requested for an expansion of the project;
- incorrect renewal grant numbers;
- incorrect renewal amount request;
- not directly responding to all applicable questions in the project narrative;
- not requesting an extension of the current grant term before renewal application submission to ensure the project being requested expires in 2004;
- not indicating the grant term;
- not filling out the budget section completely; for example: -- SHP budget lacks applicant cash match; mathematical mistakes; not reflecting statutory match requirements; incorrect FMRs used.

#### C. Eligible Persons to be Served

#### 1. Who can receive assistance from the projects proposed in an application?

A person must be homeless in order to receive assistance under the SHP, S+C, and Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) programs. Other restrictions may also apply, depending upon the program.

A person is considered homeless only when he/she resides in one of the places described below:

- a. in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
- b. in an emergency shelter;
- c. in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter;
- d. in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;
- e. is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or
- f. is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and he/she lacks the resources and support networks needed to obtain housing.

#### 2. Can a project serve persons at risk of becoming homeless?

No. By law, only those persons who are homeless may be served by the programs under the NOFA. If your organization wants to serve persons at risk of becoming homeless, persons who are "doubled up," or persons who are "near homelessness," it would need to use another source. HUD administers the Emergency Shelter Grants (ESG) program that can fund homelessness prevention activities. A variety of other programs, such as Section 8, Community Development Block Grant (CDBG) and HOME, serve low-income persons who may be at risk of becoming homeless due to poor housing conditions, overcrowding or other reasons. Contact your local HUD field office for more information on these and other programs.

# 3. Can a project serve a person being discharged from a State mental health institution in a state that requires housing to be provided upon the person's release?

If your State has a policy requiring housing as part of a discharge plan, HUD does not consider those persons homeless since they will be placed in housing arranged by the State. Contact your State department of mental health or similar State agency for information on its discharge policy. If your State does not require housing as part of discharge planning, then those persons being discharged may be served as long as they will be homeless as described in Question #1 of this section.

As a condition for award in the competition, any governmental entity serving as an applicant must agree to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. This condition for award, in the form of a certification and required by law, is intended to emphasize that States and units of general local government are primarily responsible for the care of these individuals, and to forestall attempts to use scarce McKinney-Vento Act funds to assist such persons in lieu of State and local resources.

# 4. Can a project serve a homeless youth after he/she becomes a ward of the state, or serve runaway youths?

Project funding may not substitute for the assistance a State is required to provide a youth while in foster care. Project funding can, however, be used to supplement the State's assistance by providing a needed service that is not required to be provided by the State as part of its foster care system. Youth who run away from home are considered homeless if they are residing in those places listed under the criteria in Question #1 of this section, are without resources and support, and are not considered wards of the state.

# 5. Can a homeless person moving into permanent housing receive services under SHP for an extended period of time?

The person may receive supportive services for the term of the grant if he/she is living with a disability. If the person is not disabled, however, he/she may receive services for only up to six months after moving into permanent housing.

#### 6. Who does HUD consider to be chronically homeless?

A chronically homeless person is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter during that time.

### **D.** SHP Administrative Costs

#### 1. What is the requirement regarding splitting SHP administrative costs?

This requirement is applicable only to States and units of general local governments who are the applicants for SHP funding for individual projects that will be operated by nonprofit organizations. If SHP funds for administrative costs are awarded to a State or unit of general local government where the projects will be operated by nonprofit organizations, some of these funds must be passed on to the nonprofit organization(s). As stated in the NOFA, this requirement is NOT applicable to the SRO and S+C programs, nor does it apply to applicants that are non-government entities.

# 2. How much of SHP administrative funds referred to in Question #1 of this section must be passed on to the nonprofit organization(s) who will operate the homeless assistance project(s)?

Administrative funds provided as part of the SHP grant should be split with the nonprofit organization(s) in proportion to the administrative burden borne by them for the SHP project(s). However, HUD will consider States or units of general local government that pass on at least 50 percent of the administrative funds as having met this Congressionally-mandated requirement.

#### E. Match Requirements

#### 1. Under the SHP, what is the operating cost match requirement? Is this a cash match?

SHP funds may be used to pay for up to 75 percent of the total operating costs of supportive housing for all years of the grant term (this change is not applicable to grants awarded prior to calendar year 2000). For example, if the annual operating costs are \$100,000, SHP funds may be used to pay up to \$75,000, or 75 percent, of these costs in each year of the grant term and the grantee would be required to pay \$25,000, or 25 percent, each year.

The operating costs match to be paid by the grantee is a cash match. Documentation of firm commitments of cash resources for the first year of the grant term and certification that cash resources will be provided in the second and third year of the grant term, if applicable, must be submitted as part of the technical submission application (the form and content requirements of the cash match documentation and certification are explained in the applicable exhibits of the SHP Technical Submission document). In addition, the cash match must be verified in the Annual Progress Report. Donated or in-kind contributions do not count toward meeting this match.

# 2. Is the SHP operating costs match requirement applicable to projects submitted for renewal funding?

Yes. Projects submitted for renewal are allowed to request up to 75 percent of the actual operating costs of supportive housing for all years of the grant term. However, renewal applicants may not request SHP funds to replace State or local government funds being used in the project.

#### 3. What is the supportive services match requirement for SHP? Is this a cash match?

The 2003 HUD Appropriation Act specifies a 25 percent match of SHP supportive service funding (i.e., for every \$100 in SHP funds, the applicant must provide \$25 toward supportive services). Another way to look at this is that the SHP request can be no more than 80 percent of the total budget for the supportive services line item (i.e., 80% of the \$125 (total budget) in the above example equals \$100). If you do not indicate in your SHP application budget that you are supplying the full match required, your SHP request will be reduced so that it is no greater than 80 percent of your total supportive services budget.

The supportive services match to be paid by the grantee is a cash match. Documentation of firm commitments of cash resources for the first year of the grant term and certification that cash resources will be provided in the second and third year of the grant term, if applicable, must be submitted as part of the Technical Submission (the form and content requirements of the cash match documentation and certification are explained in the applicable exhibits of the SHP Technical Submission). In addition, the cash match must be verified in the Annual Progress Report. Donated or in-kind services do not count toward meeting this match.

# 4. What if we have a renewal project that is requesting supportive services funds? Do those funds need to be matched?

Yes. A renewal project requesting supportive services funds must also meet the match requirement as described in question #3 of this section.

### F. Application

#### 1. Is there a firm page limit for Exhibit 1, the CoC narrative?

Yes. Applicants must limit the number of pages in Exhibit 1 to 30 pages, including attachments. HUD will not review the pages exceeding the 30 page limit when rating Exhibit #1. In fairness to larger CoCs, and as noted in the application kit, only the first page of multiple page project priority and leveraging charts, and the first page of the response to items 2.D, 3.E, 3.F, 7.C, and 8.D will count toward the 30 page limit.

# 2. Is there a formatting requirement for the written commitments claimed on the Project Leveraging chart?

The written commitment must be documented on letterhead stationery, signed and dated by an authorized representative, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and, the date the contribution will be available.

Written commitments are not submitted at the time of application. However, they must be submitted for verification by HUD prior to grant agreement execution. Only the value of contributions to a project for which the applicant has a written commitment at the time of application will be counted toward points for leveraging of other resources.

An additional change you should be aware of when filling out the leveraging chart is that the instructions now say that the value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project. For example, the value of donated land buildings or equipment claimed in 2002 or before for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions.

# 3. Each Exhibit 1, CoC, must be identical for each associated application under a continuum. Would HUD accept the associated applications from a given community if just one of the associated applications contained the entire Exhibit 1, with the other associated applications simply cross-referencing that exhibit?

Yes. HUD will accept associated applications in which Exhibit 1 has been submitted in this way. However, for the application containing the complete Exhibit 1, please state at the beginning of that exhibit: "This is an associated application. Exhibit 1: CoC is being submitted in its entirety only in this application. The applications of all other associated applicants for this same continuum, as listed below, will cross-reference and adopt this exhibit." (List the names of all other associated applicants.)

For each of the associated applications not containing the complete Exhibit 1, please state: "This is an associated application. By agreement between all associated applicants, Exhibit 1: CoC has been submitted in its entirety only in the application from (state applicant's name). We adopt that Exhibit 1 and agree to follow it if our application is selected for funding."

# 4. If my application is received at the HUD Field Office by the deadline, but not at HUD Headquarters in Washington, D.C., is my application considered "on time" and will it be considered for funding?

No. The determination of an "on time" application is made at HUD Headquarters in Washington, D.C. Your application must arrive by the deadline at HUD Headquarters in order for it to be considered for funding. HUD is constrained by the HUD Reform Act not to accept any applications that arrive after the deadline. (See NOFA for specific application delivery instructions.)

In addition, as stated in the NOFA, reviews will be based solely upon the contents of the application submitted to HUD Headquarters. Application materials submitted to the HUD Field Office and not to Headquarters, even if submitted prior to the deadline, will not be considered in the review of the CoC or of individual projects.

# 5. The NOFA says that HUD will perform a "threshold" review of my application. What does this mean? What should I be aware of when preparing my application?

HUD reviews your application to ensure that the applicant is eligible to apply for the program it selected and has the requisite capacity to carry it out. It also reviews the capacity of all other organizations involved with the proposed project. It is imperative, therefore, to demonstrate that applicants and any sponsors or other organizations involved have sufficient capacity. Be sure to answer all of the questions under the Experience Narrative section(s) of the program exhibit(s). It is also imperative that nonprofit applicants include documentation demonstrating their eligibility.

HUD also reviews your project exhibit to ensure that your project will only serve homeless people (see Section C, question #1, of this supplement), that what you propose is eligible, and, in the case of projects other than SHP renewals and S+C renewals, that your project meets threshold quality standards. You can help ensure that your project passes the quality review by completely answering all of the applicable Project Narrative questions in the program exhibit. These questions relate directly to the NOFA threshold standards so it is important that you address each and every applicable factor in the Project Narrative(s) and complete the charts for the program for which you are applying.

After consultations with HHS, the individual project quality threshold review criteria have been modified to obtain better information on the nature of the supportive services being proposed by the applicant (i.e., supportive service requests must be cost-effective). In addition, performance review standards have been included for renewal projects and can be used as the basis for rejecting poorly performing projects. Finally, all projects, including renewals (except S+C renewals), must submit a specific plan for ensuring that clients will individually be assisted to obtain the benefits of the mainstream assistance programs for which they are eligible.

Under SHP and S+C, renewal projects are considered to have met most of the threshold requirements through their previously approved grant applications. However, threshold reviews will be done on renewal projects to determine: (1) the eligibility of proposed activities; (2) the eligibility of the population to be served; and (3) the capacity of the applicant and project sponsor, including specific progress data contained in the APR.

### G. Continuum of Care Geography

#### 1. What options do communities have in deciding the area to be covered by a CoC?

The primary consideration is to design a system that will most effectively meet the needs of the homeless population. Remember, the single most important factor in receiving funding under this competition is the strength of the CoC as measured against the CoC criteria in the NOFA.

Organizations within any locality may decide to: (a) create a CoC system within its own local boundaries; (b) join nearby communities in creating a multi-county or regional CoC system that fully involves all the communities included and serves the territory of the combined communities; (c) join with the State government or a Statewide organization in creating a Statewide CoC system; or (d) join with the State government or a Statewide organization in developing a CoC system for a specific community and/or county, or an entire region.

Local communities are strongly discouraged from attempting to divide up the geographic area of a locality and developing separate CoC systems with separate applications for each portion of the locality. Such an approach undercuts the concept of CoC because your strategy should be community-wide, comprehensive and inclusive.

# 2. What options do State governments and Statewide organizations have in deciding the areas to be included in a CoC?

Statewide applicants may:

- a. include the entire area of the state not covered by local CoC strategies in a single application which describes the Statewide CoC system for that entire area;
- b. include a part of the area of the State not covered by local CoC systems in a single application which describes the CoC system for that area, which could include one or more counties not covered by local CoC systems; or,
- c. submit two or more applications, each representing a separate CoC system developed by the State or a Statewide organization and its local partners for different sub-State areas not covered by local CoC systems. Each sub-State area could cover a single county or multi-county area.

The area proposed by a State government or Statewide agency should only include those counties and communities that are fully involved in the development and implementation of the CoC strategy with the State. This involvement should be described in Exhibit 1 of the application.

#### 3. How can a rural community maximize its opportunity for project funding under the NOFA?

Because of their small demographic numbers, rural areas generally will have small pro rata need amounts. In order to maximize its funding potential, a rural area may wish to form a regional CoC system encompassing several contiguous counties. A single pro rata need figure for the combined geography will be calculated by adding the pro rata need figures together for each county. However, all geographic areas included in the regional CoC system need to be actively involved in the development and implementation of the CoC system and this involvement must be described in the CoC narrative.

# 4. My community is involving the State in its CoC system. Should the community describe its coordination with the State in the community's Exhibit 1? What about the Statewide application, if there is one?

Both the community and the Statewide applications should describe the coordination that has occurred in their respective applications. State support of a local CoC system can be a factor in the success of the local system. However, neither application should include the other as a jurisdiction covered by the other's strategy when describing the geographic area covered by their respective systems.

# 5. What if a Statewide or regional applicant wants to propose a project in a locality covered by a separate CoC strategy?

When a Statewide or regional entity wants to carry out a project within an area covered by a separate CoC strategy, that project must be included in the application submitted by the local community with the Statewide or regional entity listed as project sponsor and/or applicant. Since such a project would be proposed to fill a gap in a community's strategy, it would be listed only in the local community's CoC priority listing (NOT the Statewide or regional organization's) and would receive a Need score based on the priority listing in that local community's strategy. However, a single HMIS project may cover the implementation of an HMIS across multiple CoCs.

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#### H. Housing Gaps Analysis/Homeless Population and Subpopulations Charts

#### 1. Why were changes made to the Gaps Analysis Chart?

Starting in 2001, HUD began streamlining the Gaps Analysis Chart in response to feedback from CoC planners concerning the burden and utility of the data being collected. We eliminated the priority levels and made the supportive services section optional. A recent Urban Institute study of the Continuum of Care process confirmed the burdens of collecting the needs data and reiterated local concerns about the usefulness of the data being collected and meaningfulness of several elements of the chart.

For 2003, we have limited the Gaps Analysis process to the housing components of the CoC. Summary data from the Fundamental Components of the CoC System (Housing Activity) are used to complete the Housing Gaps Analysis Chart and unmet shelter and housing needs are based upon the CoC's judgment.

To get better and more consistent data on the size and characteristics of the homeless population, we have integrated elements of the 2002 homeless count table and the homeless subpopulation Gap Analysis table into a new Homeless Population and Subpopulation Chart.

Your local or State government planning agencies have information on how to do a survey, as well as the benefits of various survey designs. In addition, HUD, through the Interagency Council on the Homeless, published the manual, <u>Practical Methods for Counting Homeless People</u>, which also describes data collection methods and sources. You may order a copy of this manual by contacting the Urban Institute's publications office on 202-261-5687. The cost is \$13.50 and includes shipping and handling charges.

### I. <u>Project Priorities</u>

# 1. Why is HUD asking communities to prioritize their projects on the Project Priority chart in Exhibit 1? Who sets the priorities in a community?

Prioritizing projects should be a logical outcome of the development of a community's CoC strategy and driven by the community's gaps analysis. This means that all organizations in the process have a voice in determining the community's priorities for funding. Priorities should be established through a fair and rational process using objective criteria. Selecting the entity (or entities) that facilitates or leads the selection process is completely up to the community. Different entities will take the lead in different communities.

As stated in the application and the NOFA, HUD expects your community's CoC strategy to be developed by and coordinated with an as inclusive group as possible. Organizations involved in this process should include nonprofit organizations as well as community and faith-based entities, government agencies, public housing authorities, housing developers and service providers, businesses and business associations, law enforcement agencies, hospitals, funding providers, and homeless and formerly homeless persons. These and other organizations should represent and address the specific needs of each homeless sub-population: the jobless, veterans, persons with serious mental illnesses, persons suffering from substance abuse, persons living with HIV/AIDS, victims of domestic violence, runaway youth and others.

# 2. What if our community decides it is unable to prioritize individual projects? Can we just submit one large request for funding and decide later how to divide the request into projects based on an RFP (Request for Proposals) or similar process?

No. The decision-making process for deciding the types of projects to include on the Project Priorities chart, and each project's priority for funding, must be completed prior to submission. A community cannot undertake an RFP or similar process after submission. If a Project Priorities chart is not submitted, all projects are likely to receive the lowest points for Need. Moreover, the CoC score will also be adversely affected by the absence of priorities.

# 3. What happens if the dollars requested on the Project Priorities chart do not match the dollars requested in the project budget?

If the project budget shows a higher dollar request than the Project Priorities chart, that amount will be reduced to match the Project Priorities chart. If the dollars requested in the project budget are lower than those shown on the Project Priorities chart, then the lower of the two amounts will be considered by HUD to be the requested amount.

# 4. What happens if the grant term requested on the Project Priorities Chart does not match the grant term requested in the project budget?

The grant term circled on the project budget will be used. Keep in mind that new SHP projects must have at least a two-year grant term.

#### J. Pro Rata Need and Need Scores

#### 1. What is "pro rata need"?

Pro rata need is the term used to describe the relative portion of national homeless assistance need assigned to a community or group of communities in HUD's CoC competition. The "pro rata need amount" is the expression of relative homeless assistance need in dollar terms for use in scoring the "need" rating factor within a CoC competition.

#### 2. How is the pro rata need amount determined for a community?

There are several steps HUD uses to reach the final pro rata need amount for each community, as described below:

<u>Step 1 - Preliminary pro rata need</u>: Prior to application submission, HUD calculates a "relative need index" for each CDBG-entitled city and county and each non-CDBG-entitled county in the country. HUD uses the same indices of need in computing each community's index that is used in determining the formula amounts under the CDBG and ESG programs. Each city's and county's need index is then applied against the total amount of funding available nationally in each year's CoC competition to determine the preliminary pro rata need amount for each geographic area.

Following application submission, HUD assigns each city and county identified as participating in a CoC system in all submitted applications its preliminary pro rata need amount. HUD then aggregates the preliminary pro rata need numbers for all the geographic components participating in each CoC.

<u>Step 2 - Renewal-adjusted pro rata need</u>: Each CoC system's preliminary pro rata need amount will then be compared to the SHP project renewal need identified by that CoC in its Project Priorities chart. Only SHP renewal projects eligible for submission in the competition will be counted for this purpose. Similarly, only that portion of submitted renewal requests that are for activities that may be renewed will be counted (i.e., a proposed expansion of a renewal project is not eligible as a renewal and must be presented as a new project and be shown separately on the Project Priorities chart).

When the total one-year renewal need amount of all eligible SHP renewals submitted in the competition exceeds the preliminary pro rata need amount for that CoC, an amount equal to the difference will be added to the CoC's preliminary pro rata need amount. The net effect of this will be that sufficient funds will be provided to every Continuum of Care so that all of their eligible SHP renewals can be funded for one year if they are successful in this year's funding round and if they are placed as top priorities in the application. However, if the total one year amount of eligible SHP renewals in a CoC is equal to or less than that CoC's preliminary pro rata need, no upward adjustment will be made to their pro rata need.

Note: If a Continuum of Care has a total one-year SHP renewal request greater than its preliminary pro rata need AND that CoC requests more than one year of assistance for one or more of its SHP renewals, this may likely result in at least one of their lower priority renewal requests not being funded due to insufficient pro rata need. If you are in this situation, you are urged to limit the term of your SHP renewal request(s) to one year.

No renewal adjustment will be made to a CoC's preliminary pro rata need amount for eligible S+C renewals being funded non-competitively for one year from the separate McKinney-Vento Act account set up for this purpose since their funding does not count against a CoC's pro rata need.

<u>Step 3 - Permanent housing pro rata need bonus</u>: Again this year, HUD will add a bonus amount on top of the renewal-adjusted pro rata need amount for any CoC system that identifies a new permanent housing project passing all threshold requirements as its number one priority project. In such instances, the full amount of such a project's eligible housing activities, up to the lesser of 100 percent of the CoC's preliminary pro rata need or \$750,000, will be added to the renewal-adjusted pro rata need amount for that CoC system. Please see Section M, question #3, for examples of the application of the permanent housing bonus.

The dollar amount determined after application of each of these steps, as applicable, is referred to as the "final pro rata need amount."

#### 3. Why does my CoC's final pro rata need amount vary from one year to the next?

As can be seen from the discussion above, final pro rata need is influenced by a number of variables that include: updated census data in the formula used to assign PRN; the total amount of dollars available for the competition nationally; the amount of eligible one-year SHP renewal need identified by your CoC system; and, whether or not your CoC system seeks a permanent housing bonus.

#### 4. How is "pro rata need" used?

HUD takes each CoC community's final pro rata need amount and applies it against the requested amount (as adjusted where necessary) of each project on the community's Project Priority chart. Starting with project priority #1 and proceeding down the chart, skipping individual projects rejected during the threshold review, projects whose requested amounts fall fully within the applicant's CoC pro rata need amount, as adjusted ("first level"), or those where more than one-half the requested amount falls within this "first level" receive the full 40 points available for Need. Continuing down the list, those projects whose requested amounts fall fully within the "second level" (two times the pro rata need amount, as adjusted), or those where more than one-half the requested amount falls within the "second level" receive 15 points. Any remaining projects on the priority list each receive 10 points.

There are only two exceptions to the above procedures. The first exception will occur if the first nonrejected project on any CoC system's priority list fails to meet the criteria for receiving 40 points. In such instances, in order to achieve greater geographic diversity, the total requested amount for the first non-rejected priority project will be reduced to the applicant's CoC final pro rata need amount and assigned 40 points.

The second exception will occur if the total amount that would be awarded for "first level" projects in any CoC following the above procedures exceeds the final pro rata need amount for that CoC by more than \$200,000. In such instances, the lowest priority "first level" project being selected will be reduced to the level necessary to ensure that the total amount being awarded for such projects does not exceed the final pro rata need amount by more than \$200,000.

# 5. If five different cities/counties develop a single CoC system, will the pro rata need figures of the five jurisdictions be added together?

Yes. A single final pro rata need figure for the combined geography of the five jurisdictions will be calculated by adding the five separate Need figures. The combined figure will then be used to determine the number of projects on the single Project Priorities chart that will receive 40, 15 and 10 points for Need, as described above. To ensure that the full Pro Rata Need is received, be sure to include all the geography of participating cities/counties on the Application Summary.

# 6. Given the situation in the previous question, do the projects then have to be located in all five jurisdictions proportionally?

No. The projects do not have to be located in all five jurisdictions nor do they have to be located proportionally. However, the single CoC system must be designed to address the problem of homelessness in all five jurisdictions, and it must be clear in the application the various CoC organizations in all five jurisdictions are actively working together in planning and implementing the CoC. Otherwise, the very important CoC score, which represents up to 60 points, will be adversely affected.

#### K. Serving Veteran Needs

# 1. The NOFA mentions veterans groups. How should veterans organizations be involved in the CoC?

Your community process for developing and implementing a CoC system should be comprehensive and inclusive. This means the needs of all homeless sub-populations in your community should be represented in your CoC planning process and project implementation. Because studies show that a significant segment of the homeless population are veterans, it's especially important to involve veterans organizations so that the needs of homeless veterans are addressed appropriately and effectively.

# 2. Is there any guidance available on developing programs to address the needs of homeless veterans?

In 2002, HUD has released two new technical assistance resources addressing the needs of homeless veterans. The first report, <u>A Place at the Table: Homeless Veterans and Local Homeless Assistance</u> <u>Planning Networks</u>, is designed to help organizations serving homeless veterans to more effectively participate in the homeless assistance program planning networks in their communities and, in particular, to access resources through the Continuum of Care planning process.

The second report, <u>Coordinating Resources and Developing Strategies to Address the Needs of</u> <u>Homeless Veterans</u>, provides information on promising practices for effectively coordinating HUD funding with other resources in order to address the special needs of homeless veterans. Both reports can be found at the HUD homepage at <u>http://www.hud.gov/homeless/index.cfm</u> under homeless vets. Printed versions of these 2 reports will be available from Community Connections at 1-800–998-9999.

#### L. Projects

#### 1. What is the extension policy for SHP grants?

For SHP grants expiring in a given calendar year, grantees that will have SHP or other funds to carry them beyond that calendar year have the option of extending their grant term for up to one year subject to HUD approval. Grant terms may be extended if:

- (1) the renewal project fails to receive funding in a competition and wants to become eligible to apply again in the next competition;
- (2) the grantee of a project currently eligible for renewal fails to apply in a competition but wants to be eligible to apply in the next competition; or
- (3) there is an overabundance of renewal requests in the community in a particular year.

Grant terms may not be extended for more than one year. In addition, extensions for less than a year are acceptable if an entire year is not needed to carry the term into the next calendar year. For example, if a grant term ends in November 2002, it need only be extended for 2 months to carry the grant term into January 2003.

To obtain an extension, grantees must request that their local HUD field office process a grant agreement amendment. Such requests must be submitted before the application deadline. With the request for an amendment, grantees must submit information to the field office demonstrating how they fit one of the criteria above and that they have the financial resources to carry out the project fully in accordance with all of the provisions of their grant agreement during the extension period. (See Section N, question #8, regarding funding sources that may be used to continue a project.)

Please note that if a project fails to be renewed in a competition, it would not be eligible to apply for renewal again in the next competition unless the grantee submits a request for and receives an extension of the project's term.

# 2. If my project has several structures and we are also providing supportive services, including outreach, how would I include the supportive service on the budget sheets?

New projects will be including a structure budget for each of the structures in your project. If supportive services are also included, then spread the services among the structure budgets so that the structure budgets add up to the total budget.

#### 3. May SHP funds be used in public housing facilities?

Yes. An SHP project may use public housing units only after the PHA disposes of the units, through deed or lease, to the SHP grantee and obtains HUD approval of the disposition. After the disposition, these units can receive no public housing capital or operating subsidy.

# 4. In the 2003 HUD Appropriations Act, Congress has included a provision to ensure the timely implementation of projects awarded funding in the CoC competition. Does this affect my project?

Recipients conditionally awarded funds in the 2003 CoC funding round must have a fully executed grant agreement or, in the case of the Section 8 Moderate Rehabilitation SRO Program, Annual Contributions Contract, by September 30, 2005. If a grant agreement or ACC is not executed by that date, the award will be withdrawn. These funds will remain available for expenditure for five years from that date.

# 5. If a grantee has money left over after the term of their SHP grant, can the grant be extended in order to spend the remaining money?

SHP projects cannot be extended merely to spend the remaining grant funds. However, if a grant is extended into the next calendar year so that it can become eligible to apply for renewal in the next competition, grant funds remaining from the current term may be used as a source of funding to continue the project during the extension.

# 6. In the application for SHP, under Section D of Exhibit 2, when would it be appropriate to use the "New" exhibit?

You would use the "new" SHP exhibit in the following situations:

- if you were proposing a brand new project that has not provided services or supportive housing for homeless persons;
- if you are making an addition to an existing non-SHP funded project (only <u>the addition</u> is considered eligible for funding);
- if you are making an addition to an existing SHP funded project (only <u>the addition</u> is considered eligible for funding; see Section N, question #4, regarding how to apply for renewal and expansion of the same project);
- if you are bringing your project up to code (only activities which are code-related are eligible);
- if you are replacing non-renewable Federal or private funds in an existing project; or
- if you are re-starting an SHP project which received SHP funding in the past, but the SHP funding ended when the project term expired, and the project did not continue to provide services or supportive housing for homeless persons.

#### 7. Do new and renewal SHP project applicants use identical forms?

No. There are two exhibits for SHP projects this year. The new projects will use the first exhibit (2) and the renewals will use the second exhibit (2R).

#### 8. Are there any new Lead-Based Paint or Environmental review requirements this year?

No. However, the changes made in 2001 were so important that they are worth repeating here.

The changes in the Lead-Based Paint regulations, which became effective for recipients of funding in the 2001 competition, are extensive. The regulations set hazard reduction requirements that give much greater emphasis than existing regulations on reducing lead in house dust. Scientific research has found that exposure to lead in dust is the most common way young children become lead poisoned. Therefore, the new regulation requires dust testing after paint is disturbed to make sure the home is lead-safe. Specific requirements depend on whether the housing is being disposed of or assisted by the Federal Government, and also on the type and amount of financial assistance, the age of the structure, and whether the dwelling is rental or owner-occupied. For additional information, contact your local Field Office.

In regard to environmental reviews, an important statutory change now provides that for recipients who are private nonprofit organizations or public housing authorities (PHA), the environmental review may be performed by responsible entities (units of general local government in whose jurisdiction the activity is located or States) in accordance with 24 CFR Part 58 - "Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities" whether or not the grantee is itself a unit of local government or State.

If a responsible entity is either unwilling or unable to perform an environmental review for grantees who are public housing agencies or private nonprofit organizations (Section 58.11), or if HUD determines that the responsible entity should not perform the environmental review on the basis of performance, timing or compatibility of objectives, HUD may designate another responsible entity to conduct the review under Part 58 or may itself conduct the environmental review based on Part 50.

#### 9. State and local governments funded in previous competitions were required to certify that they would develop policies and protocols for people being discharged from publicly funded institutions. How do State and local grantees report on our efforts toward implementing the requirements of that certification?

Project applicants who are State or local governments awarded funds in previous competitions are asked in the Project Narrative, Section A, to provide a description of any policies and protocols they have developed/implemented regarding discharges from publicly funded institutions. They should also indicate how these changes have or will prevent such discharges from resulting in homelessness for discharged persons. A copy of the description should be placed in each submitted project.

#### 10. Can Section 8 project-based assistance (PBA) or Section 8 tenant-based assistance (TBA) be used in a SHP funded transitional housing program?

No. HUD will not fund new projects mixing Section 8 assistance in SHP-funded transitional projects. Experience with such funding has resulted in many complex operating issues when the two subsidy streams are combined. Section 8 is intended to be a permanent housing resource and should be integrated into the CoC in that manner.

#### 11. If my project is a new "Supportive Services Only" project, do I still have to answer all of the narrative questions in the Project Narrative, including the questions related to housing?

Applicants for the Supportive Services Only component of the SHP must answer all items in Exhibit 2, Section A, Project Narrative, except item #3 and #7.

### **M.** Permanent Housing Requirement

#### What exactly is the 30 percent permanent housing requirement in this year's competition? 1.

The FY 2003 HUD Appropriations Act specifies that S+C renewal grants awarded this year shall be funded from the appropriation. The Act stipulates that after funding the S+C renewals, 30 percent must be awarded to permanent housing projects. The 30 percent requirement applies to the competition overall, not to individual applications. In other words, HUD is not requiring each community to submit 30 percent of its projects as permanent housing. However, in order to meet this statutory requirement, HUD may have to skip over higher scoring non-permanent housing projects in order to fund lower scoring permanent housing projects or, within a continuum, skip over higher priority non-permanent housing projects in order to fund lower priority permanent housing projects. In order to reduce the chances that one of your non-permanent housing projects will be skipped over for funding, every effort should be made to improve your CoC narrative.

Certain projects in the Safe Haven component of the Supportive Housing Program may now be included in the definition of permanent housing for the purpose of determining compliance with the 30 percent permanent housing requirement. Projects now meeting the definition of permanent housing for this purpose are projects under the following programs:

- S+C (new);
- Section 8 SRO; and
- the SHP/Permanent Housing component (new and renewal);
- Safe Haven projects which have the characteristics of the permanent housing component of SHP, including a lease with the resident.

You should be careful in your application to establish that your Safe Haven project qualifies as permanent housing.

# 2. If HUD finds that it must select for funding lower rated permanent housing projects and, consequently, must skip over non-permanent housing projects above the funding line to meet the 30 percent permanent housing requirement, how will it be done?

Should it be necessary to skip over non-permanent housing projects for funding in order to achieve the 30% requirement, HUD will first skip over <u>new</u> non-permanent housing projects when making project selections in order to meet the 30 percent requirement. If the 30 percent requirement has not been met after skipping over the new non-permanent housing projects, then HUD will skip over non-permanent housing renewal projects. In skipping over new non-permanent housing projects, HUD will begin with the lowest rated (eligible) fundable new non-permanent project at the projected funding line and continue up the rankings until the 30 percent requirement is met. If it is necessary to skip over non-permanent housing renewal projects, HUD will proceed in the same way.

If it becomes necessary to select for funding lower rated permanent housing projects below the funding line as to achieve the 30% permanent housing requirement, these permanent housing projects, in order to be eligible for funding for this purpose, must have been assigned at least 15 Need points and be submitted as part of either a "consolidated" or an "associated" Continuum of Care application that received at least 20 points under the Continuum of Care scoring factor. However, no Continuum of Care application may receive more than 30% above its final pro rata need amount, up to \$3 million, for permanent housing projects assigned only 15 Need points ("second-level" projects) that are selected for funding under this procedure.

#### 3. How does the "incentive" for first priority NEW permanent housing projects work?

To help ensure that the 30 percent permanent housing requirement is met and to promote permanent housing generally, an incentive is provided in this year's competition. If a CoC's number one priority project qualifies as an eligible, new permanent housing project, then the full amount of that project's eligible housing activities, up to the lesser of 100 percent of that CoC's preliminary pro rata need or \$750,000, will be added to the renewal-adjusted pro rata need amount for the continuum. The project must be specified as the number one priority on the continuum's priority chart and it must be a new project, not a renewal. The project must also be found eligible by passing the project threshold review.

Example #1: A new S+C project is proposed as the number one priority with eligible activities totaling \$800,000. The continuum has a preliminary pro rata need amount of \$750,000. If this project passes threshold eligibility review, \$750,000 of the \$800,000 in eligible activity costs for this number one priority project will be added to the initial \$750,000 pro rata need amount resulting in a final pro rata need for the continuum of \$1,500,000.

Example #2: A new SHP permanent housing project is proposed as the number one priority with eligible housing activities totaling \$350,000. The continuum has a preliminary pro rata need amount of \$300,000. If it passes threshold eligibility review, one hundred percent of the CoC's preliminary pro rata need (\$300,000) of the \$350,000 in eligible housing activity costs for this number one priority project will be added to the initial \$300,000 resulting in a final pro rata need amount for the continuum of \$600,000.

Example #3: A new Safe Haven permanent housing project is proposed as the number one priority with an SHP request for \$500,000. The project has a request for \$250,000 in acquisition and rehabilitation, and \$250,000 in supportive services. The pro rata need for this community is \$800,000. In this case, only the eligible housing activity costs (\$250,000) will be added to the pro rata need (\$800,000) to give a final pro rata need of \$1,050,000.

# 4. Since the law calls for 30 percent of the appropriation for the homeless assistance funds to be used for permanent housing, should our community rank the permanent housing projects at the top of the Project Priorities chart to ensure they are funded?

There is no mandate to adjust your priority list. However, non-permanent housing projects on your priority list may not receive funding if a lower ranked permanent housing project must be funded in order to comply with the statutory requirement.

### N. Renewal Funding

#### 1. What is a renewal grant?

A renewal grant is a grant that continues assistance to a project that received funding in the past. For the 2003 competition, a grantee may request renewal funding if it was previously funded under one of the following programs and its grant will expire in calendar year 2004. The following are eligible:

- a. SHP projects, including those renewed before, that are expiring in 2004;
- b. S+C projects expiring in 2004 that will have insufficient funds to continue operating throughout 2004, or S+C projects having been previously extended but which are projected to run out of funds in 2004.

#### 2. Who can apply for a renewal?

Only the current grantee (the entity that has executed the grant agreement with HUD) can be an applicant for a renewal. In order to identify the current grantee as the applicant in this year's competition, a HUD-424 must be included as part of the application. If in doubt, please check with your local HUD field office. Please note that project sponsors and other entities that are not the grantee cannot apply for renewal. The law allows only the grantee to apply.

# 3. A current SHP grantee decides to add new activities or expand the level of an existing approved activity to its existing SHP funded project (i.e., expand the project) and submits an application requesting funding for these new activities. Would this be considered a renewal grant?

No. In order to be considered an SHP renewal, a project must not include either a new activity or an expansion of an existing activity. An expansion of an existing project is considered a new effort and would be submitted as a new project.

#### 4. Do I have to submit separate project applications to both renew and expand my SHP project?

Yes. If a project is eligible for renewal and the grantee wants to apply for funds to both renew the existing project and to add new activities or expand existing activities to the same project, a separate Exhibit 2, Project Narrative, must be submitted for each. That is, an Exhibit 2 should be submitted requesting the renewal of the existing project and another Exhibit 2 should be submitted requesting funding for only the additional new or expanded activities. In addition, both projects should be listed as separate priorities on the Project Priorities chart in Exhibit 1.

#### 5. How do I determine if my project is eligible for SHP renewal?

To be eligible for an SHP renewal, your current HUD grant must expire during calendar year 2004. A grant is expiring in calendar year 2004 if its term ends during that year. Many grants begin with acquisition, rehabilitation, or new construction which must be completed before term activities can begin. Term activities are those that are funded for a period of time specified in the NOFA, grant agreement, or HUD renewal guidance under which the grant was funded – such as one, two or three years. Term activities are leasing, operations, and supportive services. Note: The term of a grant does not begin until the grantee begins to serve participants.

The term ends when the specified time period for the grant elapses. For example, a 1999 SHP grant was awarded a three-year term. The term ends three years from the time the grantee first serves participants and draws SHP funds for leasing, operations or supportive services, not three years from the first draw of SHP funds for any other approved activity.

However, if a grant term has been extended the term ends when the period of extension expires as indicated in the grant agreement amendment. If the grant whose term was extended is subsequently renewed, the renewal grant term begins when the extension period expires.

Contact your local HUD field office to confirm whether your project is eligible for renewal in this competition. Your discussions with the field office should clarify the terms of any extensions, as well as any amendments that have been executed. Any minor changes (less than 10% shift of funds from one activity to another) should be part of your discussion.

#### 6. How much money can I request for my SHP renewal?

The amount an applicant may request for activities eligible for renewal in an existing project (i.e., leasing, operations, supportive services) is based on the average annual amount of the grant being renewed as approved by HUD for these activities in the existing grant's Technical Submission. Renewal funds can only be requested for continuing a previously approved project at the same level of housing and/or services provided in the previous grant. The amount requested for operations may not exceed 75 percent of the total operations budget and the amount requested for supportive services may not exceed 80 percent of the total supportive services budget (see Section E of this supplement regarding match requirements for these activities).

#### 7. Are there any performance standards my renewal grant will have to meet in order to be funded?

Yes. Performance review standards have been included as part of the threshold review of all renewal projects. Renewal projects must evidence satisfactory performance for their existing grant, in HUD's opinion, based upon the substantial achievement of their program goals as reflected in their most recent Annual Progress Report. Renewal projects must also evidence, consistent with the certification required of them that they are coordinating and integrating their program with mainstream resources, that they have assisted clients to obtain the benefits of the mainstream health, social service, and employment programs for which they were eligible. The failure to achieve a satisfactory level of performance for either of these factors may be used as the basis for rejecting the project.

If an APR has not been submitted, a written response describing progress toward goals and coordination of mainstream resources may be submitted.

# 8. If my application for renewal of an SHP project is not funded in a competition, what sources of funds can I use to continue my project?

To continue an SHP project that was unsuccessful in seeking renewal in a prior competition, you may use any type of funds – Federal, State, local, or private funds – and still compete in the next competition. While normally the use of State or local government funds in a project would prevent future Federal funding, HUD does allow the use of State or local government funds as interim or emergency funding when they are used to continue an SHP project which was unsuccessful in seeking a renewal.

# 9. Are there any instances in which the scope of an SHP project may be reduced when it is renewed?

Yes. You may proportionately reduce or eliminate elements of the project and the SHP request. However, be aware that this project, as well as all projects, must meet all project threshold requirements as identified in the NOFA.

If the scope of a project is reduced, clearly indicate and fully describe in Section A, Project Narrative, in the application the following: Why it is necessary to reduce the scope of the project; which elements (housing units, services, etc.) of the project will remain and which will be reduced or eliminated; the number of persons served compared to the number in the original grant; and how the proportionate reduction in SHP funds was calculated.

# 10. Can a CoC decide not to request renewal funds for existing projects, or to give these projects a relatively low priority ranking?

Yes. The need for the continuation of previously funded projects should be considered in the local needs analysis process and a decision should be made locally on the priority to assign to the continuation of a project. HUD does not require that existing projects be renewed or given a higher priority than other projects. However, HUD is very concerned that the ongoing housing needs of persons currently being served by existing projects be taken into account as part of the decision-making process. The CoC should review each project at the time it seeks renewal to determine if the project is performing satisfactorily and is meeting the needs of persons it proposed to serve or whether local needs have changed and other subpopulations or types of assistance should be given preference.

# 11. What level of detail is needed to complete the Supportive Services and Operations Charts for renewal projects?

The charts enable you to include detailed information you already have available for renewal projects at the time of application, rather than at second submission. Requesting the detail normally included in the Technical Submission package streamlines your planning and eliminates duplication of effort following the conditional award.

#### 12. How do I determine if my project is eligible for a S+C renewal?

Any S+C project whose grant term is expiring in calendar year 2004 and which is projected to run out of rental assistance funds in 2004 is eligible for renewal. (In addition, S+C grants that received an extension previously but which are projected to run out of funds in 2004 are also eligible.) The effective date of the grant (the date the agreement is executed by HUD) is the date used to determine whether the grant (including all of its TRA, PRA and SRA, and SRO component projects) is expiring.

It is entirely possible that within a single grant, one component project may have sufficient funds remaining to continue providing rental assistance beyond 2004 while another component project must be submitted for renewal. Therefore, the status of every S+C component project within an expiring grant should be analyzed separately to determine whether it can be extended or should be submitted for renewal.

HUD has developed procedures for extending the grant term for S+C projects expiring in calendar year 2004 with sufficient funds to carry the project into calendar year 2005. This extension process is independent from the CoC competition. In such a case, contact your HUD field office for information on seeking an extension of your project.

# 13. Is the special funding of Shelter Plus Care renewals going to continue in the 2003 competition and what will the requirements be for submission of these renewal applications?

Under the 2003 HUD Appropriations Act, eligible Shelter Plus Care Program grants whose terms are expiring in FY2004 and Shelter Plus Care Program grants that have been extended beyond their original five-year terms but which are projected to run out of funds in FY 2004 will be renewed for one-year provided that they are determined to be needed by the Continuum of Care and meet other programmatic and financial standards. In order to meet the Congressional intent that only Shelter Plus Care renewals determined to be needed by the Continuum of Care are funded, all Shelter Plus Care renewals must be submitted as part of a community's Continuum of Care submission and be included on the priority list. Therefore, S+C renewals must be given consideration as part of the local CoC planning process and, if approved for submission by the CoC, must be listed as the <u>last entries</u> on the CoC's Project Priority Chart. (Even though the selection for funding of eligible Shelter Plus Care projects is non-competitive, a Shelter Plus Care renewal application should be submitted by the deadline and in accordance with the other submission requirements described in the NOFA.)

Exhibit "3R" is for Shelter Plus Care renewal projects only. Submit a separate Exhibit 3R for each renewal project. (A renewal project may include no more than one component [i.e., TRA, SRA, PRA] and may be carried out by no more than one project sponsor.)

You may request up to the amount determined by multiplying the number of units under lease at the time of your application for renewal funding by the applicable current Fair Market Rent(s) by 12 months, except for Shelter Plus Care grants having been awarded one year of renewal funding in 2002, the number of units requested for renewal this year may not exceed the number of units funded in 2002. Upon renewal, the unspent balance of funds at the end of the previous grant period will be recaptured. The one-year term of non-competitively awarded Shelter Plus Care renewal projects may not be extended.

#### 14. How much money can I request for my first S+C renewal or subsequent renewal?

For S+C projects seeking their first renewal in this year's competition, the renewal amount may not exceed the number of S+C units under lease at the time of application for renewal funding times the current Fair Market Rent (FMR as published in the Federal Register on September 30, 2002) times 12 months. (S+C renewal funding is now limited to one year by Congress.) However, for Shelter Plus Care grants having been awarded one-year of renewal funding in 2002, the number of units requested for renewal in 2003 may not exceed the number of units funded in 2002. (Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002 FR Notice.) The renewal of S+C/SRO projects is not based on the FMR, but on the contract rent.

# 15. For all S+C projects seeking renewal in 2003, how long must the renewal term be under the S+C program?

For 2003 S+C renewals, the grant term is fixed by law at one year.

# 16. How does a State apply to renew an SHP or S+C grant that is carried out in a location having a local Continuum of Care?

The State's renewal project would need to be part of the local CoC and entered on the local community's Project Priorities chart.

If the State grant is being carried out in various locations, a State may need to divide the renewal request among several CoC priority lists. For example, a State may have an expiring grant that is being carried out in three places—two cities with their own CoC strategies, and one area that is part of the State's CoC strategy. In that case, the first two projects would appear on those communities' Project Priority chart with the State as the applicant.

## **O.** Homeless Management Information Systems (HMIS)

# 1. What is a Homeless Management Information System (HMIS) and how can communities use HUD competitive funds to develop them?

A number of communities and States have long-standing comprehensive HMISs that bring computer technology to client intake procedures and permit the tracking and reporting of a client's use of shelter and social services over time. Many other communities are in various stages of implementing such client-level systems. The 2001 HUD Appropriation established as a national goal that every jurisdiction collect unduplicated client-level HMIS data by 2004. In 2001, HMIS activities became eligible under SHP to help facilitate the implementation and operation of a CoC-wide HMIS. Beginning with the 2003 competition, all awarded projects must agree to participate in a local HMIS, when implemented. The HMIS match requirement applies to HMIS activities.

#### 2. What elements of an HMIS are eligible for funding in the competition?

The law specifies that the costs of implementing and operating an HMIS are eligible. The three major eligible HMIS costs are: 1) purchasing HMIS software; 2) leasing or purchasing needed computer equipment for providers and the central server; and 3) staffing associated with operating the HMIS, including training providers, day-to-day administration of the HMIS, analyzing HMIS data and preparing reports for providers, the continuum and HUD using HMIS data.

#### 3. What elements of an HMIS are not eligible?

Planning and development of HMIS systems are not eligible. Planning includes all costs incurred prior to implementation. In addition to planning activities, SHP funds may not be spent on the development of entirely new software systems. There are now sufficient vendors in the marketplace with quality software so that individual communities do not need to finance the development of new software. Finally, SHP funds may not be used to replace State and local government funding for an existing HMIS.

#### 4. Is HMIS now a separate eligible funded activity?

Yes. HMIS projects are categorized as their own type or component, and they have a separate budget line item in the SHP project budget summary.

# 5. Will HMIS projects count against my housing total in the Continuum of Care exhibit when calculating the "Housing Emphasis" points?

No. HMIS is a line item this year that is separate and apart from supportive services. Only housing activities and supportive services are used in calculating the "Housing Emphasis" points. As such, HMIS requests will not be included in this calculation.

# 6. How can we use HUD McKinney-Vento competitive funds to implement and operate a community-wide HMIS?

HMIS projects can be shared or dedicated. If the costs of the HMIS implementation are shared, then the project is classified as the type of housing or activity that it is providing. For example, if a transitional housing facility is sharing the cost of the HMIS implementation with other providers, that project continues to be classified as TH.

New this year, however, is the classification of dedicated HMIS projects as their own component, or type in the project exhibit and Project Priorities Chart. In the past, HMIS projects were classified as SSO projects. In order to accurately portray the purpose of these projects, they will be categorized independently from SSO projects. If your project was funded as an SSO HMIS and you are requesting renewal funding, you should classify your project as an HMIS, not an SSO project.

# 7. What standards will be used for assessing the cost-effectiveness of a proposed new or expanded HMIS?

HUD has not placed any limits on the size of the grant to fund a new or expanded HMIS, given the different number and size of homeless providers, the size of the geography involved, and the varying administrative arrangements required for implementing and operating a CoC-wide HMIS. However, HUD will look at the scope and reasonableness of the proposed activities compared to other communities in the cost-effectiveness review.

## P. Strategies for Accessing Mainstream Assistance Programs

#### 1. Why is HUD emphasizing the use of mainstream assistance programs?

Significant resources are needed to address the various housing and supportive service needs of homeless persons nationwide. Congress appropriates several *hundred billion* dollars each year for mainstream assistance programs, such as Medicaid, TANF, Food Stamps and SSI. Homeless persons are typically eligible for one or more of these major assistance programs, which can provide many of the services that are currently funded by HUD's Supportive Housing Program (SHP). For a number of years, over half of all of HUD's competitive homeless assistance funds were used to provide supportive services, as opposed to housing. The 2001 Competition was the first time in six years that trend was reversed. As providers assist homeless persons in identifying and successfully accessing mainstream assistance programs, the need to use HUD homeless resources to provide supportive services will decline, allowing HUD's funds to be increasingly used to develop more needed housing.

Because of the important role played by these mainstream programs, the law requires applicants to certify that if their organization's project(s) are selected for funding as a result of this competition, they will coordinate and integrate their homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible.

#### 2. How can mainstream programs target the needs of people who are homeless?

Conditions of homelessness, such as transience, instability, and lack of basic resources often make it difficult for homeless individuals and families to apply for, retain, and use mainstream services. There are strategies that can be used to improve access and use of mainstream programs for homeless individuals and families. These strategies include but are not limited to:

- Improving integration and coordination of programs, where multiple needs can be addressed at the same time
- Making the process of applying easier or simultaneous for programs
- Improving outreach efforts about program benefits and eligibility requirements to the homeless and holding mainstream programs accountable for serving homeless people
- Training program personnel about the many issues unique to the homeless, such as lack of stable housing, transportation, and access to a permanent mailing address and phone

#### 3. What are some examples of specific activities or coordination of mainstream programs?

Following are several examples some applicants in the FY 2002 competition provided to demonstrate how they were improving integration and coordination of mainstream programs. These are not all-inclusive, but represent a range of actions CoC's might consider.

- Provide case managers to accompany homeless persons to mainstream program offices and help in the eligibility process
- Develop a formal service agreement between homeless service providers and local mainstream program offices
- Create a single intake form to determine eligibility for all mainstream services
- Train mainstream program staff to conduct extensive outreach at area shelters
- Use a mobile support team for outreach and to bring clients in for mainstream services and case management and identify key contact persons to resolve barriers to services
- Distribute information and conduct presentations about mainstream programs at shelters, transitional housing, and places where homeless people congregate
- Place mental health, substance abuse, public housing and public assistance staff on-site at training or employment centers

## Q. Strategies for Discharge Planning Policy

1. What are some examples of specific discharge planning policies that communities can implement?

Following are several examples some applicants in the FY 2002 competition provided:

- Begin the process of discharge planning when a client enters the institution, not when he/she is ready to be released.
- Require all publicly funded institutions to secure all available entitlements for residents prior to discharge.
- Include all stakeholders in the planning of the policy, including professional representatives from varied disciplines (Justice Services, County Counselors Office, County Police Dept., Dept. of Human Services), municipalities, social service agencies, community organizations, and advocates. Also, these policies must be developed with input from clients. A team approach is the key to planning and implementing a successful discharge policy.

| Application for<br>Federal Assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                | U.S. Department of Housing and Urban Development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OMB Approval No.2501-0017 (exp. 03/31/2005)                                                                                                                                                                       |
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| 1. Type of Submission                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. Date Submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4. HUD Application Number                                                                                                                                                                                         |
| Application Preapplication                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3. Date and Time Received by HUD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5. Existing Grant Number                                                                                                                                                                                          |
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| 7. Applicant's Legal Name                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8. Organizational Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                   |
| 9. Address (give city, county, State, and zip code)         A. Address:         B. City:         C. County:         D. State:         E. Zip Code:         11. Employer Identification Number (EIN) or SSN         13. Type of Application         New       Continuation         Renewal       F         If Revision, enter appropriate letters in box(es)       E         A. Increase Amount B. Decrease Amount C. Increase Durati         D. Decrease Duration E. Other (Specify) | contacted on matters involvin<br>A. Name:<br>B. Title:<br>C. Phone:<br>D. Fax:<br>E. E-mail:<br>12. Type of Applicant (enter and the second | I. University or College<br>J. Indian Tribe<br>K. Tribally Designated Housing Entity (TDHE)<br>L. Individual<br>M. Profit Organization<br>N. Non-profit<br>O. Public Housing Authority<br>rict P. Other (Specify) |
| <ul> <li>15. Catalog of Federal Domestic Assistance (CFDA) Number</li> <li>Title:</li> <li>Component Title:</li> <li>17. Areas affected by Program (boroughs, cities, counties, S<br/>Indian Reservation, etc.)</li> </ul>                                                                                                                                                                                                                                                           | r 16. Descriptive Title of Applic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | n end date 19a. Congressional Districts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | of Applicant 19b. Congressional Districts of                                                                                                                                                                      |
| 18a. Proposed Program start date 18b. Proposed Program                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Program                                                                                                                                                                                                           |
| <ul> <li>20. Estimated Funding: Applicant must complete the Funding: Application subject to review by State Executive Order</li> <li>A. Yes</li> <li>B. No</li> <li>Program is not covered by E.O. 12372</li> <li>Program has not been selected by State for</li> <li>22. Is the Applicant delinquent on any Federal debt?</li> <li>Yes If "Yes," explain below or attach an explanation</li> </ul>                                                                                  | r 12372 Process?<br>available to the State Executive Order 123<br>or review.<br>No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 372 Process for review on: Date                                                                                                                                                                                   |

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#### Instructions for the HUD-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form must be used by applicants requesting funding from the Department of Housing and Urban Development. This application form HUD-424 incorporates the Assurances and Certifications (HUD-424-B). You may either (1) attach the Assurances and Certifications to the application or (2) renew the certifications that you previously made on behalf of your organization and submitted to HUD if the legal name of your organization has not changed and you were the authorized representative who signed the Assurances and Certifications.

#### Item Number Instructions

1. Please indicate whether your application is for a formal application submission or a preliminary application (pre-application). HUD does not accept pre-applications for programs funded through the SuperNOFA.

2. Enter the date you are submitting your application to HUD.

This box will be completed by HUD. When received by HUD, your application will be stamped:

(a) with a date; and

(b) with the time received.

 Leave Blank. This will be completed by the HUD program office receiving your application. When HUD accepts electronic applications for the grant program you are applying for, this number will be computer generated.
 If your application is to renew or continue an existing grant, provide the

existing grant number. If a new award, please leave blank.

 Leave blank if you have not been provided a HUD ID number or user number. If you are a Public Housing Authority, enter your HUD issued Public Housing Authority ID number.

7. Enter the legal name of your organization applying for HUD funding.

8. Enter the name of the primary unit in your organization, if applicable, which will be responsible for the program.

9. Enter the complete address of your organization.

10. Enter the name, title, telephone number, fax number, and E-mail of the person to contact on matters related to your application.

11. Enter your organization's Employer Identification Number (EIN) as assigned by the Internal Revenue Service or if you are applying as an individual, your Social Security Number. 12. Choose from the list and enter the appropriate letter in the space provided. You must be an eligible applicant to apply for assistance. You must read the program information requirements to determine if you are a type of applicant that is eligible to apply for assistance under the program.

13. Enter the type of application you are submitting for funding consideration.

Check the appropriate box.



"New" means you are applying for a new grant award.

"Continuation" means you are requesting an extension of an existing award.

"Renewal" means you are requesting funding for renewal of an existing grant. e.g. Supportive Housing Program (SHP) or Shelter + Care grant.

"Revision" means you are submitting a revision prior to the application due date in response to HUD's request for clarification or modification to your initial submission.

14. Pre-filled.

15. Enter the Catalog of Federal Domestic Assistance (CFDA) number

and title and, if applicable, component title of the program.

16. Enter a brief description of your program and key activities.

17. Identify the location(s) where your activities will take place. If

this is the entire state, enter "Entire State".

18a. Enter the proposed start date.

18b. Enter the proposed end date.

19a. List the Congressional District(s) where your organization is located.

19b. List any Congressional District(s) where your program of activities or project sites will be located.

20. You must complete the funding matrix on page 2 of this form. Enter the following information:

Grant Program: The HUD funding program under which you are applying.

HUD Share: Please check the program requirements. Enter the amount of HUD funds you are requesting in your application.

Applicant Match: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Other Federal Share: Enter the amount of other Federal funds for your program of activities.

## Instructions for the HUD-424 (Continued)

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is providing to your project or program of activities. Local/Tribal Share: Enter the amount of funds or cash equivalent of in-kind services your local/tribal government is providing to your project or program of activities.

**Other**: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being provided to your project or program of activities.

**Program Income**: Enter the amount of program income you expect to generate over the life of your award.

Total: Please total all columns and fill in the amounts.

21. You should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 or check your application kit to determine whether the State Intergovernmental Review Process is required.

22. This question applies to your applicant organization, not the person signing as your organization's authorized representative. Categories of debt include disallowed costs that requires repayment to HUD.

23. To be signed by the authorized representative of your organization. A copy of your governing body's authorization for you to sign this application must be available in your organization's office.

Previous versions of HUD-424 and 424-M are obsolete.

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#### **Applicant Certification**

(These certified statements are required by law.)

A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:

#### 1. Fair Housing and Equal Opportunity.

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

#### Additional for S+C:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

#### 2. Drug – Free Workplace.

It will provide drug-free workplaces in accordance with the Drug-Free Workplace Act of 1988 (41 U.S.C. 701) by:

- (a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) establishing an ongoing drug-free awareness program to inform employees about:
  - (1) the dangers of drug abuse in the workplace;
  - (2) the grantees policy of maintaining a drug-free workplace;
  - (3) any available drug counseling, rehabilitation, and employee assistance programs; and

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- (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
  - (1) abide by the terms of the statement; and
  - (2) notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
  - taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;
- (g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f);
- (h) providing the street address, city, county, state and zip code for the site or sites where the performance of work in connection with the grant will take place. For some applicants who have functions carried out by employees in several departments or offices, more than one location may need to be specified. It is further recognized that States and other applicants who become grantees may add or change sites as a result of changes to program activities during the course of grant-funded activities. Grantees, in such cases, are required to advise the HUD Field Office by submitting a revised Place of Performance form. The period covered by the certification extends until all funds under the specific grant have been expended.

#### 3. Anti-Lobbying.

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and of more than \$100,000 for each such failure.

#### 4. Debarment.

It and its principals (see 24 CFR 24.105(p)):

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions (see 24 CFR 24.110) by any Federal department or agency;
- (b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicated for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (b) of this certification; and
- (d) have not within a three-year period preceding this application/proposal had one or more public

transactions (Federal, State or local) terminated for cause or default.

#### 5. Uniform Act.

It will comply with the Uniform Relocation and Real Property Acquisition Policies Act of 1970 (as amended), and the implementing regulations at: 24 CFR 583.310 for SHP, 24 CFR 582.335 for S+C, and 24 CFR 882.810 for SRO.

#### B. For SHP Only.

#### 1. Maintenance of Effort.

It will comply with the maintenance of effort requirements described at 24 CFR 583.150(a).

#### 2. 20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

#### 3. 1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

#### 4. Environmental Rule.

- (a) If the applicant is a State or other governmental entity with general governmental powers (see 24 CFR 583.5), it assumes all the environmental review responsibility that would otherwise be performed by HUD as the responsible Federal official under the National Environmental Policy Act (42 U.S.C. 4321) (NEPA) and related environmental laws and authorities listed in 24 CFR part 58, including acceptance of jurisdiction of the Federal courts, and will assess the environmental effects of each application for assistance in accordance with the provisions of NEPA and 24 CFR part 58.
- (b) If the applicant is a private nonprofit organization or a governmental entity with special or limited purpose powers, it will (i) not enter into a contract for, or otherwise commit HUD or local funds for, acquisition, rehabilitation, conversion, lease, repair, or construction of property to provide housing under the program, prior to HUD's completion of an environmental review in accordance with 24 CFR Part 50 and HUD's approval of the application; (ii) supply HUD with information necessary for HUD to perform any applicable environmental review when requested under 24 CFR 583.225(a); and (iii) carry out

mitigating measures required by HUD or ensure that alternate sites are utilized.

#### C. For S+C Only.

#### 1. Maintenance of Effort.

It will comply with the maintenance of effort requirements described at 24 CFR 582.115(d).

#### 2. Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance and that it will fund the supportive services itself if the planned resources do not become available for any reason.

## 3. Components: Standards, Definitions, and \$3,000 Minimum.

- (a) For the SRO component only, the proposed site meets HUD's site and neighborhood standards (24 CFR 882.803(b)(4), and meets the regulatory definition of single room occupancy housing (24 CFR 882.802).
- (b) For the SRO and PRA with rehabilitation components, the rehabilitation costs will meet the per unit rehabilitation minimum of \$3,000.

#### 4. Environmental Rule.

- (a) If the applicant is not a PHA, it assumes all the environmental review responsibility that would otherwise be performed by HUD as the responsible Federal official under the National Environmental Policy Act (42 U.S.C. 4321)(NEPA) and related environmental laws and authorities listed in 24 CFR Part 58, including acceptance of jurisdiction of the Federal courts, and will assess the environmental effects of each application for assistance in accordance with the provisions of NEPA and 24 CFR Part 58.
- (b) If the applicant is a PHA, it will (i) not enter into a contract for, or otherwise commit HUD or local funds for, acquisition, rehabilitation, conversion, lease, repair, or construction of property to provide housing under the program, prior to HUD's completion of an environmental review in accordance with 24 CFR Part 50 and HUD's approval of the application; (ii) supply HUD with information necessary for HUD to perform any applicable environmental review when requested under 24 CFR 583.225(a); and (iii) carry out mitigating measures required by HUD or ensure that alternate sites are utilized.

#### D. For SRO Only.

#### 1. Standards, Definitions, and \$3,000 Minimum.

The proposed site meets HUD's site and neighborhood standards (24 CFR 882.803(b)(4)), meets the regulatory definition of single room occupancy housing (24 CFR 882.802), and the rehabilitation costs will met the per unit rehabilitation minimum of \$3,000.

#### 2. Environmental Rule.

It will comply with the environmental review requirement for the SRO Program at 24 CFR 882.804(d).

#### E. For SHP and SRO

1. Nonprofit Board of Directors.

For private nonprofit applicants, members of its Board of Directors serve in a voluntary capacity and receive no compensation, other than reimbursement for expenses, for their services.

#### F. For SHP and S+C.

#### 1. Lead-Based Paint.

It will comply with the requirements of the Lead-Based Paint Poisoning Prevention Act, 42 U.S.C. 4821-4846, and implementing regulations at 24 CFR Part 35.

#### G. For S+C and SRO.

#### 1. PHA Qualification.

For PHA applicants, that it qualifies as a Public Housing Agency as specified in 24 CFR 882.102 and is legally qualified and authorized to carry out the proposed project(s).

#### H. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

| Signature of Authorized Certifying Official: | Date:                                 |
|----------------------------------------------|---------------------------------------|
|                                              |                                       |
|                                              |                                       |
| Title:                                       |                                       |
|                                              |                                       |
|                                              |                                       |
| Applicant:                                   | For PHA Applicants Only: (PHA Number) |

## **Special Project Certification**

## **Coordination and Integration of Mainstream Programs**

<u>All applicants</u> must certify for their project(s) and submit this certification along with form HUD-424 as part of their Continuum of Care application. (You may submit a single certification covering all of your projects.)

I hereby certify that if our organization's project(s) (are) selected for funding as a result of this competition, we will coordinate and integrate our homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible, including SSI, Temporary Assistance for Needy Families, Medicaid, Food Stamps, State Children's Health Insurance Program, Workforce Investment Act and Veterans Health Care programs.

Authorized signature of applicant (*required for all applicants*)

Position Title

Date

## **Special Project Certification**

## **Discharge Policy**

Required of all State and local government applicants. Submit this certification along with the HUD form HUD-424. (You may submit a single certification covering all of your projects.)

I hereby certify that as a condition for any funding received as a result of this competition, our government agrees to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. I understand that this condition for award is intended to emphasize that States and units of general local government are primarily responsible for the care of these individuals, and that McKinney-Vento Act funds are not be to used to assist such persons in place of State and local resources.

Authorized signature of applicant (required only for applicants that are States or units of general local government) **Position Title** 

Date

## **Consolidated Plan Certification**

#### HUD is required by law to obtain Consolidated Plan Certification for each proposed project.

#### A. Completing the Consolidated Plan Certification

Except as stated below, all projects must have a Consolidated Plan (which is hereafter called the Plan) certification from the applicable State or local government official responsible for submitting the appropriate Plan. States and units of general local government are required to certify both that the project is consistent with the Plan, but also that they are following their currently approved Consolidated Plan. The following instructions indicate the requirement for certification by applicant type for each program.

For SHP, S+C and SRO: Units of general local government that apply must have either an approved Plan or Abbreviated Plan, and therefore must submit a certification for projects located within its jurisdiction. If the application contains projects located outside of the jurisdiction, a Plan certification must be submitted from a jurisdiction with an approved Plan, or if no local Plan covers the project, from the State. A unit of general local government applicant which does not have a Plan should seek the assistance of the local HUD Field Office regarding the development of an Abbreviated Plan.

**Insular Areas** (America Samoa, Guam, Northern Mariana Islands, U.S. Virgin Islands) are not required to have a Plan or Abbreviated Plan, and therefore applications submitted from these jurisdictions do not require a certification of consistency with a Plan.

For SHP and SRO: State government applicants must only submit a certification of consistency with the State Plan.

An applicant that is a **private nonprofit organization**, a **community mental health organization that is a public nonprofit organization, or other governmental entity such as a public housing agency** must provide a certification from each jurisdiction in which a project will be located. If the local jurisdiction in which the project will be located does not have a Plan or an Abbreviated Plan, then a certification from the State must be submitted. For example, if an application contained projects in jurisdiction A have a Plan and jurisdiction B not having a Plan, then the applicant would have to submit a certification from jurisdiction A and a certification from the State for jurisdiction B.

For SHP Only: Non-State applicants proposing activities which will occur in more than one jurisdiction, only need to obtain a certification from the jurisdiction in which the program is administered if they are proposing: (1) Services Only activities; or (2) Scattered-Site Leasing where a participant selects the specific rental unit for which SHP rental assistance will be used. For other forms of leasing, submit a certification from each jurisdiction where units are located.

For S+C Only: State government applicants must submit a certification from both the State and the applicable local jurisdiction(s) where the proposed project will be located.

**Public housing agencies** must provide a certification from each jurisdiction in which a project will be located. If the local jurisdiction in which a project will be located does not have a Plan or an Abbreviated Plan, then a certification from the State must be submitted. For example, if an application contained projects in jurisdiction A having a Plan and jurisdiction B not having a Plan, then the applicant would have to submit a certification from jurisdiction A and a certification from the State for jurisdiction B.

#### **B.** Completing the Location Section

For SHP, S+C and SRO: Facility-Based. If the project involves acquisition, rehabilitation, new construction, or leasing (except scattered-site leasing of rental housing units), enter the city and county in which the site is located.

For SHP and S+C: Scattered-Site Leasing. Follow (1) or (2) depending on whether the project sponsor or the participant selects the units.

- If the project involves scattered-site leasing of rental housing units where the project sponsor will select and lease the units, identify each city and county in which the rental units will be located.
- (2) If the project involves scattered-site leasing of rental housing units where the participant will select the rental units, enter the city and county in which the organization that will be administering the rental assistance is located.

For SHP Only: Services Only. If the project is a Services Only project (not expansions of existing projects with additional services), enter the city and county in which the organization that will be administering the project is located.

Please consult your local HUD Field Office for assistance in identifying jurisdictions with a Plan and the official authorized to provide certification. For each required certification, use the exact language as stated on the form. HUD recommends completing the form itself and submitting it as the certification, rather than retyping it.

HUD-40076-CoC (2003)

U.S. Department of Housing and Urban Development

## Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. Additionally, if the applicant is a state or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information)

| Applicant Name:                                                       |   |
|-----------------------------------------------------------------------|---|
| Project Name:                                                         |   |
| Location of the Project:                                              | · |
|                                                                       |   |
|                                                                       |   |
| Name of the Federal<br>Program to which the<br>Applicant is applying: |   |
| Name of<br>Certifying Jurisdiction:                                   |   |
| Certifying Official<br>Of the Jurisdiction<br>Name:                   |   |
| Title:                                                                |   |
| Signature:                                                            |   |
| Date:                                                                 |   |

HUD-40076-CoC (2003)

| DISCLOSURE OF LC<br>Complete this form to disclose lobbyin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | g activities pursuant                                                         | t to 31 U.S.C. 1352                                                  | Approved by OMB<br>0348-0046                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------|
| (See reverse for put<br><b>1. Type of Federal Action:</b><br>a. contract<br>b. grant<br><b>2. Status of Federal</b><br>a. bid/o<br>b. initia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | blic burden disclosu<br>al Action:<br>offer/application<br>al award<br>-award | itity in No. 4 is a Subawarde                                        | <b>Dnly:</b><br>arter                         |
| Congressional District, <i>if known</i> :<br>6. Federal Department/Agency:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7. Federal Progra                                                             | District, <i>if known</i> :<br>m Name/Description:<br>if applicable: |                                               |
| 8. Federal Action Number, if known:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9. Award Amount<br>\$                                                         | , if known:                                                          |                                               |
| <b>10. a. Name and Address of Lobbying Registrant</b> ( <i>if individual, last name, first name, MI</i> ):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | b. Individuals Per<br>different from N<br>(last name, first                   | ,                                                                    | address if                                    |
| 11. Information requested through this form is authorized by title 31 U.S.C. section<br>1352. This disclosure of lobbying activities is a material representation of fact<br>upon which reliance was placed by the tier above when this transaction was made<br>or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This<br>information will be reported to the Congress semi-annually and will be available for<br>public inspection. Any person who fails to file the required disclosure shall be<br>subject to a civil penalty of not less that \$10,000 and not more than \$100.000 for<br>each such failure. | Print Name:                                                                   |                                                                      | Pate:                                         |
| Federal Use Only:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                      | for Local Reproduction<br>orm LLL (Rev. 7-97) |

#### INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employeeof any agency, a Member of Congress, an officer or employeeof Congress, or an employeeof a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- 2. Identify the status of the covered Federal action.
- Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- 4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- 5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
- 6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizationallevel below agency name, if known. For example, Department of Transportation, United States Coast Guard.
- 7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
- 8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
- 9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
- 10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
  - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
- 11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

| Applicant/Recipient<br>Disclosure/Update Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | U.S. Department of Hou<br>and Urban Developmen                                                                                           |                                                                                                                    | pproval No. 2510-0011 (exp. 06/30/20                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Instructions. (See Public Reporting Stateme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nt and Privacy Act Staten                                                                                                                | nent and detailed                                                                                                  | instructions on page 2.)                                                                                                                                                           |
| Applicant/Recipient Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          | er this is an Initial Re                                                                                           | _                                                                                                                                                                                  |
| 1. Applicant/Recipient Name, Address, and Phone (includ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                          |                                                                                                                    | 2. Social Security Number or<br>Employer ID Number:                                                                                                                                |
| ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                                                    |                                                                                                                                                                                    |
| 3. HUD Program Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                                                    | 4. Amount of HUD Assistance<br>Requested/Received                                                                                                                                  |
| 5. State the name and location (street address, City and S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State) of the project or activity:                                                                                                       |                                                                                                                    |                                                                                                                                                                                    |
| Are you applying for assistance for a specific project or terms do not include formula grants, such as public hou subsidy or CDBG block grants. (For further information 4.3).     Yes No     No     flyou answered "No" to either question 1 or 2, 5     However, you must sign the certification at the                                                                                                                                                                                                                                                                                                                                                                                      | sing operating jurisdicti<br>see 24 CFR Sec. jurisdicti<br>see 24 CFR Sec. 30<br>Sep. 30<br>Yes<br>Stop! You do not need to              | on of the Department of ication, in excess of \$<br>? For further informat                                         | expect to receive assistance within the<br>(HUD), involving the project or activit<br>200,000 during this fiscal year (Oct. 1<br>ion, see 24 CFR Sec. 4.9<br>nainder of this form. |
| Part II Other Government Assistance P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | rovided or Requested                                                                                                                     | / Expected So                                                                                                      | urces and Use of Funds.                                                                                                                                                            |
| Such assistance includes, but is not limited to, any g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -                                                                                                                                        | •                                                                                                                  |                                                                                                                                                                                    |
| Department/State/Local Agency Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Type of Assistance                                                                                                                       | 4                                                                                                                  |                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          | Amount<br>Requested/Provide                                                                                        | Expected Uses of the Fund                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                    |                                                                                                                                                                                    |
| (Note: Use Additional pages if necessary.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |                                                                                                                    |                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | se:<br>e application for the assistance                                                                                                  | Requested/Provide                                                                                                  | velopment, or implementation of the                                                                                                                                                |
| (Note: Use Additional pages if necessary.)<br>Part III Interested Parties. You must disclos<br>1. All developers, contractors, or consultants involved in th<br>project or activity and<br>2. any other person who has a financial interest in the proje                                                                                                                                                                                                                                                                                                                                                                                                                                       | Se:<br>e application for the assistance<br>ect or activity for which the assi<br>terest Social Security No.                              | Requested/Provide                                                                                                  | velopment, or implementation of the<br>exceeds \$50,000 or 10 percent of the<br>on in Financial Interest in                                                                        |
| (Note: Use Additional pages if necessary.)<br>Part III Interested Parties. You must disclosed<br>1. All developers, contractors, or consultants involved in the<br>project or activity and<br>2. any other person who has a financial interest in the project<br>assistance (whichever is lower).<br>Alphabetical list of all persons with a reportable financial in                                                                                                                                                                                                                                                                                                                           | Se:<br>e application for the assistance<br>ect or activity for which the assi<br>terest Social Security No.                              | Requested/Provide<br>or in the planning, dev<br>stance is sought that e<br>Type of Participati                     | velopment, or implementation of the<br>exceeds \$50,000 or 10 percent of the<br>on in Financial Interest in                                                                        |
| (Note: Use Additional pages if necessary.)<br>Part III Interested Parties. You must disclosed<br>1. All developers, contractors, or consultants involved in the<br>project or activity and<br>2. any other person who has a financial interest in the project<br>assistance (whichever is lower).<br>Alphabetical list of all persons with a reportable financial in                                                                                                                                                                                                                                                                                                                           | Se:<br>e application for the assistance<br>ect or activity for which the assi<br>terest Social Security No.                              | Requested/Provide<br>or in the planning, dev<br>stance is sought that e<br>Type of Participati                     | velopment, or implementation of the<br>exceeds \$50,000 or 10 percent of the<br>on in Financial Interest in                                                                        |
| (Note: Use Additional pages if necessary.)<br>Part III Interested Parties. You must disclosed<br>1. All developers, contractors, or consultants involved in the<br>project or activity and<br>2. any other person who has a financial interest in the project<br>assistance (whichever is lower).<br>Alphabetical list of all persons with a reportable financial in                                                                                                                                                                                                                                                                                                                           | Se:<br>e application for the assistance<br>ect or activity for which the assi<br>terest Social Security No.                              | Requested/Provide<br>or in the planning, dev<br>stance is sought that e<br>Type of Participati                     | velopment, or implementation of the<br>exceeds \$50,000 or 10 percent of the<br>on in Financial Interest in                                                                        |
| (Note: Use Additional pages if necessary.)<br>Part III Interested Parties. You must disclosed<br>1. All developers, contractors, or consultants involved in the<br>project or activity and<br>2. any other person who has a financial interest in the project<br>assistance (whichever is lower).<br>Alphabetical list of all persons with a reportable financial in                                                                                                                                                                                                                                                                                                                           | Se:<br>e application for the assistance<br>ect or activity for which the assi<br>terest Social Security No.                              | Requested/Provide<br>or in the planning, dev<br>stance is sought that e<br>Type of Participati                     | velopment, or implementation of the<br>exceeds \$50,000 or 10 percent of the<br>on in Financial Interest in                                                                        |
| (Note: Use Additional pages if necessary.)<br>Part III Interested Parties. You must disclose<br>1. All developers, contractors, or consultants involved in the<br>project or activity and<br>2. any other person who has a financial interest in the project<br>assistance (whichever is lower).<br>Alphabetical list of all persons with a reportable financial in<br>n the project or activity (For individuals, give the last name<br>Note: Use Additional pages if necessary.)<br>Certification<br>Warning: If you knowingly make a false statement on this                                                                                                                                | Se:<br>e application for the assistance<br>ect or activity for which the assi<br>terest Social Security No.<br>first) or Employee ID No. | Requested/Provide<br>or in the planning, deu<br>stance is sought that e<br>Type of Participati<br>Project/Activity | velopment, or implementation of the<br>exceeds \$50,000 or 10 percent of the<br>on in Financial Interest in<br>Project/Activity (\$ and %                                          |
| (Note: Use Additional pages if necessary.)<br>Part III Interested Parties. You must disclose<br>1. All developers, contractors, or consultants involved in the<br>project or activity and<br>2. any other person who has a financial interest in the project<br>assistance (whichever is lower).<br>Alphabetical list of all persons with a reportable financial in<br>n the project or activity (For individuals, give the last name<br>Note: Use Additional pages if necessary.)<br>Certification                                                                                                                                                                                            | Se:<br>e application for the assistance<br>ect or activity for which the assi<br>terest Social Security No.<br>or Employee ID No.        | Requested/Provide<br>or in the planning, deu<br>stance is sought that e<br>Type of Participati<br>Project/Activity | velopment, or implementation of the<br>exceeds \$50,000 or 10 percent of the<br>on in Financial Interest in<br>Project/Activity (\$ and %                                          |
| (Note: Use Additional pages if necessary.)<br>Part III Interested Parties. You must disclosed<br>1. All developers, contractors, or consultants involved in the<br>project or activity and<br>2. any other person who has a financial interest in the project<br>assistance (whichever is lower).<br>Alphabetical list of all persons with a reportable financial in<br>n the project or activity (For individuals, give the last name<br>Note: Use Additional pages if necessary.)<br>Certification<br>Warning: If you knowingly make a false statement on this<br>Jnited States Code. In addition, any person who knowingli<br>disclosure, is subject to civil money penalty not to exceed S | Se:<br>e application for the assistance<br>ect or activity for which the assi<br>terest Social Security No.<br>or Employee ID No.        | Requested/Provide<br>or in the planning, deu<br>stance is sought that e<br>Type of Participati<br>Project/Activity | velopment, or implementation of the<br>exceeds \$50,000 or 10 percent of the<br>on in Financial Interest in<br>Project/Activity (\$ and %                                          |

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil m

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

#### Instructions

#### Overview.

- A. Coverage. You must complete this report if:
  - (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the during the fiscal year;
  - (2) You are updating a prior report as discussed below; or(3) You are submitting an application for assistance to an entity other
  - than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.
- B. Update reports (filed by "Recipients" of HUD Assistance): General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

#### Line-by-Line Instructions.

#### Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

- Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
- Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
- Applicants enter the HUD program name under which the assistance is being requested.
- 4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
- Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or Ioan No.) Include prefixes.

#### Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. Recipients filing Update Reports should not complete this Part.

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

## Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

- Enter the name and address, city, State, and zip code of the government agency making the assistance available.
- State the type of other government assistance (e.g., lcan, grant, loan insurance).
- Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
- 4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.
- B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD and any other source - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

#### Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower). Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

- Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
- Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
- Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
- 4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above. Notes:

- 1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
- 2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
- See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
- 4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
- 5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

# Client Comments and Suggestions

#### U.S. Department of Housing and Urban Development

# You are our Client! Your comments and suggestions, please!

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and application forms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development Office of Departmental Grants Management and Oversight Room 3156 451 7th Street, SW Washington, DC 20410

Please Provide Comments on HUD's Efforts:

#### The NOFA (insert title)

is: (please check one)

(a) is clear and easily understandable

- (b) better than before, but still needs improvement (please specify)
- (c) other (please specify)

#### The application form (inserttitle)\_

is: (please check one)

- (a) is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.
- (b) is simpler and more user-friendly than before, but still needs work (please specify).
- (c) other comments (please specify)

#### Name & Organization (Optional):

| Are additional pages attached? | Yes | No |  |
|--------------------------------|-----|----|--|
|--------------------------------|-----|----|--|

Previous versions obsolete

form HUD-2994 (03/2003)

## Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

Type or clearly print the Applicant's name and full address in the space below.

(fold line) Type or clearly print the following information: Name of the Federal Program to which the applicant is applying: To Be Completed by HUD HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies. HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is: Enclosed Being sent under separate cover Processor's Name Date of Receipt

form HUD-2993 (2/99)

# Supporting Documents for Continuum of Care Application

- 1. SuperNOFA See General Section
- 2. SuperNOFA See Continuum of Care NOFA
- 3. Geographic Area Codes
- 4. HUD Community Planning and Development Field Office Contact List

#### **Geographic Area Code**

The following list identifies the geographic codes for the cities and counties in the United States, including the District of Columbia, American Samoa, Guam, the Virgin Islands, and Puerto Rico. Please use this list to identify each geographic area included in your Continuum of Care system. List each name and 6-digit code on the Application Summary sheet which is the first page of your application.

| ALABAM    | A                     |           |                   |           |                    |
|-----------|-----------------------|-----------|-------------------|-----------|--------------------|
|           | ANNISTON              | 010144 AT | . AUBURN          |           |                    |
|           | BESSEMER              |           | BIRMINGHAM        | 010504 41 |                    |
|           | DOTHAN                |           | FLORENCE          |           | DECATUR            |
|           | - HOOVER              |           |                   |           | GADSDEN            |
|           |                       |           | . HUNTSVILLE      | 011542 AL |                    |
|           | MONTGOMERY            |           | OPELIKA           |           | TUSCALOOSA         |
|           | AUTAUGA COUNTY        |           | BALDWIN COUNTY    |           | BARBOUR COUNTY     |
|           | BIBB COUNTY           |           | BLOUNT COUNTY     |           | BULLOCK COUNTY     |
|           | BUTLER COUNTY         |           | CALHOUN COUNTY    |           | CHAMBERS COUNTY    |
|           | CHEROKEE COUNTY       |           | CHILTON COUNTY    |           | CHOCTAW COUNTY     |
|           | CLARKE COUNTY         |           | CLAY COUNTY       |           | CLEBURNE COUNTY    |
|           | COFFEE COUNTY         |           | COLBERT COUNTY    |           | CONECUH COUNTY     |
|           | COOSA COUNTY          |           | COVINGTON COUNTY  | 019041 AL | CRENSHAW COUNTY    |
|           | CULLMAN COUNTY        |           | DALE COUNTY       |           | DALLAS COUNTY      |
|           | DEKALB COUNTY         |           | . ELMORE COUNTY   |           | ESCAMBIA COUNTY    |
|           | ETOWAH COUNTY         |           | FAYETTE COUNTY    |           | FRANKLIN COUNTY    |
|           | GENEVA COUNTY         |           | GREENE COUNTY     | 019065 AL | HALE COUNTY        |
|           | HENRY COUNTY          |           | HOUSTON COUNTY    | 019071 AL | JACKSON COUNTY     |
|           | JEFFERSON COUNTY      |           | LAMAR COUNTY      | 019077 AL | LAUDERDALE COUNTY  |
|           | LAWRENCE COUNTY       | 019081 AL | LEE COUNTY        | 019083 AL | LIMESTONE COUNTY   |
|           | LOWNDES COUNTY        | 019087 AL | MACON COUNTY      | 019089 AL | MADISON COUNTY     |
|           | MARENGO COUNTY        | 019093 AL | MARION COUNTY     |           | MARSHALL COUNTY    |
|           | MOBILE COUNTY         | 019099 AL | MONROE COUNTY     |           | MONTGOMERY         |
|           | MORGAN COUNTY         | 019105 AL | PERRY COUNTY      |           | PICKENS COUNTY     |
| 019109 AL | PIKE COUNTY           | 019111 AL | RANDOLPH COUNTY   | 019113 AL | RUSSELL COUNTY     |
| 019115 AL | ST. CLAIR COUNTY      | 019117 AL | SHELBY COUNTY     | 019119 AL | SUMTER COUNTY      |
|           | TALLADEGA COUNTY      | 019123 AL | TALLAPOOSA COUNTY |           | TUSCALOOSA COUNTY  |
| 019127 AL | WALKER COUNTY         | 019129 AL | WASHINGTON COUNTY |           | WILCOX COUNTY      |
| 019133 AL | WINSTON COUNTY        |           |                   |           |                    |
|           |                       |           |                   |           |                    |
| ALASKA    |                       |           |                   |           |                    |
|           | ANCHORAGE             |           |                   |           |                    |
|           | ALEUTIANS EAST        | 029016 AK | ALEUTIANS WEST    | 029050 AK | BETHEL CENSUS AREA |
|           | BRISTOL BAY           | 029068 AK | DENALI BOROUGH    | 029070 AK | DILLINGHAM CENSUS  |
|           | FAIRBANKS NORTH       | 029100 AK | HAINES BOROUGH    |           | JUNEAU CITY AND    |
| 029122 AK | KENAI PENINSULA       | 029130 AK | KETCHIKAN         |           | KODIAK ISLAND      |
| 029164 AK | LAKE AND PENINSULA    | 029170 AK | MATANUSKA-SUSITNA |           | NOME CENSUS AREA   |
|           | NORTH SLOPE           | 029188 AK | NORTHWEST ARCTIC  | 029201 AK |                    |
| 029220 AK | SITKA CITY AND        | 029232 AK | SKAGWAY-HOONAH-A  |           | SOUTHEAST          |
| 029261 AK | VALDEZ-CORDOVA        | 029270 AK | WADE HAMPTON      |           | WRANGELL-PETERSBU  |
| 029282 AK | YAKUTAT CITY AND      | 029290 AK | YUKON-KOYUKUK     |           |                    |
|           |                       |           |                   |           |                    |
|           | N SAMOA               |           |                   |           |                    |
| 600001 AS | AMERICAN SAMOA        |           |                   |           |                    |
| ADIZONA   |                       |           |                   |           |                    |
| ARIZONA   |                       |           |                   |           |                    |
|           | CHANDLER<br>FLAGSTAFF | 040100 17 | ON DEDE           |           |                    |
|           |                       | 040180 AZ |                   | 040186 AZ |                    |
| 040270 AZ |                       |           | PEORIA CITY       | 040330 AZ |                    |
|           | SCOTTSDALE            | 040468 AZ |                   | 040492 AZ |                    |
| 040558 AZ |                       |           | APACHE COUNTY     |           | COCHISE COUNTY     |
|           | COCONINO COUNTY       |           | GILA COUNTY       |           | GRAHAM COUNTY      |
|           | GREENLEE COUNTY       |           | LA PAZ COUNTY     |           | MARICOPA COUNTY    |
|           | MOHAVE COUNTY         |           | NAVAJO COUNTY     |           | PIMA COUNTY        |
|           | PINAL COUNTY          | 049023 AZ | SANTA CRUZ COUNTY | 049025 AZ | YAVAPAI COUNTY     |
| 049027 AZ | YUMA COUNTY           |           |                   |           |                    |
|           |                       |           |                   |           |                    |

| ARKANSAS                            | 5                                             |           |                                    |           |                                         |
|-------------------------------------|-----------------------------------------------|-----------|------------------------------------|-----------|-----------------------------------------|
|                                     | CONWAY                                        |           |                                    |           |                                         |
|                                     | FAYETTEVILLE                                  | 050930 41 | FORT SMITH                         | 051374 AP | JACKSONVILLE                            |
|                                     | JONESBORO                                     |           | LITTLE ROCK                        |           |                                         |
|                                     |                                               |           |                                    |           | NORTH LITTLE ROC                        |
|                                     | PINE BLUFF                                    |           | ROGERS                             |           | SPRINGDALE                              |
|                                     | TEXARKANA                                     | 052754 AF | WEST MEMPHIS                       |           | ARKANSAS COUNTY                         |
| 059003 AR                           | ASHLEY COUNTY                                 | 059005 AF | BAXTER COUNTY                      | 059007 AR | BENTON COUNTY                           |
| 059009 AR                           | BOONE COUNTY                                  | 059011 AF | BRADLEY COUNTY                     | 059013 AR | CALHOUN COUNTY                          |
|                                     | CARROLL COUNTY                                |           | CHICOT COUNTY                      |           | CLARK COUNTY                            |
|                                     |                                               |           |                                    |           |                                         |
|                                     | CLAY COUNTY                                   |           | CLEBURNE COUNTY                    |           | CLEVELAND COUNT                         |
|                                     | COLUMBIA COUNTY                               |           | CONWAY COUNTY                      | 059031 AR | CRAIGHEAD COUNT                         |
| 059033 AR                           | CRAWFORD COUNTY                               | 059035 AF | CRITTENDEN COUNTY                  | 059037 AR | CROSS COUNTY                            |
| 059039 AR                           | DALLAS COUNTY                                 | 059041 AF | DESHA COUNTY                       | 059043 AR | DREW COUNTY                             |
| 059045 AR                           | FAULKNER COUNTY                               | 059047 AF | FRANKLIN COUNTY                    |           | FULTON COUNTY                           |
|                                     | GARLAND COUNTY                                |           | GRANT COUNTY                       |           | GREENE COUNTY                           |
|                                     |                                               |           |                                    |           |                                         |
|                                     | HEMPSTEAD COUNTY                              |           | HOT SPRING COUNTY                  |           | HOWARD COUNTY                           |
|                                     | INDEPENDENCE                                  |           | IZARD COUNTY                       |           | JACKSON COUNTY                          |
| 059069 AR                           | JEFFERSON COUNTY                              | 059071 AF | JOHNSON COUNTY                     | 059073 AR | LAFAYETTE COUNT                         |
| 059075 AR                           | LAWRENCE COUNTY                               | 059077 AF | LEE COUNTY                         | 059079 AR | LINCOLN COUNTY                          |
|                                     | LITTLE RIVER                                  |           | LOGAN COUNTY                       |           | LONOKE COUNTY                           |
|                                     | MADISON COUNTY                                |           | MARION COUNTY                      |           | MILLER COUNTY                           |
|                                     | MISSISSIPPI COUNTY                            |           |                                    |           |                                         |
|                                     |                                               |           | MONROE COUNTY                      |           | MONTGOMERY                              |
|                                     | NEVADA COUNTY                                 |           | NEWTON COUNTY                      |           | OUACHITA COUNTY                         |
| 059105 AR                           | PERRY COUNTY                                  | 059107 AF | PHILLIPS COUNTY                    | 059109 AR | PIKE COUNTY                             |
| 059111 AR                           | POINSETT COUNTY                               | 059113 AF | POLK COUNTY                        | 059115 AR | POPE COUNTY                             |
| 059117 AR                           | PRAIRIE COUNTY                                | 059119 AR | PULASKI COUNTY                     | 059121 AR | RANDOLPH COUNTY                         |
|                                     | ST. FRANCIS COUNTY                            |           | SALINE COUNTY                      |           | SCOTT COUNTY                            |
|                                     | SEARCY COUNTY                                 |           | SEBASTIAN COUNTY                   |           | SEVIER COUNTY                           |
|                                     |                                               |           |                                    |           |                                         |
|                                     | SHARP COUNTY                                  |           | STONE COUNTY                       |           | UNION COUNTY                            |
|                                     | VAN BUREN COUNTY                              | 059143 AB | WASHINGTON COUNTY                  | 059145 AR | WHITE COUNTY                            |
| 059147 AR                           | WOODRUFF COUNTY                               | 059149 AR | YELL COUNTY                        |           |                                         |
| di tropi                            | 7 .                                           |           |                                    |           |                                         |
| CALIFORN                            |                                               |           |                                    |           |                                         |
|                                     | ALAMEDA                                       |           | ALHAMBRA                           |           | ANAHEIM                                 |
| 060102 CA                           | ANTIOCH                                       |           | APPLE VALLEY                       | 060228 CA | BAKERSFIELD                             |
| 060234 CA                           | BALDWIN PARK                                  | 060288 CA | BELLFLOWER                         | 060324 CA | BERKELEY                                |
| 060450 CA                           | BUENA PARK                                    | 060456 CA | BURBANK                            | 060516 CA | CAMARILLO                               |
|                                     | CARLSBAD                                      |           | CARSON                             | 060654 CA |                                         |
| 060684 CA                           |                                               |           |                                    |           |                                         |
|                                     |                                               | 060708 CA |                                    |           | CHINO HILLS                             |
|                                     | CHULA VISTA                                   |           | CITRUS HEIGHTS                     |           | COMPTON                                 |
| 060810 CA                           | CONCORD                                       | 060828 CA | CORONA                             | 060846 CA | COSTA MESA                              |
| 060906 CA                           | CUPERTINO CITY                                | 060930 CA | DALY                               | 060942 CA | DAVIS                                   |
| 061032 CA                           | DOWNEY                                        | 061116 CA | EL CAJON                           | 061146 CA | ELK GROVE                               |
|                                     | EL MONTE                                      |           | ENCINITAS                          |           | ESCONDIDO                               |
|                                     | FAIRFIELD                                     |           | FONTANA                            |           | FOUNTAIN VALLEY                         |
|                                     |                                               |           |                                    |           |                                         |
|                                     | FREMONT                                       | 061410 CA |                                    |           | FULLERTON                               |
|                                     | GARDENA                                       |           | GARDEN GROVE                       |           | GILROY CITY                             |
| 061464 CA                           | GLENDALE                                      | 061470 CA | GLENDORA CITY                      | 061596 CA | HAWTHORNE                               |
| 061602 CA                           | HAYWARD                                       | 061614 CA | HEMET                              | 061638 CA |                                         |
|                                     | HUNTINGTON BEACH                              |           | HUNTINGTON PARK                    |           | INGLEWOOD                               |
| 061750 CA                           |                                               |           | LAGUNA NIGUEL                      |           | LA HABRA                                |
|                                     |                                               |           |                                    |           |                                         |
|                                     | LAKE FOREST                                   |           | LAKEWOOD                           | 061896 CA |                                         |
|                                     | LANCASTER                                     |           | LIVERMORE                          | 062064 CA |                                         |
| 062088 CA                           | LONG BEACH                                    | 062118 CA | LOS ANGELES                        | 062148 CA | LYNWOOD                                 |
| 062166 CA                           | MADERA                                        | 062250 CA | MERCED                             | 062274 CA | MILPITAS CITY                           |
|                                     | MISSION VIEJO                                 |           | MODESTO                            | 062328 CA | MONTEBELLO                              |
|                                     | MONTEREY                                      |           | MODESTO<br>MONTEREY PARK           | 062367 CA | MORENO VALLEY                           |
|                                     |                                               |           |                                    |           |                                         |
|                                     | MOUNTAIN VIEW                                 |           | NAPA CITY                          |           | NATIONAL CITY                           |
| 062454 CA                           | NEWPORT BEACH                                 | 062490 CA | NORWALK                            | 062508 CA | OAKLAND                                 |
| 062532 CA                           | OCEANSIDE                                     | 062556 CA | ONTARIO                            | 062568 CA | ORANGE                                  |
|                                     |                                               |           | PALMDALE                           |           | PALM DESERT                             |
|                                     |                                               | 000000 00 |                                    |           |                                         |
| 062622 CA                           | PALM SPRINCS                                  | 062682 CA | ΡΔΙΟΔΙΤΟ                           | 062700 CA | PARADISE                                |
| 062622 CA<br>062676 CA              | PALM SPRINGS                                  |           | PALO ALTO                          | 062700 CA |                                         |
| 062622 CA<br>062676 CA<br>062706 CA | PALM SPRINGS<br>PARAMOUNT CITY<br>PICO RIVERA | 062724 CA | PALO ALTO<br>PASADENA<br>PITTSBURG | 062760 CA | PARADISE<br>PETALUMA<br>PLEASANTON CITY |

| 062850 CA | POMONA              | 062862 | CA  | PORTERVILLE        |
|-----------|---------------------|--------|-----|--------------------|
| 062958 CA |                     | 062964 |     | REDLANDS           |
| 062976 CA | REDWOOD CITY        | 062988 |     | RIALTO             |
| 063048 CA |                     | 063102 |     | ROSEMEAD           |
| 063144 CA |                     | 063162 |     | SALINAS            |
| 063210 CA |                     | 063228 |     | SAN FRANCISCO      |
| 063276 CA |                     | 063294 |     | SAN MARCOS CITY    |
| 063342 CA |                     | 063348 |     | SANTA BARBARA      |
| 063356 CA |                     | 063360 |     | SANTA CRUZ         |
| 063384 CA |                     | 063396 |     | SANTA ROSA         |
| 063444 CA |                     | 063480 |     | SIMI VALLEY        |
| 063564 CA | SOUTH SAN FRANCISCO | 063624 |     | STOCKTON           |
| 063732 CA | THOUSAND OAKS       | 063744 |     | TORRANCE           |
| 063798 CA | TURLOCK             | 063804 |     | TUSTIN             |
| 063852 CA | UPLAND              | 063858 |     | VACAVILLE          |
| 063888 CA | SAN BUENAVENTURA    | 063900 |     | VICTORVILLE        |
| 063924 CA | VISTA               | 063942 |     | WALNUT CREEK       |
| 064002 CA | WEST COVINA         | 064014 | CA  | WESTMINSTER        |
| 064134 CA | WOODLAND            | 064158 | CA  | YORBA LINDA        |
| 069001 CA |                     | 069003 |     | ALPINE COUNTY      |
| 069007 CA | BUTTE COUNTY        | 069009 | CA  | CALAVERAS COUNTY   |
| 069013 CA | CONTRA COSTA        | 069015 | CA  | DEL NORTE COUNTY   |
| 069019 CA | FRESNO COUNTY       | 069021 | CA  | GLENN COUNTY       |
| 069025 CA | IMPERIAL COUNTY     | 069027 | CA  | INYO COUNTY        |
| 069031 CA | KINGS COUNTY        | 069033 | CA  | LAKE COUNTY        |
| 069037 CA | LOS ANGELES COUNTY  | 069039 |     | MADERA COUNTY      |
| 069043 CA | MARIPOSA COUNTY     | 069045 | CA  | MENDOCINO COUNTY   |
| 069049 CA | MODOC COUNTY        | 069051 | CA  | MONO COUNTY        |
| 069055 CA | NAPA COUNTY         | 069057 | CA  | NEVADA COUNTY      |
| 069061 CA | PLACER COUNTY       | 069063 | CA  | PLUMAS COUNTY      |
| 069067 CA | SACRAMENTO          | 069069 |     | SAN BENITO COUNTY  |
| 069073 CA | SAN DIEGO COUNTY    |        | CA  | SAN JOAQUIN COUNTY |
| 069081 CA | SAN MATEO COUNTY    | 069083 | CA  | SANTA BARBARA      |
| 069087 CA | SANTA CRUZ COUNTY   | 069089 |     | SHASTA COUNTY      |
| 069093 CA | SISKIYOU COUNTY     |        | CA  | SOLANO COUNTY      |
| 069099 CA | STANISLAUS COUNTY   | 069101 | CA  | SUTTER COUNTY      |
| 069105 CA | TRINITY COUNTY      | 069107 |     | TULARE COUNTY      |
| 069111 CA | VENTURA COUNTY      | 069113 | CA  | YOLO COUNTY        |
|           |                     | 007115 | 0/1 | 1010 000111        |
| COLORADO  | 0                   |        |     |                    |
| 080054 CO | ARVADA              | 080288 | CO  | COLORADO SPRINGS   |
| 080072 CO | AURORA              | 080672 |     | GRAND JUNCTION     |
| 080390 CO | DENVER              | 080978 |     | LONGMONT           |
| 080690 CO | GREELEY             | 080990 |     | LOVELAND           |
| 080144 CO | BOULDER             | 081614 |     | WESTMINSTER        |
| 080552 CO | FORT COLLINS        | 089001 | cõ  | ADAMS COUNTY       |
| 080906 CO | LAKEWOOD            | 089007 |     | ARCHULETA COUNTY   |
| 081278 CO | PUEBLO              | 089013 |     | BOULDER COUNTY     |
| 089003 CO | ALAMOSA COUNTY      | 089005 |     | ARAPAHOE COUNTY    |
| 089009 CO | BACA COUNTY         |        | čõ  | BENT COUNTY        |
| 089015 CO | CHAFFEE COUNTY      | 089017 |     | CHEYENNE COUNTY    |
| 089021 CO | CONEJOS COUNTY      |        | co  | COSTILLA COUNTY    |
| 089027 CO | CUSTER COUNTY       | 089029 |     | DELTA COUNTY       |
| 089037 CO | EAGLE COUNTY        | 089065 |     | LAKE COUNTY        |
|           | EL PASO COUNTY      | 080043 |     | EPEMONT COUNTY     |

089037 CO EAGLE COUNTY 089041 CO EL PASO COUNTY 089047 CO GILPIN COUNTY 089053 CO HINSDALE COUNTY

RAPAHOE COUNTY C ENT COUNTY 0 HEYENNE COUNTY 0 OSTILLA COUNTY 0 ELTA COUNTY 0 0 089043 CO FREMONT COUNTY 0 089049 CO GRAND COUNTY 089075 CO LOGAN COUNTY

062930 CA RANCHO CUCAMONGA 062970 CA **REDONDO BEACH** 063000 CA RICHMOND 063108 CA ROSEVILLE SAN BERNARDINO 063180 CA 063258 CA SAN JOSE 063312 CA SAN MATEO 063354 CA SANTA CLARA SANTA MARIA 063372 CA 063408 CA SANTEE 063528 CA SOUTH GATE 063660 CA SUNNYVALE 063768 CA TULARE 063846 CA UNION CITY 063876 CA VALLEJO 063918 CA VISALIA 063966 CA WATSONVILLE 064074 CA WHITTIER 064176 CA YUBA 069005 CA AMADOR COUNTY 069011 CA COLUSA COUNTY 069017 CA EL DORADO COUNTY 069023 CA HUMBOLDT COUNTY 069029 CA KERN COUNTY 069035 CA LASSEN COUNTY 069041 CA MARIN COUNTY 069047 CA MERCED COUNTY 069053 CA MONTEREY COUNTY 069059 CA ORANGE COUNTY 069065 CA **RIVERSIDE COUNTY** 069071 CA SAN BERNARDINO 069079 .CA SAN LUIS OBISPO 069085 CA SANTA CLARA 069091 CA SIERRA COUNTY 069097 CA SONOMA COUNTY 069103 CA TEHAMA COUNTY 069109 CA TUOLUMNE COUNTY 069115 CA YUBA COUNTY 089019 CO CLEAR CREEK COUNTY

| 089019 | CO | CLEAR CREEK COUNTY |
|--------|----|--------------------|
| 089025 | CO | CROWLEY COUNTY     |
| 089033 | CO | DOLORES COUNTY     |
| 089039 | CO | ELBERT COUNTY      |
| 089045 | CO | GARFIELD COUNTY    |
| 089051 | CO | GUNNISON COUNTY    |
| 089057 | CO | JACKSON COUNTY     |
| 089063 | CO | KIT CARSON COUNTY  |
| 089069 | CO | LARIMER COUNTY     |
| 089071 | CO | LAS ANIMAS COUNTY  |
| 089073 | CO | LINCOLN COUNTY     |
| 089035 | CO | DOUGLAS COUNTY     |
| 089067 | CO | LA PLATA COUNTY    |
| 089059 | CO | JEFFERSON COUNTY   |
| 089061 | CO | KIOWA COUNTY       |
| 089055 | CO | HUERFANO COUNTY    |

| 089077 CO                                                                                                                                                | MESA COUNTY                                                                                                                                                                                    | 089079 CO                                                                                                                                                                                                                                                                                                                                                                                                                 | MINERAL COUNTY                                                                                                                                                                     | 089081 CO                                                                                                                                   | MOFFAT COUNTY                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                          | MONTEZUMA COUNTY                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           | MONTROSE COUNTY                                                                                                                                                                    |                                                                                                                                             | MORGAN COUNTY                                                                                                                                                            |
|                                                                                                                                                          | OTERO COUNTY                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                           | OURAY COUNTY                                                                                                                                                                       |                                                                                                                                             | PARK COUNTY                                                                                                                                                              |
|                                                                                                                                                          | PHILLIPS COUNTY                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           | PITKIN COUNTY                                                                                                                                                                      |                                                                                                                                             | PROWERS COUNTY                                                                                                                                                           |
|                                                                                                                                                          | PUEBLO COUNTY                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                           | RIO BLANCO COUNTY                                                                                                                                                                  |                                                                                                                                             | RIO GRANDE COUNTY                                                                                                                                                        |
|                                                                                                                                                          | ROUTT COUNTY                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                           | SAGUACHE COUNTY                                                                                                                                                                    |                                                                                                                                             | SAN JUAN COUNTY                                                                                                                                                          |
|                                                                                                                                                          | SAN MIGUEL COUNTY                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                           | SEDGWICK COUNTY                                                                                                                                                                    |                                                                                                                                             | SUMMIT COUNTY                                                                                                                                                            |
|                                                                                                                                                          | TELLER COUNTY                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                           | WASHINGTON COUNTY                                                                                                                                                                  |                                                                                                                                             | WELD COUNTY                                                                                                                                                              |
|                                                                                                                                                          | YUMA COUNTY                                                                                                                                                                                    | 039121 CO                                                                                                                                                                                                                                                                                                                                                                                                                 | WASHINGTON COUNTY                                                                                                                                                                  | 089125 CO                                                                                                                                   | WEED COUNT I                                                                                                                                                             |
| 009123 CO                                                                                                                                                | I UMA COUNT I                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                             |                                                                                                                                                                          |
| CONNECT                                                                                                                                                  | CUT                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                             |                                                                                                                                                                          |
| CONNECT                                                                                                                                                  | BRIDGEPORT                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                             |                                                                                                                                                                          |
|                                                                                                                                                          |                                                                                                                                                                                                | 000000 000                                                                                                                                                                                                                                                                                                                                                                                                                | D ( ) WITH Y                                                                                                                                                                       | 000000 000                                                                                                                                  |                                                                                                                                                                          |
| 090114 CT                                                                                                                                                |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           | DANBURY                                                                                                                                                                            |                                                                                                                                             | EAST HARTFORD                                                                                                                                                            |
|                                                                                                                                                          | FAIRFIELD                                                                                                                                                                                      | 090438 CT                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |                                                                                                                                             | HAMDEN TOWN                                                                                                                                                              |
|                                                                                                                                                          | HARTFORD                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                           | MANCHESTER                                                                                                                                                                         | 090612 CT                                                                                                                                   |                                                                                                                                                                          |
|                                                                                                                                                          | MIDDLETOWN                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                           | MILFORD TOWN                                                                                                                                                                       |                                                                                                                                             | NEW BRITAIN                                                                                                                                                              |
|                                                                                                                                                          | NEW HAVEN                                                                                                                                                                                      | 090738 CT                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    | 090810 CT                                                                                                                                   | NORWALK                                                                                                                                                                  |
|                                                                                                                                                          | NORWICH                                                                                                                                                                                        | 091074 CT                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |                                                                                                                                             | STRATFORD                                                                                                                                                                |
|                                                                                                                                                          | WATERBURY                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                           | WEST HARTFORD                                                                                                                                                                      |                                                                                                                                             | WEST HAVEN                                                                                                                                                               |
|                                                                                                                                                          | FAIRFIELD COUNTY                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           | HARTFORD COUNTY                                                                                                                                                                    |                                                                                                                                             | LITCHFIELD COUNTY                                                                                                                                                        |
|                                                                                                                                                          | MIDDLESEX COUNTY                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           | NEW HAVEN COUNTY                                                                                                                                                                   | 099011 CT                                                                                                                                   | NEW LONDON                                                                                                                                                               |
| 099013 CT                                                                                                                                                | TOLLAND COUNTY                                                                                                                                                                                 | 099015 CT                                                                                                                                                                                                                                                                                                                                                                                                                 | WINDHAM COUNTY                                                                                                                                                                     |                                                                                                                                             |                                                                                                                                                                          |
|                                                                                                                                                          |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                             |                                                                                                                                                                          |
| DELAWAR                                                                                                                                                  |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                             |                                                                                                                                                                          |
| 100090 DE                                                                                                                                                | DOVER                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                           | WILMINGTON                                                                                                                                                                         | 109001 DE                                                                                                                                   | KENT COUNTY                                                                                                                                                              |
| 109003 DE                                                                                                                                                | NEW CASTLE COUNTY                                                                                                                                                                              | 109005 DE                                                                                                                                                                                                                                                                                                                                                                                                                 | SUSSEX COUNTY                                                                                                                                                                      |                                                                                                                                             |                                                                                                                                                                          |
|                                                                                                                                                          |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                             |                                                                                                                                                                          |
| DISTRICT                                                                                                                                                 | OF COLUMBIA                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                             |                                                                                                                                                                          |
| 110006 DC                                                                                                                                                | WASHINGTON                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                             |                                                                                                                                                                          |
|                                                                                                                                                          |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                             |                                                                                                                                                                          |
| FLORIDA                                                                                                                                                  |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                             |                                                                                                                                                                          |
| 120234 FL                                                                                                                                                | BOCA RATON                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                             |                                                                                                                                                                          |
| 120264 FL                                                                                                                                                | BOYNTON BEACH                                                                                                                                                                                  | 120270 FL                                                                                                                                                                                                                                                                                                                                                                                                                 | BRADENTON                                                                                                                                                                          | 120402 FL                                                                                                                                   | CAPE CORAL                                                                                                                                                               |
| 120492 FL                                                                                                                                                | CLEARWATER                                                                                                                                                                                     | 120516 FL                                                                                                                                                                                                                                                                                                                                                                                                                 | COCOA                                                                                                                                                                              | 120588 FL                                                                                                                                   | CORAL SPRINGS                                                                                                                                                            |
| 120684 FL                                                                                                                                                | DAVIE                                                                                                                                                                                          | 120690 FL                                                                                                                                                                                                                                                                                                                                                                                                                 | DAYTONA BEACH                                                                                                                                                                      | 120708 FL                                                                                                                                   | DEERFIELD BEACH                                                                                                                                                          |
| 120732 FL                                                                                                                                                | DELRAY BEACH                                                                                                                                                                                   | 120738 FL                                                                                                                                                                                                                                                                                                                                                                                                                 | DELTONA                                                                                                                                                                            | 120954 FL                                                                                                                                   | FT LAUDERDALE                                                                                                                                                            |
|                                                                                                                                                          | FT MYERS                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                           | FORT PIERCE                                                                                                                                                                        | 121008 FL                                                                                                                                   | FORT WALTON BEACH                                                                                                                                                        |
|                                                                                                                                                          | GAINESVILLE                                                                                                                                                                                    | 121236 FL                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    | 121320 FL                                                                                                                                   | HOLLYWOOD                                                                                                                                                                |
|                                                                                                                                                          | JACKSONVILLE-DUVAL                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                           | LAKELAND                                                                                                                                                                           | 121710 FL                                                                                                                                   | LARGO                                                                                                                                                                    |
|                                                                                                                                                          | LAUDERHILL                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                           | MARGATE                                                                                                                                                                            | 121710 FL                                                                                                                                   | MELBOURNE                                                                                                                                                                |
| 121728 FL                                                                                                                                                |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           | MIAMIBEACH                                                                                                                                                                         | 121920 FL                                                                                                                                   | MIRAMAR                                                                                                                                                                  |
| 121908 FL<br>122064 FL                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           | NORTH MIAMI                                                                                                                                                                        | 122022 FL<br>122214 FL                                                                                                                      | OCALA                                                                                                                                                                    |
|                                                                                                                                                          | ORLANDO                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                           | PALM BAY                                                                                                                                                                           | 122214 FL<br>122406 FL                                                                                                                      |                                                                                                                                                                          |
|                                                                                                                                                          |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                             | PANAMA CITY                                                                                                                                                              |
|                                                                                                                                                          | PEMBROKE PINES                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                           | PENSACOLA                                                                                                                                                                          | 122514 FL                                                                                                                                   | PLANTATION                                                                                                                                                               |
|                                                                                                                                                          | POMPANO BEACH                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                           | PORT ST LUCIE                                                                                                                                                                      | 122598 FL                                                                                                                                   | PUNTA GORDA                                                                                                                                                              |
|                                                                                                                                                          | ST PETERSBURG                                                                                                                                                                                  | 122766 FL                                                                                                                                                                                                                                                                                                                                                                                                                 | SARASOTA                                                                                                                                                                           | 122958 FL                                                                                                                                   | SUNRISE                                                                                                                                                                  |
|                                                                                                                                                          | TALLAHASSEE                                                                                                                                                                                    | 123006 FL                                                                                                                                                                                                                                                                                                                                                                                                                 | TAMARAC                                                                                                                                                                            | 123012 FL                                                                                                                                   | TAMPA                                                                                                                                                                    |
|                                                                                                                                                          | TITUSVILLE                                                                                                                                                                                     | 123252 FL                                                                                                                                                                                                                                                                                                                                                                                                                 | WEST PALM BEACH                                                                                                                                                                    | 123342 FL                                                                                                                                   | WINTERHAVEN                                                                                                                                                              |
|                                                                                                                                                          | ALACHUA COUNTY                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                           | BAKER COUNTY                                                                                                                                                                       | 129005 FL                                                                                                                                   | BAY COUNTY                                                                                                                                                               |
|                                                                                                                                                          | BRADFORD COUNTY                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           | BREVARD COUNTY                                                                                                                                                                     | 129011 FL                                                                                                                                   | BROWARD COUNTY                                                                                                                                                           |
| <br>129013 FL                                                                                                                                            | CALHOUN COUNTY                                                                                                                                                                                 | 120015 FI                                                                                                                                                                                                                                                                                                                                                                                                                 | CHARLOTTE COUNTY                                                                                                                                                                   | 129017 FL                                                                                                                                   | CITRUS COUNTY                                                                                                                                                            |
|                                                                                                                                                          |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                             |                                                                                                                                                                          |
|                                                                                                                                                          | CLAY COUNTY                                                                                                                                                                                    | . 129021 FL                                                                                                                                                                                                                                                                                                                                                                                                               | COLLIER COUNTY                                                                                                                                                                     | 129023 FL                                                                                                                                   | COLUMBIA COUNTY                                                                                                                                                          |
|                                                                                                                                                          |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           | COLLIER COUNTY<br>DIXIE COUNTY                                                                                                                                                     | 129023 FL<br>129033 FL                                                                                                                      | COLUMBIA COUNTY<br>ESCAMBIA COUNTY                                                                                                                                       |
| 129019 FL                                                                                                                                                | CLAY COUNTY                                                                                                                                                                                    | 129021 FL<br>129029 FL<br>129037 FL                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    | 129023 FL                                                                                                                                   |                                                                                                                                                                          |
| 129019 FL<br>129027 FL                                                                                                                                   | CLAY COUNTY<br>DESOTO COUNTY                                                                                                                                                                   | 129021 FL<br>129029 FL                                                                                                                                                                                                                                                                                                                                                                                                    | DIXIE COUNTY                                                                                                                                                                       | 129023 FL<br>129033 FL                                                                                                                      | ESCAMBIA COUNTY                                                                                                                                                          |
| 129019 FL<br>129027 FL<br>129035 FL                                                                                                                      | CLAY COUNTY<br>DESOTO COUNTY<br>FLAGLER COUNTY                                                                                                                                                 | 129021 FL<br>129029 FL<br>129037 FL                                                                                                                                                                                                                                                                                                                                                                                       | DIXIE COUNTY<br>FRANKLIN COUNTY                                                                                                                                                    | 129023 FL<br>129033 FL<br>129039 FL                                                                                                         | ESCAMBIA COUNTY<br>GADSDEN COUNTY                                                                                                                                        |
| 129019 FL<br>129027 FL<br>129035 FL<br>129041 FL                                                                                                         | CLAY COUNTY<br>DESOTO COUNTY<br>FLAGLER COUNTY<br>GILCHRIST COUNTY<br>HAMILTON COUNTY                                                                                                          | 129021 FL<br>129029 FL<br>129037 FL<br>129043 FL<br>129049 FL                                                                                                                                                                                                                                                                                                                                                             | DIXIE COUNTY<br>FRANKLIN COUNTY<br>GLADES COUNTY<br>HARDEE COUNTY                                                                                                                  | 129023 FL<br>129033 FL<br>129039 FL<br>129045 FL<br>129051 FL                                                                               | ESCAMBIA COUNTY<br>GADSDEN COUNTY<br>GULF COUNTY                                                                                                                         |
| 129019 FL<br>129027 FL<br>129035 FL<br>129041 FL<br>129047 FL<br>129053 FL                                                                               | CLAY COUNTY<br>DESOTO COUNTY<br>FLAGLER COUNTY<br>GILCHRIST COUNTY<br>HAMILTON COUNTY<br>HERNANDO COUNTY                                                                                       | 129021 FL<br>129029 FL<br>129037 FL<br>129043 FL<br>129049 FL<br>129055 FL                                                                                                                                                                                                                                                                                                                                                | DIXIE COUNTY<br>FRANKLIN COUNTY<br>GLADES COUNTY<br>HARDEE COUNTY<br>HIGHLANDS COUNTY                                                                                              | 129023 FL<br>129033 FL<br>129039 FL<br>129045 FL<br>129051 FL<br>129057 FL                                                                  | ESCAMBIA COUNTY<br>GADSDEN COUNTY<br>GULF COUNTY<br>HENDRY COUNTY<br>HILLSBOROUGH                                                                                        |
| 129019 FL<br>129027 FL<br>129035 FL<br>129041 FL<br>129047 FL<br>129053 FL<br>129059 FL                                                                  | CLAY COUNTY<br>DESOTO COUNTY<br>FLAGLER COUNTY<br>GILCHRIST COUNTY<br>HAMILTON COUNTY<br>HERNANDO COUNTY<br>HOLMES COUNTY                                                                      | 129021 FL<br>129029 FL<br>129037 FL<br>129043 FL<br>129049 FL<br>129049 FL<br>129055 FL<br>129061 FL                                                                                                                                                                                                                                                                                                                      | DIXIE COUNTY<br>FRANKLIN COUNTY<br>GLADES COUNTY<br>HARDEE COUNTY<br>HIGHLANDS COUNTY<br>INDIAN RIVER COUNTY                                                                       | 129023 FL<br>129033 FL<br>129039 FL<br>129045 FL<br>129051 FL<br>129057 FL<br>129063 FL                                                     | ESCAMBIA COUNTY<br>GADSDEN COUNTY<br>GULF COUNTY<br>HENDRY COUNTY<br>HILLSBOROUGH<br>JACKSON COUNTY                                                                      |
| 129019 FL<br>129027 FL<br>129035 FL<br>129041 FL<br>129047 FL<br>129053 FL<br>129059 FL<br>129065 FL                                                     | CLAY COUNTY<br>DESOTO COUNTY<br>FLAGLER COUNTY<br>GILCHRIST COUNTY<br>HAMILTON COUNTY<br>HERNANDO COUNTY<br>HOLMES COUNTY<br>JEFFERSON COUNTY                                                  | . 129021 FL<br>129029 FL<br>129037 FL<br>129043 FL<br>129049 FL<br>129049 FL<br>129055 FL<br>129061 FL<br>129067 FL                                                                                                                                                                                                                                                                                                       | DIXIE COUNTY<br>FRANKLIN COUNTY<br>GLADES COUNTY<br>HARDEE COUNTY<br>HIGHLANDS COUNTY<br>INDIAN RIVER COUNTY<br>LAFAYETTE COUNTY                                                   | 129023 FL<br>129033 FL<br>129039 FL<br>129045 FL<br>129051 FL<br>129057 FL<br>129063 FL<br>129069 FL                                        | ESCAMBIA COUNTY<br>GADSDEN COUNTY<br>GULF COUNTY<br>HENDRY COUNTY<br>HILLSBOROUGH<br>JACKSON COUNTY<br>LAKE COUNTY                                                       |
| 129019 FL<br>129027 FL<br>129035 FL<br>129041 FL<br>129047 FL<br>129053 FL<br>129059 FL<br>129065 FL<br>129065 FL                                        | CLAY COUNTY<br>DESOTO COUNTY<br>FLAGLER COUNTY<br>GILCHRIST COUNTY<br>HAMILTON COUNTY<br>HERNANDO COUNTY<br>HOLMES COUNTY<br>JEFFERSON COUNTY<br>LEE COUNTY                                    | 129021         FL           129029         FL           129037         FL           129043         FL           129045         FL           129055         FL           129061         FL           129067         FL           129073         FL                                                                                                                                                                         | DIXIE COUNTY<br>FRANKLIN COUNTY<br>GLADES COUNTY<br>HARDEE COUNTY<br>HIGHLANDS COUNTY<br>INDIAN RIVER COUNTY<br>LAFAYETTE COUNTY<br>LEON COUNTY                                    | 129023 FL<br>129033 FL<br>129039 FL<br>129045 FL<br>129051 FL<br>129057 FL<br>129063 FL<br>129069 FL<br>129075 FL                           | ESCAMBIA COUNTY<br>GADSDEN COUNTY<br>GULF COUNTY<br>HENDRY COUNTY<br>HILLSBOROUGH<br>JACKSON COUNTY<br>LAKE COUNTY<br>LEVY COUNTY                                        |
| 129019 FL<br>129027 FL<br>129035 FL<br>129041 FL<br>129047 FL<br>129053 FL<br>129059 FL<br>129065 FL<br>129065 FL<br>129071 FL                           | CLAY COUNTY<br>DESOTO COUNTY<br>FLAGLER COUNTY<br>GILCHRIST COUNTY<br>HAMILTON COUNTY<br>HERNANDO COUNTY<br>HOLMES COUNTY<br>JEFFERSON COUNTY<br>LEE COUNTY<br>LIBERTY COUNTY                  | 129021         FL           129029         FL           129037         FL           129043         FL           129049         FL           129049         FL           129057         FL           1290567         FL           129067         FL           129073         FL           129074         FL                                                                                                                | DIXIE COUNTY<br>FRANKLIN COUNTY<br>GLADES COUNTY<br>HARDEE COUNTY<br>HIGHLANDS COUNTY<br>INDIAN RIVER COUNTY<br>LAFAYETTE COUNTY<br>LEON COUNTY<br>MADISON COUNTY                  | 129023 FL<br>129033 FL<br>129039 FL<br>129045 FL<br>129051 FL<br>129057 FL<br>129063 FL<br>129069 FL<br>129069 FL<br>129075 FL<br>129081 FL | ESCAMBIA COUNTY<br>GADSDEN COUNTY<br>GULF COUNTY<br>HENDRY COUNTY<br>HILLSBOROUGH<br>JACKSON COUNTY<br>LAKE COUNTY<br>LEVY COUNTY<br>MANATEE COUNTY                      |
| 129019 FL<br>129027 FL<br>129035 FL<br>129041 FL<br>129047 FL<br>129053 FL<br>129059 FL<br>129055 FL<br>129071 FL<br>129077 FL<br>129083 FL              | CLAY COUNTY<br>DESOTO COUNTY<br>FLAGLER COUNTY<br>GILCHRIST COUNTY<br>HAMILTON COUNTY<br>HERNANDO COUNTY<br>HOLMES COUNTY<br>JEFFERSON COUNTY<br>LEE COUNTY<br>LIBERTY COUNTY<br>MARION COUNTY | 129021         FL           129029         FL           129037         FL           129043         FL           129055         FL           129061         FL           129067         FL           129073         FL           129074         FL           129075         FL           129076         FL           129077         FL           129078         FL           129079         FL           129085         FL | DIXIE COUNTY<br>FRANKLIN COUNTY<br>GLADES COUNTY<br>HARDEE COUNTY<br>HIGHLANDS COUNTY<br>INDIAN RIVER COUNTY<br>LAFAYETTE COUNTY<br>LEON COUNTY<br>MADISON COUNTY<br>MARTIN COUNTY | 129023 FL<br>129033 FL<br>129039 FL<br>129045 FL<br>129051 FL<br>129057 FL<br>129063 FL<br>129069 FL<br>129075 FL<br>129081 FL<br>129086 FL | ESCAMBIA COUNTY<br>GADSDEN COUNTY<br>GULF COUNTY<br>HENDRY COUNTY<br>HILLSBOROUGH<br>JACKSON COUNTY<br>LAKE COUNTY<br>LAKE COUNTY<br>MANATEE COUNTY<br>MIAMI-DADE COUNTY |
| 129019 FL<br>129027 FL<br>129035 FL<br>129041 FL<br>129047 FL<br>129053 FL<br>129059 FL<br>129059 FL<br>129071 FL<br>129077 FL<br>129083 FL<br>129087 FL | CLAY COUNTY<br>DESOTO COUNTY<br>FLAGLER COUNTY<br>GILCHRIST COUNTY<br>HAMILTON COUNTY<br>HERNANDO COUNTY<br>HOLMES COUNTY<br>JEFFERSON COUNTY<br>LEE COUNTY<br>LIBERTY COUNTY                  | 129021         FL           129029         FL           129037         FL           129043         FL           129055         FL           129061         FL           129067         FL           129073         FL           129074         FL           129075         FL           129076         FL           129077         FL           129078         FL           129079         FL           129085         FL | DIXIE COUNTY<br>FRANKLIN COUNTY<br>GLADES COUNTY<br>HARDEE COUNTY<br>HIGHLANDS COUNTY<br>INDIAN RIVER COUNTY<br>LAFAYETTE COUNTY<br>LEON COUNTY<br>MADISON COUNTY                  | 129023 FL<br>129033 FL<br>129039 FL<br>129045 FL<br>129051 FL<br>129057 FL<br>129063 FL<br>129069 FL<br>129069 FL<br>129075 FL<br>129081 FL | ESCAMBIA COUNTY<br>GADSDEN COUNTY<br>GULF COUNTY<br>HENDRY COUNTY<br>HILLSBOROUGH<br>JACKSON COUNTY<br>LAKE COUNTY<br>LEVY COUNTY<br>MANATEE COUNTY                      |
| 129019 FL<br>129027 FL<br>129035 FL<br>129041 FL<br>129047 FL<br>129053 FL<br>129059 FL<br>129055 FL<br>129071 FL<br>129077 FL<br>129083 FL              | CLAY COUNTY<br>DESOTO COUNTY<br>FLAGLER COUNTY<br>GILCHRIST COUNTY<br>HAMILTON COUNTY<br>HERNANDO COUNTY<br>HOLMES COUNTY<br>JEFFERSON COUNTY<br>LEE COUNTY<br>LIBERTY COUNTY<br>MARION COUNTY | 129021         FL           129029         FL           129037         FL           129043         FL           129055         FL           129061         FL           129067         FL           129073         FL           129074         FL           129075         FL           129076         FL           129077         FL           129078         FL           129079         FL           129085         FL | DIXIE COUNTY<br>FRANKLIN COUNTY<br>GLADES COUNTY<br>HARDEE COUNTY<br>HIGHLANDS COUNTY<br>INDIAN RIVER COUNTY<br>LAFAYETTE COUNTY<br>LEON COUNTY<br>MADISON COUNTY<br>MARTIN COUNTY | 129023 FL<br>129033 FL<br>129039 FL<br>129045 FL<br>129051 FL<br>129057 FL<br>129063 FL<br>129069 FL<br>129075 FL<br>129081 FL<br>129086 FL | ESCAMBIA COUNTY<br>GADSDEN COUNTY<br>GULF COUNTY<br>HENDRY COUNTY<br>HILLSBOROUGH<br>JACKSON COUNTY<br>LAKE COUNTY<br>LAKE COUNTY<br>MANATEE COUNTY<br>MIAMI-DADE COUNTY |

| 129093 FL | OKEECHOBEE COUNTY | 129095 I | FL  | ORANGE COUNTY     | 129097 | FL | OSCEOLA COUNTY    |
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| 129099 FL | PALM BEACH COUNTY | 129101 I | FL  | PASCO COUNTY      | 129103 | FL | PINELLAS COUNTY   |
| 129105 FL | POLK COUNTY       | 129107 H | FL  | PUTNAM COUNTY     | 129109 | FL | ST. JOHNS COUNTY  |
| 129111 FL | ST. LUCIE COUNTY  | 129113 H | FL  | SANTA ROSA COUNTY | 129115 | FL | SARASOTA COUNTY   |
| 129117 FL | SEMINOLE COUNTY   | 129119 H | FL  | SUMTER COUNTY     | 129121 | FL | SUWANNEE COUNTY   |
| 129123 FL | TAYLOR COUNTY     | 129125 H | FL  | UNION COUNTY      | 129127 | FL | VOLUSIA COUNTY    |
| 129129 FL | WAKULLA COUNTY    | 129131 H | FL  | WALTON COUNTY     | 129133 |    | WASHINGTON COUNTY |
|           |                   |          |     |                   |        |    |                   |
| GEORGIA   |                   |          |     |                   |        |    |                   |
| 130054 GA |                   |          |     | ATHENS-CLARKE     | 130174 | GA | ATLANTA           |
|           | AUGUSTA           |          |     | COLUMBUS-MUSCOGEE | 139321 | GA | WORTH COUNTY      |
| 131968 GA |                   |          |     | MARIETTA          |        |    | ROSWELL           |
|           | SAVANNAH          |          |     | WARNER ROBINS     | 139001 | GA | APPLING COUNTY    |
|           | ATKINSON COUNTY   |          |     | BACON COUNTY      | 139007 | GA | BAKER COUNTY      |
|           | BALDWIN COUNTY    |          |     | BANKS COUNTY      | 139013 | GA | BARROW COUNTY     |
|           | BARTOW COUNTY     | 139017 ( | ЗA  | BEN HILL COUNTY   | 139019 | GA | BERRIEN COUNTY    |
|           | BIBB COUNTY       |          |     | BLECKLEY COUNTY   | 139025 | GA | BRANTLEY COUNTY   |
|           | BROOKS COUNTY     |          |     | BRYAN COUNTY      | 139031 | GA | BULLOCH COUNTY    |
|           | BURKE COUNTY      | 139035 C | GΑ  | BUTTS COUNTY      | 139037 | GA | CALHOUN COUNTY    |
|           | CAMDEN COUNTY     |          |     | CANDLER COUNTY    | 139045 | GA | CARROLL COUNTY    |
|           | CATOOSA COUNTY    | 139049 C | ΞA  | CHARLTON COUNTY   | 139051 | GA | CHATHAM COUNTY    |
|           | CHATTAHOOCHEE     | 139055 C | 3A  | CHATTOOGA COUNTY  | 139057 | GA | CHEROKEE COUNTY   |
| 139061 GA | CLAY COUNTY       | 139063 C | GΑ  | CLAYTON COUNTY    | 139065 | GA | CLINCH COUNTY     |
| 139067 GA | COBB COUNTY       | 139069 C | ЗA  | COFFEE COUNTY     | 139071 | GA | COLQUITT COUNTY   |
|           | COLUMBIA COUNTY   | 139075 C | ĴΑ  | COOK COUNTY       |        |    | COWETA COUNTY     |
| 139079 GA | CRAWFORD COUNTY   | 139081 C | ЗA  | CRISP COUNTY      |        |    | DADE COUNTY       |
| 139085 GA | DAWSON COUNTY     | 139087 C | ЗA  | DECATUR COUNTY    |        |    | DE KALB COUNTY    |
| 139091 GA | DODGE COUNTY      | 139093 C | ЗA  | DOOLY COUNTY      | 139095 | GA | DOUGHERTY COUNTY  |
| 139097 GA | DOUGLAS COUNTY    | 139099 C | ЗA  | EARLY COUNTY      |        |    | ECHOLS COUNTY     |
| 139103 GA | EFFINGHAM COUNTY  | 139105 C | ЗA  | ELBERT COUNTY     |        |    | EMANUEL COUNTY    |
| 139109 GA | EVANS COUNTY      | 139111 C | ĴΑ  | FANNIN COUNTY     | 139113 | GA | FAYETTE COUNTY    |
| 139115 GA | FLOYD COUNTY      | 139117 C | ЗA  | FORSYTH COUNTY    | 139119 | GA | FRANKLIN COUNTY   |
| 139121 GA | FULTON COUNTY     | 139123 G | ΞA  | GILMER COUNTY     | 139125 | GA | GLASCOCK COUNTY   |
|           | GLYNN COUNTY      | 139129 G | 3A. | GORDON COUNTY     |        |    | GRADY COUNTY      |
| 139133 GA | GREENE COUNTY     | 139135 G | ĴΑ  | GWINNETT COUNTY   |        |    | HABERSHAM COUNTY  |
| 139139 GA | HALL COUNTY       | 139141 G | ЗA  | HANCOCK COUNTY    | 139143 | GA | HARALSON COUNTY   |
| 139145 GA | HARRIS COUNTY     | 139147 G | ĴΑ  | HART COUNTY       |        |    | HEARD COUNTY      |
| 139151 GA | HENRY COUNTY      | 139153 G | βA  | HOUSTON COUNTY    | 139155 | GA | IRWIN COUNTY      |
| 139157 GA | JACKSON COUNTY    | 139159 G | βA  | JASPER COUNTY     | 139161 | GA | JEFF DAVIS COUNTY |
| 139163 GA | JEFFERSON COUNTY  | 139165 G | A   | JENKINS COUNTY    | 139167 | GA | JOHNSON COUNTY    |
|           | JONES COUNTY      | 139171 G | δA  | LAMAR COUNTY      |        |    | LANIER COUNTY     |
| 139175 GA | LAURENS COUNTY    | 139177 G | δA  | LEE COUNTY        | 139179 | GA | LIBERTY COUNTY    |
|           | LINCOLN COUNTY    | 139183 G | λ   | LONG COUNTY       |        |    | LOWNDES COUNTY    |
| 139187 GA | LUMPKIN COUNTY    | 139189 G | iΑ  | MCDUFFIE COUNTY   | 139191 | GA | MCINTOSH COUNTY   |
|           | MACON COUNTY      | 139195 G | iA  | MADISON COUNTY    |        |    | MARION COUNTY     |
|           | MERIWETHER        | 139201 G | iA  | MILLER COUNTY     | 139205 | GA | MITCHELL COUNTY   |
| 139207 GA | MONROE COUNTY     | 139209 G | A   | MONTGOMERY        | 139211 | GA | MORGAN COUNTY     |
|           | MURRAY COUNTY     | 139217 G | A   | NEWTON COUNTY     | 139219 | GA | OCONEE COUNTY     |
|           | OGLETHORPE COUNTY |          |     | PAULDING COUNTY   | 139225 | GA | PEACH COUNTY      |
|           | PICKENS COUNTY    | 139229 G | A   | PIERCE COUNTY     |        |    | PIKE COUNTY       |
|           | POLK COUNTY       | 139235 G | A   | PULASKI COUNTY    |        |    | PUTNAM COUNTY     |
|           | QUITMAN COUNTY    | 139241 G | A   | RABUN COUNTY      |        |    | RANDOLPH COUNTY   |
| 139247 GA | ROCKDALE COUNTY   | 139249 G | A   | SCHLEY COUNTY     |        |    | SCREVEN COUNTY    |
| 139253 GA | SEMINOLE COUNTY   | 139255 G | A   | SPALDING COUNTY   |        |    | STEPHENS COUNTY   |
| 139259 GA | STEWART COUNTY    |          |     | SUMTER COUNTY     |        |    | TALBOT COUNTY     |
| 139265 GA | TALIAFERRO COUNTY | 139267 G | A   | TATTNALL COUNTY   |        |    | TAYLOR COUNTY     |
|           |                   |          |     |                   |        |    |                   |

|                          | TELFAIR COUNTY<br>TIFT COUNTY     |                        | TERRELL COUNTY<br>TOOMBS COUNTY |                        | THOMAS COUNTY<br>TOWNS COUNTY |
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|                          | TREUTLEN COUNTY                   |                        | TROUP COUNTY                    |                        |                               |
|                          |                                   |                        |                                 |                        | TURNER COUNTY                 |
|                          | TWIGGS COUNTY                     |                        | UNION COUNTY                    |                        | UPSON COUNTY                  |
|                          | WALKER COUNTY                     |                        | WALTON COUNTY                   |                        | WARE COUNTY                   |
|                          | WARREN COUNTY                     |                        | WASHINGTON COUNTY               | 139305 GA              | WAYNE COUNTY                  |
| 139307 GA                | WEBSTER COUNTY                    | 139309 GA              | WHEELER COUNTY                  | 139311 GA              | WHITE COUNTY                  |
| 139313 GA                | WHITFIELD COUNTY                  | 139315 GA              | WILCOX COUNTY                   | 139317 GA              | WILKES COUNTY                 |
| 139319 GA                | WILKINSON COUNTY                  |                        |                                 |                        |                               |
| <b>GUAM</b><br>660001 GU | GUAM                              |                        |                                 |                        |                               |
| HAWAII                   |                                   |                        |                                 |                        |                               |
| 150144 HI                | HONOLULU                          | 159009 HI              | MAUI COUNTY                     |                        |                               |
| 159001 HI                | HAWAII COUNTY                     | 159005 HI              | KALAWAO COUNTY                  | 159007 HI              | KAUAI COUNTY                  |
| IDAHO                    |                                   |                        |                                 |                        |                               |
| 160102 ID                | BOISE                             |                        |                                 |                        |                               |
| 160762 ID                | NAMPA                             | 160906 ID              | POCATELLO                       | 169001 ID              | ADA COUNTY                    |
| 169003 ID                | ADAMS COUNTY                      | 169005 ID              | BANNOCK COUNTY                  | 169007 ID              | BEAR LAKE COUNTY              |
|                          | BENEWAH COUNTY                    | 169011 ID              | BINGHAM COUNTY                  | 169013 ID              | BLAINE COUNTY                 |
|                          | BOISE COUNTY                      | 169017 ID              | BONNER COUNTY                   | 169019 ID              | BONNEVILLE COUNT              |
|                          | BOUNDARY COUNTY                   | 169023 ID              | BUTTE COUNTY                    | 169025 ID              | CAMAS COUNTY                  |
|                          | CANYON COUNTY                     | 169029 ID              | CARIBOU COUNTY                  | 169031 ID              | CASSIA COUNTY                 |
|                          | CLARK COUNTY                      | 169035 ID              | CLEARWATER                      | 169037 ID              | CUSTER COUNTY                 |
|                          | ELMORE COUNTY                     | 169041 ID              | FRANKLIN COUNTY                 | 169043 ID              | FREMONT COUNTY                |
|                          | GEM COUNTY                        | 169047 ID              | GOODING COUNTY                  | 169043 ID<br>169049 ID | IDAHO COUNTY                  |
|                          | JEFFERSON COUNTY                  | 169053 ID              | JEROME COUNTY                   | 169049 ID<br>169055 ID | KOOTENAI COUNTY               |
|                          | LATAH COUNTY                      | 169059 ID              | LEMHI COUNTY                    | 169053 ID<br>169061 ID | LEWIS COUNTY                  |
|                          | LINCOLN COUNTY                    | 169059 ID<br>169065 ID |                                 |                        |                               |
|                          |                                   |                        | MADISON COUNTY                  | 169067 ID              | MINIDOKA COUNTY               |
|                          | NEZ PERCE COUNTY                  | 169071 ID              | ONEIDA COUNTY                   | 169073 ID              | OWYHEE COUNTY                 |
|                          | PAYETTE COUNTY                    | 169077 ID              | POWER COUNTY                    | 169079 ID              | SHOSHONE COUNTY               |
|                          | TETON COUNTY<br>WASHINGTON COUNTY | 169083 ID              | TWIN FALLS COUNTY               | 169085 ID              | VALLEY COUNTY                 |
| ILLINOIS                 |                                   |                        |                                 |                        |                               |
|                          | ARLINGTON HTS                     |                        |                                 |                        |                               |
|                          | AURORA                            | 170522 IL              | PELIEVILLE                      | 170606 11              | DEDWAYN                       |
|                          |                                   |                        | BELLEVILLE                      | 170606 IL              | BERWYN                        |
|                          | BLOOMINGTON                       | 170690 IL              | BOLINGBROOK                     | 171218 IL              | CHAMPAIGN                     |
|                          | CHICAGO                           | 171302 IL              | CHICAGO HEIGHTS                 | 171332 IL              | CICERO                        |
|                          | DECATUR                           | 171746 IL              | DEKALB                          | 171776 IL              | DES PLAINES                   |
|                          | DOWNERS GROVE                     | 172022 IL              | EAST ST LOUIS                   | 172094 IL              | ELGIN                         |
|                          | EVANSTON                          | 173480 IL              | JOLIET                          | 173540 IL              | KANKAKEE                      |
|                          | MOLINE                            | 174734 IL              | MOUNT PROSPECT                  | 174806 IL              | NAPERVILLE                    |
|                          | NORMAL                            | 175052 IL              | NORTH CHICAGO                   | 175148 IL              | OAK LAWN                      |
|                          | OAK PARK                          | 175364 IL              | PALATINE VILLAGE                | 175520 IL              | PEKIN                         |
|                          | PEORIA                            | 175808 IL              | RANTOUL                         | 176000 IL              | ROCKFORD                      |
| 176006 IL                | ROCK ISLAND                       | 176300 IL              | SCHAUMBURG VILLAGE              | 176498 IL              | SKOKIE                        |
| 176648 IL                | SPRINGFIELD                       | 177122 IL              | URBANA                          | 177404 IL              | WAUKEGAN                      |
| 177548 IL                | WHEATON CITY                      | 179001 IL              | ADAMS COUNTY                    | 179003 IL              | ALEXANDER COUNT               |
|                          | BOND COUNTY                       | 179007 IL              | BOONE COUNTY                    | 179009 IL              | BROWN COUNTY                  |
| ·                        | BUREAU COUNTY                     | 179013 IL              | CALHOUN COUNTY                  | 179015 IL              | CARROLL COUNTY                |
|                          | CASS COUNTY                       | 179019 IL              | CHAMPAIGN COUNTY                | 179021 IL              | CHRISTIAN COUNTY              |
|                          | CLARK COUNTY                      | 179025 IL              | CLAY COUNTY                     | 179027 IL              | CLINTON COUNTY                |
|                          | COLES COUNTY                      | 179031 IL              | COOK COUNTY                     | 179027 IL<br>179033 IL | CRAWFORD COUNTY               |
|                          | CUMBERLAND                        |                        | DEKALB COUNTY                   |                        |                               |
|                          |                                   | 179037 IL              |                                 | 179039 IL              | DE WITT COUNTY                |
|                          | DOUGLAS COUNTY                    | 179043 IL              | DU PAGE COUNTY                  | 179045 IL              | EDGAR COUNTY                  |
|                          | EDWARDS COUNTY                    | 179049 IL              | EFFINGHAM COUNTY                | 179051 IL              | FAYETTE COUNTY                |
|                          | FORD COUNTY                       | 179055 IL              | FRANKLIN COUNTY                 | 179057 IL              | FULTON COUNTY                 |
|                          | GALLATIN COUNTY                   | 179061 IL              | GREENE COUNTY                   | 179063 IL              | GRUNDY COUNTY                 |
| 179065 IL                | HAMILTON COUNTY                   | 179067 IL              | HANCOCK COUNTY                  | 179069 IL              | HARDIN COUNTY                 |
| 179071 IL                | HENDERSON COUNTY                  | 179073 IL              | HENRY COUNTY                    | 179075 IL              | IROQUOIS COUNTY               |
| 100077 11                | JACKSON COUNTY                    | 179079 IL              | JASPER COUNTY                   | 179081 IL              | JEFFERSON COUNTY              |
| 179077 IL                |                                   |                        |                                 |                        |                               |
| 1/90// IL .              |                                   |                        |                                 |                        |                               |

| 179083 IL              | JERSEY COUNTY                 | 179085 IL              | JO DAVIESS COUNTY             | 179087 IL              | JOHNSON COUNTY                    |
|------------------------|-------------------------------|------------------------|-------------------------------|------------------------|-----------------------------------|
| 179089 IL              | KANE COUNTY                   | 179091 IL              | KANKAKEE COUNTY               | 179093 IL              | KENDALL COUNTY                    |
| 179095 IL              | KNOX COUNTY                   | 179097 IL              | LAKE COUNTY                   | 179099 IL              | LA SALLE COUNTY                   |
| 179101 IL              | LAWRENCE COUNTY               | 179103 IL              | LEE COUNTY                    | 179105 IL              | LIVINGSTON COUNTY                 |
| 179107 IL              | LOGAN COUNTY                  | 179109 IL              | MCDONOUGH COUNTY              | 179111 IL              | MCHENRY COUNTY                    |
| 179113 IL              | MCLEAN COUNTY                 | 179115 IL              | MACON COUNTY                  | 179117 IL              | MACOUPIN COUNTY                   |
| 179119 IL              | MADISON COUNTY                | 179121 IL              | MARION COUNTY                 | 179123 IL              | MARSHALL COUNTY                   |
| 179125 IL              | MASON COUNTY                  | 179127 IL              | MASSAC COUNTY                 | 179129 IL              | MENARD COUNTY                     |
| 179131 IL              | MERCER COUNTY                 | 179133 IL              | MONROE COUNTY                 | 179135 IL              | MONTGOMERY                        |
| 179137 IL              | MORGAN COUNTY                 | 179139 IL              | MOULTRIE COUNTY               | 179141 IL              | OGLE COUNTY                       |
| 179143 IL              | PEORIA COUNTY                 | 179145 IL              | PERRY COUNTY                  | 179147 IL              | PIATT COUNTY                      |
| 179149 IL              | PIKE COUNTY                   | 179151 IL              | POPE COUNTY                   | 179153 IL              | PULASKI COUNTY                    |
| 179155 IL              | PUTNAM COUNTY                 | 179157 IL              | RANDOLPH COUNTY               | 179159 IL              | RICHLAND COUNTY                   |
| 179161 IL              | ROCK ISLAND COUNTY            | 179163 IL              | ST CLAIR COUNTY               | 179165 IL              | SALINE COUNTY                     |
| 179167 IL              | SANGAMON COUNTY               | 179169 IL              | SCHUYLER COUNTY               | 179171 IL              | SCOTT COUNTY                      |
| 179173 IL              | SHELBY COUNTY                 | 179175 IL              | STARK COUNTY                  | 179177 IL              | STEPHENSON COUNTY                 |
| 179179 IL              | TAZEWELL COUNTY               | 179181 IL              | UNION COUNTY                  | 179183 IL              | VERMILION COUNTY                  |
| 179185 IL              | WABASH COUNTY                 | 179187 IL              | WARREN COUNTY                 | 179189 IL              | WASHINGTON COUNTY                 |
| 179191 IL              | WAYNE COUNTY                  | 179193 IL              | WHITE COUNTY                  | 179195 IL              | WHITESIDE COUNTY                  |
| 179197 IL              | WILL COUNTY                   | 179199 IL              | WILLIAMSON COUNTY             | 179201 IL              | WINNEBAGO COUNTY                  |
| 179203 IL              | WOODFORD COUNTY               |                        |                               |                        |                                   |
| INDIANA                |                               |                        |                               |                        |                                   |
| 180084 IN              | ANDERSON                      |                        |                               |                        |                                   |
| 180246 IN              | BLOOMINGTON                   | 180846 IN              | EAST CHICAGO                  | 180912 IN              | ELKHART                           |
| 180954 IN              | EVANSVILLE                    | 181014 IN              | FORT WAYNE                    | 181104 IN              | GARY                              |
| 181158 IN              | GOSHEN                        | 181272 IN              | HAMMOND                       | 181404 IN              | INDIANAPOLIS                      |
| 181536 IN              | кокомо                        | 181566 IN              | LAFAYETTE                     | 181950 IN              | MISHAWAKA                         |
| 182100 IN              | MUNCIE                        | 182130 IN              | NEW ALBANY                    | 182886 IN              | SOUTH BEND                        |
| 183042 IN              | TERRE HAUTE                   | 183282 IN              | WEST LAFAYETTE                | 189001 IN              | ADAMS COUNTY                      |
| 189003 IN              | ALLEN COUNTY                  | 189005 IN              | BARTHOLOMEW                   | 189007 IN              | BENTON COUNTY                     |
| 189009 IN<br>189015 IN | BLACKFORD COUNTY              | 189011 IN              | BOONE COUNTY                  | 189013 IN              | BROWN COUNTY                      |
| 189013 IN<br>189021 IN | CARROLL COUNTY<br>CLAY COUNTY | 189017 IN<br>189023 IN | CASS COUNTY<br>CLINTON COUNTY | 189019 IN              | CLARK COUNTY                      |
| 189027 IN              | DAVIESS COUNTY                | 189023 IN<br>189029 IN | DEARBORN COUNTY               | 189025 IN<br>189031 IN | CRAWFORD COUNTY<br>DECATUR COUNTY |
| 189033 IN              | DEKALB COUNTY                 | 189025 IN              | DELAWARE COUNTY               | 189031 IN<br>189037 IN | DUBOIS COUNTY                     |
| 189039 IN              | ELKHART COUNTY                | 189041 IN              | FAYETTE COUNTY                | 189043 IN              | FLOYD COUNTY                      |
| 189045 IN              | FOUNTAIN COUNTY               | 189047 IN              | FRANKLIN COUNTY               | 189049 IN              | FULTON COUNTY                     |
| 189051 IN              | GIBSON COUNTY                 | 189053 IN              | GRANT COUNTY                  | 189055 IN              | GREENE COUNTY                     |
| 189057 IN              | HAMILTON COUNTY               | 189059 IN              | HANCOCK COUNTY                | 189061 IN              | HARRISON COUNTY                   |
| 189063 IN              | HENDRICKS COUNTY              | 189065 IN              | HENRY COUNTY                  | 189067 IN              | HOWARD COUNTY                     |
| 189069 IN              | HUNTINGTON COUNTY             | 189071 IN              | JACKSON COUNTY                | 189073 IN              | JASPER COUNTY                     |
| 189075 IN              | JAY COUNTY                    | 189077 IN              | JEFFERSON COUNTY              | 189079 IN              | JENNINGS COUNTY                   |
| 189081 IN              | JOHNSON COUNTY                | 189083 IN              | KNOX COUNTY                   | 189085 IN              | KOSCIUSKO COUNTY                  |
| 189087 IN              | LAGRANGE COUNTY               | 189089 IN              | LAKE COUNTY                   | 189091 IN              | LAPORTE COUNTY                    |
| 189093 IN              | LAWRENCE COUNTY               | 189095 IN              | MADISON COUNTY                | 189099 IN              | MARSHALL COUNTY                   |
| 189101 IN              | MARTIN COUNTY                 | 189103 IN              | MIAMI COUNTY                  | 189105 IN              | MONROE COUNTY                     |
| 189107 IN              | MONTGOMERY                    | 189109 IN              | MORGAN COUNTY                 | 189111 IN              | NEWTON COUNTY                     |
| 189113 IN              | NOBLE COUNTY                  | 189115 IN              | OHIO COUNTY                   | 189117 IN              | ORANGE COUNTY                     |
| 189119 IN              | OWEN COUNTY                   | 189121 IN              | PARKE COUNTY                  | 189123 IN              | PERRY COUNTY                      |
| 189125 IN              | PIKE COUNTY                   | 189127 IN              | PORTER COUNTY                 | 189129 IN              | POSEY COUNTY                      |
| 189131 IN<br>189137 IN | PULASKI COUNTY                | 189133 IN              | PUTNAM COUNTY                 | 189135 IN              | RANDOLPH COUNTY                   |
| 189137 IN<br>189143 IN | RIPLEY COUNTY<br>SCOTT COUNTY | 189139 IN<br>189145 IN | RUSH COUNTY<br>SHELBY COUNTY  | 189141 IN<br>189147 IN | ST. JOSEPH COUNTY                 |
| 189149 IN              | STARKE COUNTY                 | 189151 IN              | STEUBEN COUNTY                | 189147 IN<br>189153 IN | SPENCER COUNTY<br>SULLIVAN COUNTY |
| 189155 IN              | SWITZERLAND                   | 189157 IN              | TIPPECANOE COUNTY             | 189155 IN<br>189159 IN | TIPTON COUNTY                     |
| 189161 IN              | UNION COUNTY                  | 189163 IN              | VANDERBURGH                   | 189165 IN              | VERMILLION COUNTY                 |
| -07101 41              |                               | 10/100 114             |                               | 10/105 114             |                                   |

| 2171 | 5 |
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|                        |                                   | <u> </u>               |                                 |                        |                               |
|------------------------|-----------------------------------|------------------------|---------------------------------|------------------------|-------------------------------|
| 189167 IN              | VIGO COUNTY                       | 189169 IN              | WABASH COUNTY                   | 189171 IN              | WARREN COUNTY                 |
| 189173 IN              | WARRICK COUNTY                    | 189175 IN              | WASHINGTON COUNTY               | 189177 IN              | WAYNE COUNTY                  |
| 189179 IN              | WELLS COUNTY                      | 189181 IN              | WHITE COUNTY                    | 189183 IN              | WHITLEY COUNTY                |
| IOWA                   |                                   |                        |                                 |                        |                               |
| 190798 IA              | CEDAR FALLS                       | 190804 IA              | CEDAR RAPIDS                    | 199197 IA              | WE LOUT ON DITY               |
| 190798 IA<br>191134 IA | COUNCIL BLUFFS                    | 190804 IA<br>191254 IA |                                 |                        | WRIGHT COUNTY                 |
| 191154 IA<br>191464 IA |                                   |                        | DAVENPORT                       | 191362 IA              | DES MOINES                    |
|                        | DUBUQUE                           | 192466 IA              | IOWA CITY                       | 194812 IA              | SIOUX CITY                    |
| 195394 IA<br>199005 IA | WATERLOO                          | 199001 IA              | ADAIR COUNTY                    | 199003 IA              | ADAMS COUNTY                  |
|                        | ALLAMAKEE COUNTY                  | 199007 IA              | APPANOOSE COUNTY                | 199009 IA              | AUDUBON COUNTY                |
| 199011 IA              | BENTON COUNTY                     | 199013 IA              | BLACK HAWK COUNTY               | 199015 IA              | BOONE COUNTY                  |
| 199017 IA              | BREMER COUNTY                     | 199019 IA              | BUCHANAN COUNTY                 | 199021 IA              | BUENA VISTA COUNTY            |
| 199023 IA              | BUTLER COUNTY                     | 199025 IA              | CALHOUN COUNTY                  | 199027 IA              | CARROLL COUNTY                |
| 199029 IA              | CASS COUNTY                       | 199031 IA              | CEDAR COUNTY                    | 199033 IA              | CERRO GORDO                   |
| 199035 IA              | CHEROKEE COUNTY                   | 199037 IA              | CHICKASAW COUNTY                | 199039 IA              | CLARKE COUNTY                 |
| 199041 IA              | CLAY COUNTY                       | 199043 IA              | CLAYTON COUNTY                  | 199045 IA              | CLINTON COUNTY                |
| 199047 IA              | CRAWFORD COUNTY                   | 199049 IA              | DALLAS COUNTY                   | 199051 IA              | DAVIS COUNTY                  |
| 199053 IA              | DECATUR COUNTY                    | 199055 IA              | DELAWARE COUNTY                 | 199057 IA              | DES MOINES COUNTY             |
| 199059 IA              | DICKINSON COUNTY                  | 199061 IA              | DUBUQUE COUNTY                  | 199063 IA              | EMMET COUNTY                  |
| 199065 IA              | FAYETTE COUNTY                    | 199067 IA              | FLOYD COUNTY                    | 199069 IA              | FRANKLIN COUNTY               |
| 199071 IA              | FREMONT COUNTY                    | 199073 IA              | GREENE COUNTY                   | 199075 IA              | GRUNDY COUNTY                 |
| 199077 IA<br>199083 IA | GUTHRIE COUNTY                    | 199079 IA              | HAMILTON COUNTY                 | 199081 IA              | HANCOCK COUNTY                |
| 199085 IA<br>199089 IA | HARDIN COUNTY                     | 199085 IA              | HARRISON COUNTY                 | 199087 IA              | HENRY COUNTY                  |
| 199089 IA<br>199095 IA | HOWARD COUNTY<br>IOWA COUNTY      | 199091 IA<br>199097 IA | HUMBOLDT COUNTY                 | 199093 IA              | IDA COUNTY                    |
| 199095 IA<br>199101 IA |                                   |                        | JACKSON COUNTY                  | 199099 IA              | JASPER COUNTY                 |
| 199101 IA<br>199107 IA | JEFFERSON COUNTY<br>KEOKUK COUNTY | 199103 IA<br>199109 IA | JOHNSON COUNTY                  | 199105 IA              | JONES COUNTY                  |
| 199107 IA<br>199113 IA | LINN COUNTY                       | 199109 IA<br>199115 IA | KOSSUTH COUNTY                  | 199111 IA              | LEE COUNTY                    |
| 199119 IA              | LYON COUNTY                       | 199121 IA              | LOUISA COUNTY<br>MADISON COUNTY | 199117 IA<br>199123 IA | LUCAS COUNTY                  |
| 199119 IA<br>199125 IA | MARION COUNTY                     | 199121 IA<br>199127 IA | MARSHALL COUNTY                 | 199123 IA<br>199129 IA | MAHASKA COUNTY                |
| 199125 IA<br>199131 IA | MITCHELL COUNTY                   | 199127 IA<br>199133 IA | MONONA COUNTY                   | 199129 IA<br>199135 IA | MILLS COUNTY<br>MONROE COUNTY |
| 199137 IA              | MONTGOMERY                        | 199139 IA              | MUSCATINE COUNTY                | 199135 IA<br>199141 IA | O'BRIEN COUNTY                |
| 199143 IA              | OSCEOLA COUNTY                    | 199145 IA              | PAGE COUNTY                     | 199141 IA<br>199147 IA | PALO ALTO COUNTY              |
| 199149 IA              | PLYMOUTH COUNTY                   | 199151 IA              | POCAHONTAS COUNTY               | 199153 IA              | POLK COUNTY                   |
| 199155 IA              | POTTAWATTAMIE                     | 199157 IA              | POWESHIEK COUNTY                | 199159 IA              | RINGGOLD COUNTY               |
| 199161 IA              | SAC COUNTY                        | 199163 IA              | SCOTT COUNTY                    | 199165 IA              | SHELBY COUNTY                 |
| 199167 IA              | SIOUX COUNTY                      | 199169 IA              | STORY COUNTY                    | 199171 IA              | TAMA COUNTY                   |
| 199173 IA              | TAYLOR COUNTY                     | 199175 IA              | UNION COUNTY                    | 199177 IA              | VAN BUREN COUNTY              |
| 199179 IA              | WAPELLO COUNTY                    | 199181 IA              | WARREN COUNTY                   | 199183 IA              | WASHINGTON COUNTY             |
| 199185 IA              | WAYNE COUNTY                      | 199187 IA              | WEBSTER COUNTY                  | 199189 IA              | WINNEBAGO COUNTY              |
| 199191 IA              | WINNESHIEK COUNTY                 | 199193 IA              | WOODBURY COUNTY                 | 199195 IA              | WORTH COUNTY                  |
|                        |                                   |                        |                                 |                        |                               |
| KANSAS                 | VANDA COMPL                       |                        |                                 |                        |                               |
| 201776 KS              | KANSAS CITY                       | 001000 775             |                                 |                        |                               |
| 201902 KS              | LAWRENCE                          | 201908 KS              | LEAVENWORTH                     | 202688 KS              | OVERLAND PARK                 |
| 203408 KS              | TOPEKA                            | 203696 KS              | WICHITA                         | 209001 KS              | ALLEN COUNTY                  |
| 209003 KS              | ANDERSON COUNTY                   | 209005 KS              | ATCHISON COUNTY                 | 209007 KS              | BARBER COUNTY                 |
| 209009 KS              | BARTON COUNTY                     | 209011 KS              | BOURBON COUNTY                  | 209013 KS              | BROWN COUNTY                  |
| 209015 KS              | BUTLER COUNTY                     | 209017 KS              | CHASE COUNTY                    | 209019 KS              | CHAUTAUQUA                    |
| 209021 KS              | CHEROKEE COUNTY                   | 209023 KS              | CHEYENNE COUNTY                 | 209025 KS              | CLARK COUNTY                  |
| 209027 KS              | CLAY COUNTY                       | 209029 KS              | CLOUD COUNTY                    | 209031 KS              | COFFEY COUNTY                 |
| 209033 KS              | COMANCHE COUNTY                   | 209035 KS              | COWLEY COUNTY                   | 209037 KS              | CRAWFORD COUNTY               |
| 209039 KS              | DECATUR COUNTY                    | 209041 KS              | DICKINSON COUNTY                | 209043 KS              | DONIPHAN COUNTY               |
| 209045 KS              | DOUGLAS COUNTY                    | 209047 KS              | EDWARDS COUNTY                  | 209049 KS              | ELK COUNTY                    |
| 209051 KS              | ELLIS COUNTY                      | 209053 KS              | ELLSWORTH COUNTY                | 209055 KS              | FINNEY COUNTY                 |
| 209057 KS              | FORD COUNTY                       | 209059 KS              | FRANKLIN COUNTY                 | 209061 KS              | GEARY COUNTY                  |
| 209063 KS<br>209069 KS | GOVE COUNTY<br>GRAY COUNTY        | 209065 KS<br>209071 KS | GRAHAM COUNTY                   | 209067 KS              | GRANT COUNTY                  |
| 203003 NJ              | GIAT COUNTI                       | 2090/1 183             | GREELEY COUNTY                  | 209073 KS              | GREENWOOD COUNTY              |
|                        |                                   |                        |                                 |                        |                               |

| 209075 KS | HAMILTON COUNTY   | 209077 KS | HARPER COUNTY     | 209079 KS | HARVEY COUNTY   |
|-----------|-------------------|-----------|-------------------|-----------|-----------------|
| 209081 KS | HASKELL COUNTY    | 209083 KS | HODGEMAN COUNTY   | 209085 KS | JACKSON COUNTY  |
| 209087 KS | JEFFERSON COUNTY  | 209089 KS | JEWELL COUNTY     | 209091 KS | JOHNSON COUNTY  |
| 209093 KS | KEARNY COUNTY     | 209095 KS | KINGMAN COUNTY    | 209097 KS | KIOWA COUNTY    |
| 209099 KS | LABETTE COUNTY    | 209101 KS | LANE COUNTY       | 209103 KS | LEAVENWORTH     |
| 209105 KS | LINCOLN COUNTY    | 209107 KS | LINN COUNTY       | 209109 KS | LOGAN COUNTY    |
| 209111 KS | LYON COUNTY       | 209113 KS | MCPHERSON COUNTY  | 209115 KS | MARION COUNTY   |
| 209117 KS | MARSHALL COUNTY   | 209119 KS | MEADE COUNTY      | 209121 KS | MIAMI COUNTY    |
| 209123 KS | MITCHELL COUNTY   | 209125 KS | MONTGOMERY        | 209127 KS | MORRIS COUNTY   |
| 209129 KS | MORTON COUNTY     | 209131 KS | NEMAHA COUNTY     | 209133 KS | NEOSHO COUNTY   |
| 209135 KS | NESS COUNTY       | 209137 KS | NORTON COUNTY     | 209139 KS | OSAGE COUNTY    |
| 209141 KS | OSBORNE COUNTY    | 209143 KS | OTTAWA COUNTY     | 209145 KS | PAWNEE COUNTY   |
| 209147 KS | PHILLIPS COUNTY   | 209149 KS | POTTAWATOMIE      | 209151 KS | PRATT COUNTY    |
| 209153 KS | RAWLINS COUNTY    | 209155 KS | RENO COUNTY       | 209157 KS | REPUBLIC COUNTY |
| 209159 KS | RICE COUNTY       | 209161 KS | RILEY COUNTY      | 209163 KS | ROOKS COUNTY    |
| 209165 KS | RUSH COUNTY       | 209167 KS | RUSSELL COUNTY    | 209169 KS | SALINE COUNTY   |
| 209171 KS | SCOTT COUNTY      | 209173 KS | SEDGWICK COUNTY   | 209175 KS | SEWARD COUNTY   |
| 209177 KS | SHAWNEE COUNTY    | 209179 KS | SHERIDAN COUNTY   | 209181 KS | SHERMAN COUNTY  |
| 209183 KS | SMITH COUNTY      | 209185 KS | STAFFORD COUNTY   | 209187 KS | STANTON COUNTY  |
| 209189 KS | STEVENS COUNTY    | 209191 KS | SUMNER COUNTY     | 209193 KS | THOMAS COUNTY   |
| 209195 KS | TREGO COUNTY      | 209197 KS | WABAUNSEE COUNTY  | 209199 KS | WALLACE COUNTY  |
| 209201 KS | WASHINGTON COUNTY | 209203 KS | WICHITA COUNTY    | 209205 KS | WILSON COUNTY   |
| 209207 KS | WOODSON COUNTY    | 209209 KS | WYANDOTTE COUNTY  |           |                 |
|           |                   |           |                   |           |                 |
| KENTUCK   |                   |           |                   |           |                 |
| 210048 KY | ASHLAND           | 210534 KY | COVINGTON         |           | HENDERSON       |
|           | HOPKINSVILLE      | 211314 KY | LEXINGTON-FAYETTE | 211374 KY |                 |
| 211680 KY | OWENSBORO         | 219001 KY |                   | 219003 KY |                 |
| 219005 KY |                   |           | BALLARD COUNTY    |           | BARREN COUNTY   |
|           | BATH COUNTY       | 219013 KY |                   | 219015 KY |                 |
|           | BOURBON COUNTY    |           | BOYD COUNTY       | 219021 KY |                 |
| 219023 KY | BRACKEN COUNTY    |           | BREATHITT COUNTY  | 219027 KY |                 |
|           | BULLITT COUNTY    | 219031 KY |                   | 219033 KY |                 |
|           | CALLOWAY COUNTY   | 219037 KY |                   | 219039 KY |                 |
|           | CARROLL COUNTY    |           | CARTER COUNTY     | 219045 KY |                 |
|           | CHRISTIAN COUNTY  |           | CLARK COUNTY      | 219051 KY |                 |
|           | CLINTON COUNTY    | 219055 KY | CRITTENDEN COUNTY | 219057 KY |                 |
|           | DAVIESS COUNTY    |           | EDMONSON COUNTY   |           | ELLIOTT COUNTY  |
|           | ESTILL COUNTY     | 219069 KY |                   | 219071 KY |                 |
|           | FRANKLIN COUNTY   | 219075 KY |                   | 219077 KY |                 |
|           | GARRARD COUNTY    | 219081 KY |                   | 219083 KY |                 |
|           | GRAYSON COUNTY    | 219087 KY |                   | 219089 KY |                 |
|           | HANCOCK COUNTY    |           | HARDIN COUNTY     | 219095 KY |                 |
|           | HARRISON COUNTY   | 219099 KY | HART COUNTY       | 219101 KY |                 |
|           | HENRY COUNTY      | 219105 KY |                   |           | HOPKINS COUNTY  |
|           | JACKSON COUNTY    | 219111 KY |                   | 219113 KY |                 |
|           | JOHNSON COUNTY    | 219117 KY | KENTON COUNTY     | 219119 KY |                 |
|           | KNOX COUNTY       |           | LARUE COUNTY      |           | LAUREL COUNTY   |
|           | LAWRENCE COUNTY   | 219129 KY |                   |           | LESLIE COUNTY   |
|           | LETCHER COUNTY    |           |                   |           | LINCOLN COUNTY  |
|           | LIVINGSTON COUNTY | 219141 KY |                   |           | LYON COUNTY     |
|           | MCCRACKEN COUNTY  | 219147 KY |                   | 219149 KY |                 |
|           | MADISON COUNTY    | 219153 KY |                   | 219155 KY |                 |
| 219157 KY | MARSHALL COUNTY   | 219159 KY | MARTIN COUNTY     | 219161 KY | MASON COUNTY    |
|           |                   | 219165 KY | MENIFEE COUNTY    | 219167 KY | MERCER COUNTY   |
| 219169 KY | METCALFE COUNTY   | 219171 KY | MONROE COUNTY     | 219173 KY | MONTGOMERY      |

| 219175 KY                       | MORGAN COUNTY        | 219177 | KY    | MUHLENBERG         | 219179 | KY  | NELSON COUNTY       |
|---------------------------------|----------------------|--------|-------|--------------------|--------|-----|---------------------|
|                                 | NICHOLAS COUNTY      | 219183 |       | OHIO COUNTY        |        |     | OLDHAM COUNTY       |
|                                 |                      |        |       |                    |        |     |                     |
|                                 | OWEN COUNTY          | 219189 |       |                    |        |     | PENDLETON COUNTY    |
|                                 | PERRY COUNTY         |        |       | PIKE COUNTY        |        |     | POWELL COUNTY       |
| 219199 KY                       | PULASKI COUNTY       | 219201 | ΚY    | ROBERTSON COUNTY   | 219203 | KY  | ROCKCASTLE COUNTY   |
|                                 | ROWAN COUNTY         |        |       | RUSSELL COUNTY     |        |     | SCOTT COUNTY        |
|                                 | SHELBY COUNTY        | 219213 |       |                    |        |     | SPENCER COUNTY      |
|                                 |                      |        |       |                    |        |     |                     |
|                                 | TAYLOR COUNTY        | 219219 |       |                    |        |     | TRIGG COUNTY        |
| 219223 KY                       | TRIMBLE COUNTY       | 219225 | KΥ    | UNION COUNTY       | 219227 | KΥ  | WARREN COUNTY       |
| 219229 KY                       | WASHINGTON COUNTY    | 219231 | KΥ    | WAYNE COUNTY       | 219233 | KY  | WEBSTER COUNTY      |
| 219235 KY                       | WHITLEY COUNTY       | 219237 | KΥ    | WOLFE COUNTY       |        |     | WOODFORD COUNTY     |
| <i><b>MI</b>/<b>M</b>00 III</i> |                      | 21/201 | 17.1  | NOME COONT         | 217257 | K I | WOODFORD COUNTY     |
| T OTHORAD                       |                      |        |       |                    |        |     |                     |
| LOUISIAN                        |                      |        |       |                    |        |     |                     |
|                                 | ALEXANDRIA           | 220126 | LA    | BATON ROUGE        |        |     |                     |
| 220192 LA                       | BOSSIER CITY         | 220828 | LA    | HOUMA-TERREBONNE   | 220924 | LA  | KENNER              |
| 220954 LA                       | LAFAYETTE-LAFAYET    |        |       | LAKE CHARLES       |        |     | MONROE              |
|                                 | NEW ORLEANS          |        |       | SHREVEPORT         |        |     | SLIDELL             |
|                                 |                      |        |       |                    |        |     |                     |
|                                 | THIBODAUX            |        |       | ACADIA PARISH      |        |     | ALLEN PARISH        |
| 229005 LA                       | ASCENSION PARISH     | 229007 | LA    | ASSUMPTION PARISH  | 229009 | LA  | AVOYELLES PARISH    |
| 229011 LA                       | BEAUREGARD PARISH    | 229013 | LA    | BIENVILLE PARISH   | 229015 | LA  | BOSSIER PARISH      |
|                                 | CADDO PARISH         |        |       | CALCASIEU PARISH   |        |     | CALDWELL PARISH     |
|                                 | CAMERON PARISH       |        |       | CATAHOULA PARISH   |        |     |                     |
|                                 |                      |        |       |                    |        |     | CLAIBORNE PARISH    |
|                                 | CONCORDIA PARISH     |        |       | DE SOTO PARISH     |        |     | EAST CARROLL PARISH |
| 229037 LA                       | EAST FELICIANA       | 229039 | LA    | EVANGELINE PARISH  | 229041 | LA  | FRANKLIN PARISH     |
| 229043 LA                       | GRANT PARISH         | 229045 | LA    | IBERIA PARISH      | 229047 | LA  | IBERVILLE PARISH    |
| 229049 LA                       | JACKSON PARISH       | 229051 | LA    | JEFFERSON PARISH   |        |     | JEFFERSON DAVIS     |
|                                 | LAFOURCHE PARISH     |        |       | LA SALLE PARISH    |        |     | LINCOLN PARISH      |
|                                 |                      |        |       |                    |        |     |                     |
|                                 | LIVINGSTON PARISH    |        |       | MADISON PARISH     |        |     | MOREHOUSE PARISH    |
| 229069 LA                       | NATCHITOCHES         | 229073 | LA    | OUACHITA PARISH    | 229075 | LA  | PLAQUEMINES PARISH  |
| 229077 LA                       | POINTE COUPEE        | 229079 | LA    | RAPIDES PARISH     | 229081 | LA  | RED RIVER PARISH    |
| 229083 LA                       | RICHLAND PARISH      | 229085 | LA    | SABINE PARISH      |        |     | ST. BERNARD PARISH  |
|                                 | ST. CHARLES PARISH   |        |       | ST. HELENA PARISH  |        |     | ST. JAMES PARISH    |
|                                 |                      |        |       |                    |        |     |                     |
|                                 | ST. JOHN THE BAPTIST |        |       | ST. LANDRY PARISH  |        |     | ST. MARTIN PARISH   |
|                                 | ST. MARY PARISH      | 229103 | LA    | ST. TAMMANY PARISH | 229105 | LA  | TANGIPAHOA PARISH   |
| 229107 LA                       | TENSAS PARISH        | 229111 | LA    | UNION PARISH       | 229113 | LA  | VERMILION PARISH    |
| 229115 LA                       | VERNON PARISH        | 229117 | I.A   | WASHINGTON PARISH  |        |     | WEBSTER PARISH      |
|                                 | WEST BATON ROUGE     |        |       | WEST CARROLL       |        |     |                     |
|                                 |                      | 229123 | LA    | WEST CARROLL       | 229125 | LA  | WEST FELICIANA      |
| 229127 LA                       | WINN PARISH          |        |       |                    |        |     |                     |
|                                 |                      |        |       |                    |        |     |                     |
| MAINE                           |                      |        |       |                    |        |     |                     |
| 230120 ME                       | AUBURN               |        |       |                    |        |     |                     |
| 230162 ME                       |                      | 231602 | MF    | LEWISTON           | 232484 | ME  | PORTLAND            |
|                                 |                      |        |       |                    |        |     |                     |
|                                 | ANDROSCOGGIN         |        |       | AROOSTOOK COUNTY   |        |     | CUMBERLAND          |
|                                 | FRANKLIN COUNTY      |        |       | HANCOCK COUNTY     |        |     | KENNEBEC COUNTY     |
| 239013 ME                       | KNOX COUNTY          | 239015 | ME    | LINCOLN COUNTY     | 239017 | ME  | OXFORD COUNTY       |
| 239019 ME                       | PENOBSCOT COUNTY     | 239021 | ME    | PISCATAQUIS COUNTY |        |     | SAGADAHOC COUNTY    |
|                                 | SOMERSET COUNTY      |        |       | WALDO COUNTY       |        |     | WASHINGTON COUNTY   |
|                                 | YORK COUNTY          | 457041 | TATE: |                    | 239029 | ME  | TASILINGTON COUNTY  |
| 237031 ME                       | I OKK COUNT I        |        |       |                    |        |     |                     |
|                                 |                      |        |       |                    |        |     |                     |
| MARYLAN                         | D                    |        |       |                    |        |     |                     |
| 240036 MD                       | ANNAPOLIS            |        |       |                    |        |     |                     |
|                                 | BALTIMORE            | 240156 | MD    | BOWIE CITY         | 240370 | MÐ  | CUMBERLAND          |
|                                 | FREDERICK            |        |       |                    |        |     |                     |
|                                 |                      |        |       | GAITHERSBURG       |        |     | HAGERSTOWN          |
|                                 | ALLEGANY COUNTY      |        |       | ANNE ARUNDEL       |        |     | BALTIMORE COUNTY    |
| 249009 MD                       | CALVERT COUNTY       | 249011 | MD    | CAROLINE COUNTY    | 249013 | MD  | CARROLL COUNTY      |
| 249015 MD                       | CECIL COUNTY         |        |       | CHARLES COUNTY     |        |     | DORCHESTER COUNTY   |
|                                 | FREDERICK COUNTY     |        |       | GARRETT COUNTY     |        |     |                     |
|                                 |                      |        |       |                    |        |     | HARFORD COUNTY      |
|                                 | HOWARD COUNTY        |        |       | KENT COUNTY        |        |     | MONTGOMERY          |
|                                 | PRINCE GEORGES       |        |       | QUEEN ANNE'S       |        |     | ST. MARY'S COUNTY   |
| 249039 MD                       | SOMERSET COUNTY      | 249041 | MD    | TALBOT COUNTY      | 249043 | MD  | WASHINGTON COUNTY   |
| 249045 MD                       | WICOMICO COUNTY      |        |       | WORCESTER COUNTY   |        |     |                     |
|                                 |                      |        |       |                    |        |     |                     |
|                                 |                      |        |       |                    |        |     |                     |
|                                 |                      |        |       |                    |        |     |                     |

| MASSACHI   | USETTS           |        |      |                                                        |        |      |                                |
|------------|------------------|--------|------|--------------------------------------------------------|--------|------|--------------------------------|
| 250078 MA  | ARLINGTON        | 250126 | MA   | ATTLEBORO                                              | 250168 | MA   | BARNSTABLE                     |
| 250282 MA  | BOSTON           | 250354 | MA   | BROCKTON                                               | 250372 | MA   | BROOKLINE                      |
|            | CAMBRIDGE        |        |      | CHICOPEE                                               |        |      | FALL RIVER                     |
|            | FITCHBURG        |        |      | FRAMINGHAM                                             |        |      | GLOUCESTER                     |
|            | HAVERHILL        |        |      | HOLYOKE                                                |        |      | LAWRENCE                       |
|            | LEOMINSTER       |        |      | LOWELL                                                 | 251302 |      |                                |
| 251230 MIT |                  |        |      | MEDFORD                                                |        |      | NEW BEDFORD                    |
| 251650 MA  |                  |        |      | NORTHAMPTON                                            |        |      | PITTSFIELD                     |
|            | PLYMOUTH         |        |      | OUINCY                                                 |        |      | SALEM                          |
|            | SOMERVILLE       |        |      | SPRINGFIELD                                            |        |      | TAUNTON                        |
|            | WALTHAM          |        |      | WESTFIELD                                              |        |      | WEYMOUTH                       |
|            | WORCESTER        |        |      | YARMOUTH                                               |        |      |                                |
|            | BERKSHIRE COUNTY |        |      | BRISTOL COUNTY                                         |        |      | BARNSTABLE COUNTY              |
|            | ESSEX COUNTY     |        |      |                                                        |        |      | DUKES COUNTY<br>HAMPDEN COUNTY |
|            |                  | 259011 | MA   | FRANKLIN COUNTY<br>MIDDLESEX COUNTY<br>PLYMOUTH COUNTY |        |      |                                |
|            | HAMPSHIRE COUNTY | 259017 | IVIA | MIDDLESEA COUNTY                                       |        |      | NANTUCKET COUNTY               |
|            | NORFOLK COUNTY   | 259023 | MA   | PLYMOUTH COUNTY                                        | 259025 | MA   | SUFFOLK COUNTY                 |
| 259027 MA  | WORCESTER COUNTY |        |      |                                                        |        |      |                                |
| MOTO       | r                |        |      |                                                        |        |      |                                |
| MICHIGAN   |                  |        |      |                                                        |        |      |                                |
|            | ANN ARBOR        | 200444 | м    | DAN OFFN                                               | 200520 | * ** | DENTRON HADDOD                 |
|            | BATTLE CREEK     |        |      | BAY CITY                                               | 260570 |      | BENTON HARBOR                  |
|            | CANTON TWP       | 261410 |      |                                                        | 261638 |      | DEARBORN                       |
|            | DEARBORN HEIGHTS |        |      | DETROIT                                                | 261848 |      | EAST LANSING                   |
|            | FARMINGTON HILLS | 262172 |      |                                                        | 262544 |      | GRAND RAPIDS                   |
|            | HOLLAND          |        |      | JACKSON                                                | 263222 |      | KALAMAZOO                      |
| 263456 MI  |                  |        |      | LINCOLN PARK                                           | 263648 |      | LIVONIA                        |
| 264086 MI  |                  | 264296 |      | MUSKEGON                                               | 264302 |      | MUSKEGON HTS                   |
|            | NORTON SHORES    |        |      | PONTIAC                                                | 264974 |      | PORTAGE                        |
|            | PORT HURON       | 265148 |      | REDFORD                                                | 265215 |      | ROCHESTER HILLS                |
|            | ROSEVILLE        |        |      | ROYAL OAK                                              | 265340 |      | SAGINAW                        |
| 265370 MI  |                  | 265664 |      | SOUTHFIELD                                             | 265814 |      | STERLING HEIGHTS               |
| 265934 MI  |                  | 266036 |      | TROY CITY                                              | 266252 |      | WARREN                         |
|            | WATERFORD        | 266378 |      | WESTLAND                                               | 266624 |      | WYOMING                        |
|            | ALCONA COUNTY    |        |      | ALGER COUNTY                                           | 269005 |      | ALLEGAN COUNTY                 |
|            | ALPENA COUNTY    | 269009 |      | ANTRIM COUNTY                                          | 269011 |      | ARENAC COUNTY                  |
|            | BARAGA COUNTY    |        |      | BARRY COUNTY                                           | 269017 |      | BAY COUNTY                     |
|            | BENZIE COUNTY    |        |      | BERRIEN COUNTY                                         | 269023 |      | BRANCH COUNTY                  |
|            | CALHOUN COUNTY   |        |      | CASS COUNTY                                            | 269029 |      | CHARLEVOIX COUNTY              |
|            | CHEBOYGAN COUNTY | 269033 |      | CHIPPEWA COUNTY                                        | 269035 |      | CLARE COUNTY                   |
|            | CLINTON COUNTY   | 269039 |      | CRAWFORD COUNTY                                        | 269041 | MI   | DELTA COUNTY                   |
|            | DICKINSON COUNTY |        |      | EATON COUNTY                                           | 269047 |      | EMMET COUNTY                   |
|            | GENESEE COUNTY   | 269051 |      | GLADWIN COUNTY                                         | 269053 |      | GOGEBIC COUNTY                 |
| 269055 MI  | GRAND TRAVERSE   | 269057 | MI   | GRATIOT COUNTY                                         | 269059 | MI   | HILLSDALE COUNTY               |
| 269061 MI  | HOUGHTON COUNTY  | 269063 |      | HURON COUNTY                                           | 269065 | ΜI   | INGHAM COUNTY                  |
| 269067 MI  | IONIA COUNTY     | 269069 | MI   | IOSCO COUNTY                                           | 269071 | MI   | IRON COUNTY                    |
| 269073 MI  | ISABELLA COUNTY  | 269075 | MI   | JACKSON COUNTY                                         | 269077 | MI   | KALAMAZOO COUNTY               |
| 269079 MI  | KALKASKA COUNTY  | 269081 | MI   | KENT COUNTY                                            | 269083 | MI   | KEWEENAW COUNTY                |
| 269085 MI  | LAKE COUNTY      | 269087 | MI   | LAPEER COUNTY                                          | 269089 | MI   | LEELANAU COUNTY                |
| 269091 MI  | LENAWEE COUNTY   | 269093 | MI   | LIVINGSTON COUNTY                                      | 269095 | MI   | LUCE COUNTY                    |
| 269097 MI  | MACKINAC COUNTY  | 269099 | MI   | MACOMB COUNTY                                          | 269101 | MI   | MANISTEE COUNTY                |
| 269103 MI  | MARQUETTE COUNTY | 269105 | MI   | MASON COUNTY                                           | 269107 | MI   | MECOSTA COUNTY                 |
| 269109 MI  | MENOMINEE COUNTY | 269111 | MI   | MIDLAND COUNTY                                         | 269113 | MI   | MISSAUKEE COUNTY               |
|            | MONROE COUNTY    |        |      | MONTCALM COUNTY                                        | 269119 |      | MONTMORENCY                    |
|            | MUSKEGON COUNTY  |        |      | NEWAYGO COUNTY                                         | 269125 |      | OAKLAND COUNTY                 |
|            | OCEANA COUNTY    |        |      | OGEMAW COUNTY                                          | 269131 |      | ONTONAGON COUNTY               |
|            | OSCEOLA COUNTY   |        |      | OSCODA COUNTY                                          | 269137 |      | OTSEGO COUNTY                  |
|            | OTTAWA COUNTY    |        |      | PRESQUE ISLE COUNTY                                    | 269143 |      | ROSCOMMON COUNTY               |
|            | SAGINAW COUNTY   |        |      | ST. CLAIR COUNTY                                       | 269149 |      | ST. JOSEPH COUNTY              |
|            | STORIGATI SCOLLE |        |      | 51. OLAHA COUTTI                                       | 20/17/ |      | ST. COMMENCOULLE               |

| 269151 MI                                                                                                                                                             | SANILAC COUNTY                                                                                                                                                                                        | 269153                                                                                                               |                                                          | SCHOOLCRAFT                                                                                                                                                                          | 269155                                                                                           |                                                          | SHIAWASSEE COUNT                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 269157 MI                                                                                                                                                             | TUSCOLA COUNTY                                                                                                                                                                                        | 269159                                                                                                               |                                                          | VAN BUREN COUNTY                                                                                                                                                                     | 269161                                                                                           | MI                                                       | WASHTENAW COUNT                                                                                                                                                           |
| 269163 MI                                                                                                                                                             | WAYNE COUNTY                                                                                                                                                                                          | 269165                                                                                                               | MI                                                       | WEXFORD COUNTY                                                                                                                                                                       |                                                                                                  |                                                          |                                                                                                                                                                           |
| MINNESOT                                                                                                                                                              | A                                                                                                                                                                                                     |                                                                                                                      |                                                          |                                                                                                                                                                                      |                                                                                                  |                                                          |                                                                                                                                                                           |
| 270456 MN                                                                                                                                                             | BLOOMINGTON                                                                                                                                                                                           | 270996                                                                                                               | MN                                                       | COON RAPIDS                                                                                                                                                                          | 271266                                                                                           | MN                                                       | DULUTH                                                                                                                                                                    |
| 273120 MN                                                                                                                                                             | MINNEAPOLIS                                                                                                                                                                                           | 273198                                                                                                               | MN                                                       | MOORHEAD                                                                                                                                                                             | 273768                                                                                           | MN                                                       | PLYMOUTH                                                                                                                                                                  |
| 273930 MN                                                                                                                                                             | ROCHESTER                                                                                                                                                                                             | 274104                                                                                                               | MN                                                       | ST CLOUD                                                                                                                                                                             | 274164                                                                                           | MN                                                       | ST PAUL                                                                                                                                                                   |
| 279001 MN                                                                                                                                                             | AITKIN COUNTY                                                                                                                                                                                         | 279003                                                                                                               | MN                                                       | ANOKA COUNTY                                                                                                                                                                         | 279005                                                                                           | MN                                                       | BECKER COUNTY                                                                                                                                                             |
| 279007 MN                                                                                                                                                             | BELTRAMI COUNTY                                                                                                                                                                                       |                                                                                                                      |                                                          | BENTON COUNTY                                                                                                                                                                        |                                                                                                  |                                                          | BIG STONE COUNTY                                                                                                                                                          |
|                                                                                                                                                                       | BLUE EARTH COUNTY                                                                                                                                                                                     |                                                                                                                      |                                                          | BROWN COUNTY                                                                                                                                                                         |                                                                                                  |                                                          | CARLTON COUNTY                                                                                                                                                            |
|                                                                                                                                                                       | CARVER COUNTY                                                                                                                                                                                         |                                                                                                                      |                                                          | CASS COUNTY                                                                                                                                                                          |                                                                                                  |                                                          | CHIPPEWA COUNTY                                                                                                                                                           |
|                                                                                                                                                                       | CHISAGO COUNTY                                                                                                                                                                                        |                                                                                                                      |                                                          | CLAY COUNTY                                                                                                                                                                          |                                                                                                  |                                                          | CLEARWATER                                                                                                                                                                |
|                                                                                                                                                                       | COOK COUNTY                                                                                                                                                                                           |                                                                                                                      |                                                          | COTTONWOOD                                                                                                                                                                           |                                                                                                  |                                                          | CROW WING COUNTY                                                                                                                                                          |
|                                                                                                                                                                       | DAKOTA COUNTY                                                                                                                                                                                         |                                                                                                                      |                                                          | DODGE COUNTY                                                                                                                                                                         |                                                                                                  |                                                          | DOUGLAS COUNTY                                                                                                                                                            |
|                                                                                                                                                                       | FARIBAULT COUNTY                                                                                                                                                                                      |                                                                                                                      |                                                          | FILLMORE COUNTY                                                                                                                                                                      |                                                                                                  |                                                          | FREEBORN COUNTY                                                                                                                                                           |
|                                                                                                                                                                       | GOODHUE COUNTY                                                                                                                                                                                        |                                                                                                                      |                                                          | GRANT COUNTY                                                                                                                                                                         |                                                                                                  |                                                          | HENNEPIN COUNTY                                                                                                                                                           |
|                                                                                                                                                                       | HOUSTON COUNTY                                                                                                                                                                                        |                                                                                                                      |                                                          | HUBBARD COUNTY                                                                                                                                                                       |                                                                                                  |                                                          | ISANTI COUNTY                                                                                                                                                             |
|                                                                                                                                                                       | ITASCA COUNTY                                                                                                                                                                                         |                                                                                                                      |                                                          | JACKSON COUNTY                                                                                                                                                                       |                                                                                                  |                                                          | KANABEC COUNTY                                                                                                                                                            |
|                                                                                                                                                                       | KANDIYOHI COUNTY                                                                                                                                                                                      |                                                                                                                      |                                                          | KITTSON COUNTY                                                                                                                                                                       |                                                                                                  |                                                          | KOOCHICHING                                                                                                                                                               |
|                                                                                                                                                                       |                                                                                                                                                                                                       |                                                                                                                      |                                                          | LAKE COUNTY                                                                                                                                                                          |                                                                                                  |                                                          |                                                                                                                                                                           |
|                                                                                                                                                                       | LAC QUI PARLE                                                                                                                                                                                         |                                                                                                                      |                                                          |                                                                                                                                                                                      | 279077                                                                                           |                                                          | LAKE OF THE WOODS                                                                                                                                                         |
|                                                                                                                                                                       | LE SUEUR COUNTY                                                                                                                                                                                       |                                                                                                                      |                                                          | LINCOLN COUNTY                                                                                                                                                                       |                                                                                                  |                                                          | LYON COUNTY                                                                                                                                                               |
|                                                                                                                                                                       | MCLEOD COUNTY                                                                                                                                                                                         |                                                                                                                      |                                                          | MAHNOMEN COUNTY                                                                                                                                                                      |                                                                                                  |                                                          | MARSHALL COUNTY                                                                                                                                                           |
|                                                                                                                                                                       | MARTIN COUNTY                                                                                                                                                                                         |                                                                                                                      |                                                          | MEEKER COUNTY                                                                                                                                                                        |                                                                                                  |                                                          | MILLE LACS COUNTY                                                                                                                                                         |
|                                                                                                                                                                       | MORRISON COUNTY                                                                                                                                                                                       |                                                                                                                      |                                                          | MOWER COUNTY                                                                                                                                                                         |                                                                                                  |                                                          | MURRAY COUNTY                                                                                                                                                             |
|                                                                                                                                                                       | NICOLLET COUNTY                                                                                                                                                                                       |                                                                                                                      |                                                          | NOBLES COUNTY                                                                                                                                                                        |                                                                                                  |                                                          | NORMAN COUNTY                                                                                                                                                             |
|                                                                                                                                                                       | OLMSTED COUNTY                                                                                                                                                                                        |                                                                                                                      |                                                          | OTTER TAIL COUNTY                                                                                                                                                                    |                                                                                                  |                                                          | PENNINGTON COUNT                                                                                                                                                          |
|                                                                                                                                                                       | PINE COUNTY                                                                                                                                                                                           |                                                                                                                      |                                                          | PIPESTONE COUNTY                                                                                                                                                                     |                                                                                                  |                                                          | POLK COUNTY                                                                                                                                                               |
|                                                                                                                                                                       | POPE COUNTY                                                                                                                                                                                           |                                                                                                                      |                                                          | RAMSEY COUNTY                                                                                                                                                                        |                                                                                                  |                                                          | RED LAKE COUNTY                                                                                                                                                           |
|                                                                                                                                                                       | REDWOOD COUNTY                                                                                                                                                                                        |                                                                                                                      |                                                          | RENVILLE COUNTY                                                                                                                                                                      |                                                                                                  |                                                          | RICE COUNTY                                                                                                                                                               |
|                                                                                                                                                                       | ROCK COUNTY                                                                                                                                                                                           |                                                                                                                      |                                                          | ROSEAU COUNTY                                                                                                                                                                        |                                                                                                  |                                                          | ST LOUIS COUNTY                                                                                                                                                           |
|                                                                                                                                                                       | SCOTT COUNTY                                                                                                                                                                                          |                                                                                                                      |                                                          | SHERBURNE COUNTY                                                                                                                                                                     |                                                                                                  |                                                          | SIBLEY COUNTY                                                                                                                                                             |
|                                                                                                                                                                       | STEARNS COUNTY                                                                                                                                                                                        |                                                                                                                      |                                                          | STEELE COUNTY                                                                                                                                                                        |                                                                                                  |                                                          | STEVENS COUNTY                                                                                                                                                            |
|                                                                                                                                                                       | SWIFT COUNTY                                                                                                                                                                                          |                                                                                                                      |                                                          | TODD COUNTY                                                                                                                                                                          |                                                                                                  |                                                          | TRAVERSE COUNTY                                                                                                                                                           |
|                                                                                                                                                                       | WABASHA COUNTY                                                                                                                                                                                        | 279159                                                                                                               | MN                                                       | WADENA COUNTY                                                                                                                                                                        | 279161                                                                                           | MN                                                       | WASECA COUNTY                                                                                                                                                             |
| 279163 MN                                                                                                                                                             | WASHINGTON COUNTY                                                                                                                                                                                     | 279163                                                                                                               | MN                                                       | WASHINGTON COUNTY                                                                                                                                                                    | 279165                                                                                           | MN                                                       | WATONWAN COUNTY                                                                                                                                                           |
| 279167 MN                                                                                                                                                             | WILKIN COUNTY                                                                                                                                                                                         | 279169                                                                                                               | MN                                                       | WINONA COUNTY                                                                                                                                                                        | 279171                                                                                           | MN                                                       | WRIGHT COUNTY                                                                                                                                                             |
| 279173 MN                                                                                                                                                             | YELLOW MEDICINE                                                                                                                                                                                       |                                                                                                                      |                                                          |                                                                                                                                                                                      |                                                                                                  |                                                          |                                                                                                                                                                           |
| MISSISSIPP                                                                                                                                                            | I                                                                                                                                                                                                     |                                                                                                                      |                                                          |                                                                                                                                                                                      |                                                                                                  |                                                          |                                                                                                                                                                           |
| 280132 MS                                                                                                                                                             |                                                                                                                                                                                                       |                                                                                                                      |                                                          |                                                                                                                                                                                      |                                                                                                  |                                                          |                                                                                                                                                                           |
|                                                                                                                                                                       | GULFPORT                                                                                                                                                                                              | 280630                                                                                                               |                                                          | HATTIESBURG                                                                                                                                                                          | 280726                                                                                           |                                                          | JACKSON                                                                                                                                                                   |
|                                                                                                                                                                       | MOSS POINT                                                                                                                                                                                            | 281134                                                                                                               |                                                          | PASCAGOULA                                                                                                                                                                           | 289001                                                                                           |                                                          | ADAMS COUNTY                                                                                                                                                              |
| 289003 MS                                                                                                                                                             | ALCORN COUNTY                                                                                                                                                                                         | 289005                                                                                                               |                                                          | AMITE COUNTY                                                                                                                                                                         | 289007                                                                                           |                                                          | ATTALA COUNTY                                                                                                                                                             |
|                                                                                                                                                                       |                                                                                                                                                                                                       | 289011                                                                                                               | MS                                                       | BOLIVAR COUNTY                                                                                                                                                                       | 289013                                                                                           |                                                          | CALHOUN COUNTY                                                                                                                                                            |
| 289009 MS                                                                                                                                                             | BENTON COUNTY                                                                                                                                                                                         |                                                                                                                      |                                                          |                                                                                                                                                                                      |                                                                                                  |                                                          | OTTO OTTAXX GOT DURING                                                                                                                                                    |
| 289009 MS<br>289015 MS                                                                                                                                                | CARROLL COUNTY                                                                                                                                                                                        | 289017                                                                                                               |                                                          | CHICKASAW COUNTY                                                                                                                                                                     | 289019                                                                                           |                                                          | CHOCTAW COUNTY                                                                                                                                                            |
| 289009 MS<br>289015 MS<br>289021 MS                                                                                                                                   |                                                                                                                                                                                                       | 289017<br>289023                                                                                                     | MS                                                       | CHICKASAW COUNTY<br>CLARKE COUNTY                                                                                                                                                    | 289019<br>289025                                                                                 |                                                          | CLAY COUNTY                                                                                                                                                               |
| 289009 MS<br>289015 MS<br>289021 MS                                                                                                                                   | CARROLL COUNTY                                                                                                                                                                                        | 289017<br>289023                                                                                                     |                                                          |                                                                                                                                                                                      |                                                                                                  | MS                                                       | CLAY COUNTY                                                                                                                                                               |
| 289009 MS<br>289015 MS<br>289021 MS<br>289027 MS                                                                                                                      | CARROLL COUNTY<br>CLAIBORNE COUNTY                                                                                                                                                                    | 289017<br>289023                                                                                                     | MS<br>MS                                                 | CLARKE COUNTY                                                                                                                                                                        | 289025<br>289031                                                                                 | MS<br>MS                                                 |                                                                                                                                                                           |
| 289009 MS<br>289015 MS<br>289021 MS<br>289027 MS<br>289033 MS                                                                                                         | CARROLL COUNTY<br>CLAIBORNE COUNTY<br>COAHOMA COUNTY                                                                                                                                                  | 289017<br>289023<br>289029<br>289035                                                                                 | MS<br>MS                                                 | CLARKE COUNTY<br>COPIAH COUNTY                                                                                                                                                       | 289025<br>289031                                                                                 | MS<br>MS<br>MS                                           | CLAY COUNTY<br>COVINGTON COUNTY                                                                                                                                           |
| 289009 MS<br>289015 MS<br>289021 MS<br>289027 MS<br>289033 MS<br>289039 MS                                                                                            | CARROLL COUNTY<br>CLAIBORNE COUNTY<br>COAHOMA COUNTY<br>DESOTO COUNTY                                                                                                                                 | 289017<br>289023<br>289029<br>289035                                                                                 | MS<br>MS<br>MS<br>MS                                     | CLARKE COUNTY<br>COPIAH COUNTY<br>FORREST COUNTY                                                                                                                                     | 289025<br>289031<br>289037                                                                       | MS<br>MS<br>MS<br>MS                                     | CLAY COUNTY<br>COVINGTON COUNTY<br>FRANKLIN COUNTY                                                                                                                        |
| 289009 MS<br>289015 MS<br>289021 MS<br>289027 MS<br>289033 MS<br>289039 MS<br>289035 MS                                                                               | CARROLL COUNTY<br>CLAIBORNE COUNTY<br>COAHOMA COUNTY<br>DESOTO COUNTY<br>GEORGE COUNTY                                                                                                                | 289017<br>289023<br>289029<br>289035<br>289041<br>289047                                                             | MS<br>MS<br>MS<br>MS                                     | CLARKE COUNTY<br>COPIAH COUNTY<br>FORREST COUNTY<br>GREENE COUNTY                                                                                                                    | 289025<br>289031<br>289037<br>289043                                                             | MS<br>MS<br>MS<br>MS<br>MS                               | CLAY COUNTY<br>COVINGTON COUNTY<br>FRANKLIN COUNTY<br>GRENADA COUNTY                                                                                                      |
| 289009 MS<br>289015 MS<br>289021 MS<br>289027 MS<br>289033 MS<br>289039 MS<br>289045 MS<br>289051 MS                                                                  | CARROLL COUNTY<br>CLAIBORNE COUNTY<br>COAHOMA COUNTY<br>DESOTO COUNTY<br>GEORGE COUNTY<br>HANCOCK COUNTY<br>HOLMES COUNTY                                                                             | 289017<br>289023<br>289029<br>289035<br>289041<br>289047                                                             | MS<br>MS<br>MS<br>MS<br>MS<br>MS                         | CLARKE COUNTY<br>COPIAH COUNTY<br>FORREST COUNTY<br>GREENE COUNTY<br>HARRISON COUNTY                                                                                                 | 289025<br>289031<br>289037<br>289043<br>289049                                                   | MS<br>MS<br>MS<br>MS<br>MS<br>MS                         | CLAY COUNTY<br>COVINGTON COUNTY<br>FRANKLIN COUNTY<br>GRENADA COUNTY<br>HINDS COUNTY                                                                                      |
| 289009 MS<br>289015 MS<br>289021 MS<br>289027 MS<br>289033 MS<br>289039 MS<br>289045 MS<br>289051 MS<br>289057 MS                                                     | CARROLL COUNTY<br>CLAIBORNE COUNTY<br>COAHOMA COUNTY<br>DESOTO COUNTY<br>GEORGE COUNTY<br>HANCOCK COUNTY<br>HOLMES COUNTY<br>ITAWAMBA COUNTY                                                          | 289017<br>289023<br>289029<br>289035<br>289041<br>289047<br>289053<br>289059                                         | MS<br>MS<br>MS<br>MS<br>MS<br>MS                         | CLARKE COUNTY<br>COPIAH COUNTY<br>FORREST COUNTY<br>GREENE COUNTY<br>HARRISON COUNTY<br>HUMPHREYS COUNTY<br>JACKSON COUNTY                                                           | 289025<br>289031<br>289037<br>289043<br>289049<br>289055<br>289061                               | MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS                   | CLAY COUNTY<br>COVINGTON COUNTY<br>FRANKLIN COUNTY<br>GRENADA COUNTY<br>HINDS COUNTY<br>ISSAQUENA COUNTY<br>JASPER COUNTY                                                 |
| 289009 MS<br>289015 MS<br>289021 MS<br>289027 MS<br>289033 MS<br>289039 MS<br>289045 MS<br>289045 MS<br>289057 MS<br>289063 MS                                        | CARROLL COUNTY<br>CLAIBORNE COUNTY<br>COAHOMA COUNTY<br>DESOTO COUNTY<br>GEORGE COUNTY<br>HANCOCK COUNTY<br>HOLMES COUNTY<br>ITAWAMBA COUNTY<br>JEFFERSON COUNTY                                      | 289017<br>289023<br>289029<br>289035<br>289041<br>289047<br>289053<br>289059<br>289059                               | MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS                   | CLARKE COUNTY<br>COPIAH COUNTY<br>FORREST COUNTY<br>GREENE COUNTY<br>HARRISON COUNTY<br>HUMPHREYS COUNTY<br>JACKSON COUNTY<br>JEFFERSON DAVIS                                        | 289025<br>289031<br>289037<br>289043<br>289049<br>289055<br>289061<br>289067                     | MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS             | CLAY COUNTY<br>COVINGTON COUNTY<br>FRANKLIN COUNTY<br>GRENADA COUNTY<br>HINDS COUNTY<br>ISSAQUENA COUNTY<br>JASPER COUNTY<br>JONES COUNTY                                 |
| 289009 MS<br>289015 MS<br>289021 MS<br>289027 MS<br>289027 MS<br>289033 MS<br>289039 MS<br>289045 MS<br>289057 MS<br>289057 MS<br>289063 MS                           | CARROLL COUNTY<br>CLAIBORNE COUNTY<br>COAHOMA COUNTY<br>DESOTO COUNTY<br>GEORGE COUNTY<br>HANCOCK COUNTY<br>HOLMES COUNTY<br>ITAWAMBA COUNTY<br>JEFFERSON COUNTY<br>KEMPER COUNTY                     | 289017<br>289023<br>289029<br>289035<br>289041<br>289047<br>289053<br>289059<br>289065<br>289071                     | MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS             | CLARKE COUNTY<br>COPIAH COUNTY<br>FORREST COUNTY<br>GREENE COUNTY<br>HARRISON COUNTY<br>HUMPHREYS COUNTY<br>JACKSON COUNTY<br>JEFFERSON DAVIS<br>LAFAYETTE COUNTY                    | 289025<br>289031<br>289037<br>289043<br>289049<br>289055<br>289061<br>289067<br>289073           | MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS       | CLAY COUNTY<br>COVINGTON COUNTY<br>FRANKLIN COUNTY<br>GRENADA COUNTY<br>HINDS COUNTY<br>ISSAQUENA COUNTY<br>JASPER COUNTY<br>JONES COUNTY<br>LAMAR COUNTY                 |
| 289009 MS<br>289015 MS<br>289021 MS<br>289027 MS<br>289033 MS<br>289039 MS<br>289045 MS<br>289051 MS<br>289057 MS<br>289063 MS<br>289063 MS<br>289069 MS              | CARROLL COUNTY<br>CLABORNE COUNTY<br>COAHOMA COUNTY<br>DESOTO COUNTY<br>GEORGE COUNTY<br>HANCOCK COUNTY<br>HOLMES COUNTY<br>ITAWAMBA COUNTY<br>JEFFERSON COUNTY<br>KEMPER COUNTY<br>LAUDERDALE COUNTY | 289017<br>289023<br>289029<br>289035<br>289041<br>289047<br>289059<br>289059<br>289055<br>289071<br>289077           | MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS       | CLARKE COUNTY<br>COPIAH COUNTY<br>FORREST COUNTY<br>GREENE COUNTY<br>HARRISON COUNTY<br>HUMPHREYS COUNTY<br>JACKSON COUNTY<br>JEFFERSON DAVIS<br>LAFAYETTE COUNTY<br>LAWRENCE COUNTY | 289025<br>289031<br>289037<br>289043<br>289049<br>289055<br>289061<br>289067<br>289073<br>289079 | MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS       | CLAY COUNTY<br>COVINGTON COUNTY<br>FRANKLIN COUNTY<br>GRENADA COUNTY<br>HINDS COUNTY<br>ISSAQUENA COUNTY<br>JASPER COUNTY<br>JONES COUNTY<br>LAMAR COUNTY<br>LEAKE COUNTY |
| 289009 MS<br>289015 MS<br>289021 MS<br>289027 MS<br>289033 MS<br>289035 MS<br>289045 MS<br>289057 MS<br>289057 MS<br>289063 MS<br>289069 MS<br>289075 MS<br>289075 MS | CARROLL COUNTY<br>CLAIBORNE COUNTY<br>COAHOMA COUNTY<br>DESOTO COUNTY<br>GEORGE COUNTY<br>HANCOCK COUNTY<br>HOLMES COUNTY<br>ITAWAMBA COUNTY<br>JEFFERSON COUNTY<br>KEMPER COUNTY                     | 289017<br>289023<br>289029<br>289035<br>289041<br>289047<br>289059<br>289059<br>289059<br>289055<br>289071<br>289077 | MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS | CLARKE COUNTY<br>COPIAH COUNTY<br>FORREST COUNTY<br>GREENE COUNTY<br>HARRISON COUNTY<br>HUMPHREYS COUNTY<br>JACKSON COUNTY<br>JEFFERSON DAVIS<br>LAFAYETTE COUNTY                    | 289025<br>289031<br>289037<br>289043<br>289049<br>289055<br>289061<br>289067<br>289073           | MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS<br>MS | CLAY COUNTY<br>COVINGTON COUNTY<br>FRANKLIN COUNTY<br>GRENADA COUNTY<br>HINDS COUNTY<br>ISSAQUENA COUNTY<br>JASPER COUNTY<br>JONES COUNTY<br>LAMAR COUNTY                 |

| 289099 MS  | NESHOBA COUNTY                                | 289101 | MS    | NEWTON COUNTY                                                                                                                                                                                    | 289103           | MS    | NOXUBEE COUNTY                   |
|------------|-----------------------------------------------|--------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------|----------------------------------|
| 289105 MS  | OKTIBBEHA COUNTY                              | 289107 | MS    | PANOLA COUNTY                                                                                                                                                                                    | 289109           | MS    | PEARL RIVER COUNTY               |
| 289111 MS  | PERRY COUNTY                                  | 289113 | MS    | PIKE COUNTY                                                                                                                                                                                      | 289115           | MS    | PONTOTOC COUNTY                  |
| 289117 MS  | PRENTISS COUNTY                               | 289119 | MS    | QUITMAN COUNTY                                                                                                                                                                                   | 289121           | MS    | RANKIN COUNTY                    |
|            | SCOTT COUNTY                                  |        |       | SHARKEY COUNTY                                                                                                                                                                                   | 289127           | MS    | SIMPSON COUNTY                   |
|            | SMITH COUNTY                                  |        |       | STONE COUNTY                                                                                                                                                                                     | 289133           | MS    | SUNFLOWER COUNTY                 |
| 289135 MS  | TALLAHATCHIE                                  | 289137 |       | TATE COUNTY                                                                                                                                                                                      | 289139           | MS    | TIPPAH COUNTY                    |
| 289141 MS  | TISHOMINGO COUNTY<br>WALTHALL COUNTY          | 289143 |       | TUNICA COUNTY                                                                                                                                                                                    |                  |       | UNION COUNTY                     |
|            |                                               | 289149 | MS    | WARREN COUNTY                                                                                                                                                                                    |                  |       | WASHINGTON COUNTY                |
|            | WAYNE COUNTY                                  |        |       | WEBSTER COUNTY                                                                                                                                                                                   |                  |       | WILKINSON COUNTY                 |
| 289159 MS  | WINSTON COUNTY                                | 289161 | MS    | YALOBUSHA COUNTY                                                                                                                                                                                 | 289163           | MS    | YAZOO COUNTY                     |
| MISSOURI   |                                               |        |       |                                                                                                                                                                                                  |                  |       |                                  |
|            | COLUMBIA                                      | 201806 | мо    | FLORISSANT                                                                                                                                                                                       |                  |       |                                  |
|            | INDEPENDENCE                                  | 202652 | MO    | LODI IN                                                                                                                                                                                          | 202670           | мо    | KANSAS CITY                      |
|            | LEES SUMMIT                                   | 292032 | MO    | ST CHARLES                                                                                                                                                                                       |                  |       | ST JOSEPH                        |
|            | ST LOUIS                                      |        |       | ST PETERS CITY                                                                                                                                                                                   |                  |       | SPRINGFIELD                      |
|            | ADAIR COUNTY                                  |        |       | ANDREW COUNTY                                                                                                                                                                                    |                  |       | ATCHISON COUNTY                  |
|            | AUDRAIN COUNTY                                | 000000 | 110   | DADDI COUDER                                                                                                                                                                                     |                  |       | BARTON COUNTY                    |
|            | BATES COUNTY                                  | 299015 | MO    | BARRY COUNTY<br>BENTON COUNTY<br>BUCHANAN COUNTY<br>CALLAWAY COUNTY                                                                                                                              |                  |       | BOLLINGER COUNTY                 |
|            | BOONE COUNTY                                  | 299021 | MO    | BUCHANAN COUNTY                                                                                                                                                                                  |                  |       | BUTLER COUNTY                    |
|            | CALDWELL COUNTY                               | 299027 | MO    | CALLAWAY COUNTY                                                                                                                                                                                  |                  |       | CAMDEN COUNTY                    |
|            | CAPE GIRARDEAU                                | 299033 | MO    | CARROLL COUNTY                                                                                                                                                                                   |                  |       | CARTER COUNTY                    |
| 299037 MO  | CASS COUNTY                                   |        |       | CEDAR COUNTY                                                                                                                                                                                     |                  |       | CHARITON COUNTY                  |
| 299043 MO  | CHRISTIAN COUNTY                              |        |       | CLARK COUNTY                                                                                                                                                                                     |                  |       | CLAY COUNTY                      |
| 299049 MO  | CLINTON COUNTY                                |        |       | COLE COUNTY                                                                                                                                                                                      |                  |       | COOPER COUNTY                    |
| 299055 MO  | CRAWFORD COUNTY                               |        |       | DADE COUNTY                                                                                                                                                                                      |                  |       | DALLAS COUNTY                    |
| 299061 MO  | DAVIESS COUNTY                                | 299063 | мо    | DEKALB COUNTY                                                                                                                                                                                    |                  |       | DENT COUNTY                      |
|            | DOUGLAS COUNTY                                | 299069 | MO    | DUNKLIN COUNTY                                                                                                                                                                                   | 299071           | MO    | FRANKLIN COUNTY                  |
| 299073 MO  | GASCONADE COUNTY                              | 299075 | MO    | DUNKLIN COUNTY<br>GENTRY COUNTY<br>HARRISON COUNTY<br>HOLT COUNTY<br>IRON COUNTY<br>JEFFERSON COUNTY<br>LACLEDE COUNTY<br>LACLEDE COUNTY<br>LIVINGSTON COUNTY<br>MADISON COUNTY<br>MERCER COUNTY | 299077           | MO    | GREENE COUNTY                    |
|            | GRUNDY COUNTY                                 | 299081 | MO    | HARRISON COUNTY                                                                                                                                                                                  | 299083           |       | HENRY COUNTY                     |
|            | HICKORY COUNTY                                | 299087 | MO    | HOLT COUNTY                                                                                                                                                                                      | 299089           |       | HOWARD COUNTY                    |
|            | HOWELL COUNTY                                 | 299093 | MO    | IRON COUNTY                                                                                                                                                                                      | 299095           |       | JACKSON COUNTY                   |
| 299097 MO  | JASPER COUNTY                                 | 299099 | MO    | JEFFERSON COUNTY                                                                                                                                                                                 | 299101           |       | JOHNSON COUNTY                   |
| 299103 MO  | KNOX COUNTY<br>LAWRENCE COUNTY<br>LINN COUNTY | 299105 | MO    | LACLEDE COUNTY                                                                                                                                                                                   | 299107           |       | LAFAYETTE COUNTY                 |
| 299109 MO  | LAWRENCE COUNTY                               | 299111 | MO    | LEWIS COUNTY                                                                                                                                                                                     | 299113           |       | LINCOLN COUNTY                   |
|            |                                               | 299117 | MO    | LIVINGSTON COUNTY                                                                                                                                                                                | 299119           |       | MCDONALD COUNTY                  |
|            | MACON COUNTY                                  | 299123 | MO    | MADISON COUNTY                                                                                                                                                                                   | 299125           |       | MARIES COUNTY                    |
|            | MARION COUNTY                                 |        |       |                                                                                                                                                                                                  | <b>2</b> /////// |       | MILLER COUNTY                    |
|            | MISSISSIPPI COUNTY<br>MONTGOMERY              | 299135 | MO    | MONITEAU COUNTY<br>MORGAN COUNTY                                                                                                                                                                 |                  |       | MONROE COUNTY                    |
|            | NEWTON COUNTY                                 | 299141 | MO    | NODAWAY COUNTY                                                                                                                                                                                   |                  |       | NEW MADRID COUNTY                |
|            | OSAGE COUNTY                                  |        |       | OZARK COUNTY                                                                                                                                                                                     |                  |       | OREGON COUNTY                    |
|            | PERRY COUNTY                                  |        |       | PETTIS COUNTY                                                                                                                                                                                    |                  |       | PEMISCOT COUNTY<br>PHELPS COUNTY |
|            | DIVE COUNTRY                                  | 000165 | 110   |                                                                                                                                                                                                  | 0001/0           |       | POLK COUNTY                      |
|            | PULASKI COUNTY                                | 299171 | MO    | PUTNAM COUNTY<br>PUTNAM COUNTY<br>RAY COUNTY<br>ST. CHARLES COUNTY<br>ST. FRANCOIS COUNTY<br>SCHUYLER COUNTY<br>SUANDOL COUNTY                                                                   | 299107           |       | RALLS COUNTY                     |
|            | RANDOLPH COUNTY                               | 299177 | MO    | RAY COUNTY                                                                                                                                                                                       | 200170           |       | REYNOLDS COUNTY                  |
|            | RIPLEY COUNTY                                 | 299183 | MO    | ST. CHARLES COUNTY                                                                                                                                                                               | 299185           |       | ST. CLAIR COUNTY                 |
|            | STE. GENEVIEVE                                | 299187 | MO    | ST. FRANCOIS COUNTY                                                                                                                                                                              | 299189           |       | ST LOUIS COUNTY                  |
|            | SALINE COUNTY                                 | 299197 | MO    | SCHUYLER COUNTY                                                                                                                                                                                  | 299199           |       | SCOTLAND COUNTY                  |
|            | SCOTT COUNTY                                  | 299203 | MO    | SHANNON COUNTY                                                                                                                                                                                   | 299205           |       | SHELBY COUNTY                    |
|            | STODDARD COUNTY                               |        |       | STONE COUNTY                                                                                                                                                                                     |                  |       | SULLIVAN COUNTY                  |
| 299213 MO  | TANEY COUNTY                                  |        |       | TEXAS COUNTY                                                                                                                                                                                     |                  |       | VERNON COUNTY                    |
|            | WARREN COUNTY                                 | 299221 | MO    | WASHINGTON COUNTY                                                                                                                                                                                |                  |       | WAYNE COUNTY                     |
| 299225 MO  | WEBSTER COUNTY                                | 299227 | MO    | WORTH COUNTY                                                                                                                                                                                     |                  |       | WRIGHT COUNTY                    |
| MONTANA    |                                               |        |       |                                                                                                                                                                                                  |                  |       |                                  |
| 300066 MT  | BILLINGS                                      | 300242 | мт    | GREAT FALLS                                                                                                                                                                                      |                  |       |                                  |
| 300540 MT  |                                               |        |       |                                                                                                                                                                                                  | 200002           | MT    | DIG HODM COLD THE                |
|            | BLAINE COUNTY                                 |        |       | BEAVERHEAD COUNTY<br>BROADWATER                                                                                                                                                                  |                  |       | BIG HORN COUNTY                  |
|            | CARTER COUNTY                                 |        |       | CASCADE COUNTY                                                                                                                                                                                   |                  |       | CARBON COUNTY                    |
|            | CUSTER COUNTY                                 |        |       | DANIELS COUNTY                                                                                                                                                                                   |                  |       | CHOUTEAU COUNTY<br>DAWSON COUNTY |
| 505017 WIL | CONTRACTORNI I                                | 302019 | 147 E | DUMBER COONTE                                                                                                                                                                                    | 509021           | 1V1 I | DAMOUN COUNT I                   |

| 309023 MT | DEER LODGE COUNTY | 309025 | MT     | FALLON COUNTY      | 309027 | MT  | FERGUS COUNTY       |
|-----------|-------------------|--------|--------|--------------------|--------|-----|---------------------|
| 309029 MT | FLATHEAD COUNTY   | 309031 | MT     | GALLATIN COUNTY    | 309033 |     | GARFIELD COUNTY     |
| 309035 MT | GLACIER COUNTY    | 309037 | MT     | GOLDEN VALLEY      | 309039 | MT  | GRANITE COUNTY      |
| 309041 MT | HILL COUNTY       | 309043 |        |                    | 309045 |     | JUDITH BASIN COUNTY |
|           | LAKE COUNTY       |        |        | LEWIS AND CLARK    | 309051 |     | LIBERTY COUNTY      |
|           | LINCOLN COUNTY    |        |        | MCCONE COUNTY      | 309057 |     | MADISON COUNTY      |
|           | MEAGHER COUNTY    | 309061 |        |                    | 309063 |     | MISSOULA COUNTY     |
|           | MUSSELSHELL       | 309067 |        | PARK COUNTY        | 309069 |     | PETROLEUM COUNTY    |
|           | PHILLIPS COUNTY   |        |        |                    |        |     |                     |
|           |                   |        |        | PONDERA COUNTY     | 309075 |     | POWDER RIVER        |
|           | POWELL COUNTY     | 309079 |        | PRAIRIE COUNTY     | 309081 |     | RAVALLI COUNTY      |
|           | RICHLAND COUNTY   | 309085 |        | ROOSEVELT COUNTY   | 309087 |     | ROSEBUD COUNTY      |
|           | SANDERS COUNTY    | 309091 |        | SHERIDAN COUNTY    | 309093 |     | SILVER BOW COUNTY   |
|           | STILLWATER COUNTY | 309097 |        | SWEET GRASS COUNTY | 309099 |     | TETON COUNTY        |
|           | TOOLE COUNTY      | 309103 |        | TREASURE COUNTY    | 309105 |     | VALLEY COUNTY       |
| 309107 MT | WHEATLAND COUNTY  | 309109 | MT     | WIBAUX COUNTY      | 309111 | MT  | YELLOWSTONE         |
|           |                   |        |        |                    |        |     |                     |
| NEBRASKA  | A                 |        |        |                    |        |     |                     |
| 311710 NE | LINCOLN           | 312208 | NE     | OMAHA              |        |     |                     |
| 319001 NE | ADAMS COUNTY      | 319003 | NE     | ANTELOPE COUNTY    | 319005 | NE  | ARTHUR COUNTY       |
| 319007 NE | BANNER COUNTY     | 319009 | NE     | BLAINE COUNTY      | 319011 | NE  | BOONE COUNTY        |
| 319013 NE | BOX BUTTE COUNTY  | 319015 | NE     | BOYD COUNTY        | 319017 |     | BROWN COUNTY        |
| 319019 NE | BUFFALO COUNTY    | 319021 |        | BURT COUNTY        | 319023 |     | BUTLER COUNTY       |
| 319025 NE | CASS COUNTY       | 319027 |        | CEDAR COUNTY       | 319029 |     | CHASE COUNTY        |
| 319031 NE | CHERRY COUNTY     | 319033 |        | CHEYENNE COUNTY    | 319035 |     | CLAY COUNTY         |
| 319037 NE | COLFAX COUNTY     | 319039 |        | CUMING COUNTY      | 319041 |     | CUSTER COUNTY       |
| 319043 NE | DAKOTA COUNTY     | 319045 |        | DAWES COUNTY       | 319041 | NE  | DAWSON COUNTY       |
| 319049 NE | DEUEL COUNTY      | 319045 |        | DAWES COUNTY       | 319047 |     | DODGE COUNTY        |
| 319055 NE | DOUGLAS COUNTY    | 319057 | -      | DUNDY COUNTY       | 319055 | NE  |                     |
| 319053 NE | FRANKLIN COUNTY   | 319057 |        |                    |        |     | FILLMORE COUNTY     |
| 319001 NE | GAGE COUNTY       | 319063 |        | FRONTIER COUNTY    | 319065 |     | FURNAS COUNTY       |
|           |                   |        |        | GARDEN COUNTY      | 319071 |     | GARFIELD COUNTY     |
| 319073 NE | GOSPER COUNTY     | 319075 |        | GRANT COUNTY       | 319077 |     | GREELEY COUNTY      |
| 319079 NE | HALL COUNTY       | 319081 |        | HAMILTON COUNTY    | 319083 |     | HARLAN COUNTY       |
| 319085 NE | HAYES COUNTY      | 319087 |        | HITCHCOCK COUNTY   | 319089 |     | HOLT COUNTY         |
| 319091 NE | HOOKER COUNTY     | 319093 |        | HOWARD COUNTY      | 319095 |     | JEFFERSON COUNTY    |
| 319097 NE | JOHNSON COUNTY    |        | NE     | KEARNEY COUNTY     | 319101 |     | KEITH COUNTY        |
|           | KEYA PAHA COUNTY  | 319105 |        | KIMBALL COUNTY     | 319107 |     | KNOX COUNTY         |
|           | LANCASTER COUNTY  |        | NE     | LINCOLN COUNTY     | 319113 |     | LOGAN COUNTY        |
|           | LOUP COUNTY       | 319117 |        | MCPHERSON COUNTY   | 319119 |     | MADISON COUNTY      |
| 319121 NE | MERRICK COUNTY    | 319123 | NE     | MORRILL COUNTY     | 319125 | NE  | NANCE COUNTY        |
| 319127 NE | NEMAHA COUNTY     | 319129 | NE     | NUCKOLLS COUNTY    | 319131 | NE  | OTOE COUNTY         |
| 319133 NE | PAWNEE COUNTY     | 319135 | NE     | PERKINS COUNTY     | 319137 | NE  | PHELPS COUNTY       |
| 319139 NE | PIERCE COUNTY     | 319141 | NE     | PLATTE COUNTY      | 319143 | NE  | POLK COUNTY         |
| 319145 NE | RED WILLOW COUNTY | 319147 | NE     | RICHARDSON COUNTY  | 319149 | NE  | ROCK COUNTY         |
| 319151 NE | SALINE COUNTY     | 319153 | NE     | SARPY COUNTY       | 319155 | NE  | SAUNDERS COUNTY     |
| 319157 NE | SCOTTS BLUFF      | 319159 | NE '   | SEWARD COUNTY      | 319161 |     | SHERIDAN COUNTY     |
| 319163 NE | SHERMAN COUNTY    | 319165 | NE     | SIOUX COUNTY       | 319167 |     | STANTON COUNTY      |
| 319169 NE | THAYER COUNTY     | 319171 | NE     | THOMAS COUNTY      | 319173 |     | THURSTON COUNTY     |
| 319175 NE | VALLEY COUNTY     | 319177 |        | WASHINGTON COUNTY  | 319179 |     | WAYNE COUNTY        |
| 319181 NE | WEBSTER COUNTY    | 319183 |        | WHEELER COUNTY     | 319185 |     | YORK COUNTY         |
| 517101112 |                   | 517105 | 1.1121 | WHEELER COURT I    | 517155 |     | TORR CODITI         |
| NEVADA    |                   |        |        |                    |        |     |                     |
| 320096 NV | HENDERSON         | 320108 | NV     | LAS VEGAS          |        |     |                     |
| 320030 NV | NORTH LAS VEGAS   | 320108 |        | RENO               | 320156 | NIX | SDADVS              |
| 329001 NV |                   |        |        |                    |        |     | SPARKS              |
|           | CHURCHILL COUNTY  | 329003 |        | CLARK COUNTY       | 329005 |     | DOUGLAS COUNTY      |
|           | ELKO COUNTY       | 329009 |        | ESMERALDA COUNTY   | 329011 |     | EUREKA COUNTY       |
|           | HUMBOLDT COUNTY   | 329015 |        | LANDER COUNTY      |        |     | LINCOLN COUNTY      |
|           | LYON COUNTY       | 329021 |        | MINERAL COUNTY     | 329023 |     | NYE COUNTY          |
|           | PERSHING COUNTY   | 329029 |        | STOREY COUNTY      | 329031 | NV  | WASHOE COUNTY       |
| 329033 NV | WHITE PINE COUNTY | 329510 | NV     | CARSON CITY        |        |     |                     |
|           |                   |        |        |                    |        |     |                     |

|                        |                    |         | _   |                   |          |      |                   |  |  |
|------------------------|--------------------|---------|-----|-------------------|----------|------|-------------------|--|--|
| NEW HAMI               | PSHIRE             |         |     |                   |          |      |                   |  |  |
| 330378 NH              | DOVER              | 330930  | NH  | MANCHESTER        | 331026   | NH   | NASHUA            |  |  |
| 331254 NH              | PORTSMOUTH         | 331284  | NH  | ROCHESTER         | 339001   | NH   | BELKNAP COUNTY    |  |  |
|                        | CARROLL COUNTY     |         |     | CHESHIRE COUNTY   |          |      | COOS COUNTY       |  |  |
|                        | GRAFTON COUNTY     |         |     | HILLSBOROUGH      |          |      | MERRIMACK COUNTY  |  |  |
|                        | ROCKINGHAM COUNTY  |         |     | STRAFFORD COUNTY  |          |      | SULLIVAN COUNTY   |  |  |
| 559015 NH              | ROCKINGHAM COUNT I | 339017  | INT | STRAFFORD COUNT I | 339019   | 1411 | SULLIVAN COUNT I  |  |  |
|                        |                    |         |     |                   |          |      |                   |  |  |
| NEW JERSI              |                    | 0.10000 |     |                   |          |      |                   |  |  |
|                        | ASBURY PARK        | 340078  |     | ATLANTIC CITY     | A (0010  |      | DDIOU TOUDIGUID   |  |  |
| 340138 NJ              | BAYONNE            | 340246  |     | BLOOMFIELD        | 340318   |      | BRICK TOWNSHIP    |  |  |
| 340324 NJ              | BRIDGETON          | 340414  |     | CAMDEN            | 340474   |      | CHERRY HILL       |  |  |
| 340540 NJ              | CLIFTON            | 340672  |     | DOVER TOWNSHIP    | 340732   |      | EAST ORANGE       |  |  |
| 340780 NJ              | EDISON             | 340798  |     | ELIZABETH         | 341008   |      | FRANKLIN TOWNSHIP |  |  |
| 341110 NJ              | GLOUCESTER TWP     | 341206  |     | HAMILTON          | 341434   |      | IRVINGTON         |  |  |
| 341464 NJ              | JERSEY CITY        | 341566  | NJ  | LAKEWOOD          | 341716   | NJ   | LONG BRANCH       |  |  |
| 341974 NJ              | MIDDLETOWN         | 342016  | NJ  | MILLVILLE         | 342190   | NJ   | NEWARK            |  |  |
| 342196 NJ              | NEW BRUNSWICK      | 342250  | NJ  | NORTH BERGEN      | 342378   | NJ   | OLD BRIDGE        |  |  |
| 342448 NJ              | PARSIPPANY-TROYHIL | 342454  | NJ  | PASSAIC           | 342466   | NJ   | PATERSON          |  |  |
| 342532 NJ              | PERTH AMBOY        | 342886  | NJ  | SAYREVILLE        | 343216   | NJ   | TRENTON           |  |  |
| 343234 NJ              | UNION CITY         | 343252  |     | UNION             | 343330   |      | VINELAND          |  |  |
| 343438 NJ              | WAYNE TOWNSHIP     | 343624  |     | WOODBRIDGE        | 349001   |      | ATLANTIC COUNTY   |  |  |
| 349003 NJ              | BERGEN COUNTY      | 349005  |     | BURLINGTON COUNTY | 349007   |      | CAMDEN COUNTY     |  |  |
| 349009 NJ              | CAPE MAY COUNTY    | 349011  |     | CUMBERLAND        | 349013   |      | ESSEX COUNTY      |  |  |
| 349015 NJ              | GLOUCESTER COUNTY  | 349017  |     | HUDSON COUNTY     | 349019   |      | HUNTERDON COUNTY  |  |  |
| 349021 NJ              | MERCER COUNTY      | 349023  |     | MIDDLESEX COUNTY  | 349025   |      | MONMOUTH COUNTY   |  |  |
| 349021 NJ<br>349027 NJ | MORRIS COUNTY      | 349023  |     | OCEAN COUNTY      | 349023   |      | PASSAIC COUNTY    |  |  |
|                        |                    |         |     |                   |          |      | SUSSEX COUNTY     |  |  |
| 349033 NJ              | SALEM COUNTY       | 349035  |     | SOMERSET COUNTY   | 349037   | INJ  | SUSSEA COUNT I    |  |  |
| 349039 NJ              | UNION COUNTY       | 349041  | Ŋ   | WARREN COUNTY     |          |      |                   |  |  |
| NU2337 X 412327        | 60                 |         |     |                   |          |      |                   |  |  |
| NEW MEXI               |                    | 0.0000  |     | 1.44.0011000      | 0.00 470 | 100  | DIO DANGUO        |  |  |
|                        | ALBUQUERQUE        |         |     | LAS CRUCES        |          |      | RIO RANCHO        |  |  |
| 350534 NM              |                    |         |     | BERNALILLO COUNTY |          |      | CATRON COUNTY     |  |  |
|                        | CHAVES COUNTY      |         |     | CIBOLA COUNTY     |          |      | COLFAX COUNTY     |  |  |
|                        | CURRY COUNTY       |         |     | DE BACA COUNTY    |          |      | DONA ANA COUNTY   |  |  |
|                        | EDDY COUNTY        |         |     | GRANT COUNTY      |          |      | GUADALUPE COUNTY  |  |  |
| 359021 NM              | HARDING COUNTY     | 359023  | NM  | HIDALGO COUNTY    | 359025   | NM   | LEA COUNTY        |  |  |
|                        | LINCOLN COUNTY     |         |     | LOS ALAMOS COUNTY |          |      | LUNA COUNTY       |  |  |
| 359031 NM              | MCKINLEY COUNTY    | 359033  | NM  | MORA COUNTY       |          |      | OTERO COUNTY      |  |  |
| 359037 NM              | QUAY COUNTY        | 359039  | NM  | RIO ARRIBA COUNTY | 359041   | NM   | ROOSEVELT COUNTY  |  |  |
| 359043 NM              | SANDOVAL COUNTY    | 359045  | NM  | SAN JUAN COUNTY   | 359047   | NM   | SAN MIGUEL COUNTY |  |  |
| 359049 NM              | SANTA FE COUNTY    | 359051  | NM  | SIERRA COUNTY     | 359053   | NM   | SOCORRO COUNTY    |  |  |
| 359055 NM              | TAOS COUNTY        | 359057  | NM  | TORRANCE COUNTY   | 359059   | NM   | UNION COUNTY      |  |  |
| 359061 NM              | VALENCIA COUNTY    |         |     |                   |          |      |                   |  |  |
|                        |                    |         |     |                   |          |      |                   |  |  |
| NEW YORK               |                    |         |     |                   |          |      |                   |  |  |
| 360040 NY              |                    |         |     |                   |          |      |                   |  |  |
|                        | AMHERST TOWN       |         |     | AUBURN            |          |      | BABYLON TOWN      |  |  |
| 360556 NY              | BINGHAMTON         | 360784  | NY  | BUFFALO           | 361152   | NY   | CHEEKTOWAGA TOWN  |  |  |
| 361256 NY              | CLAY TOWN          | 361380  | NY  | COLONIE TOWN      | 361756   | NY   | DUNKIRK           |  |  |
| 362000 NY              | ELMIRA             | 362480  | NY  | GLENS FALLS       | 362572   | NY   | GREECE            |  |  |
| 362688 NY              | HAMBURG TOWN       | 363088  | NY  | HUNTINGTON TOWN   | 363140   | NY   | IRONDEQUOIT       |  |  |
|                        | ISLIP TOWN         |         |     | JAMESTOWN         |          |      | MIDDLETOWN        |  |  |
|                        | MOUNT VERNON       | 364320  |     | NEWBURGH          |          |      | NEW ROCHELLE      |  |  |
|                        | NEW YORK CITY      | 364448  |     | NIAGARA FALLS     |          |      | POUGHKEEPSIE      |  |  |
|                        | ROCHESTER          | 365572  |     | ROME              |          |      | SARATOGA SPRINGS  |  |  |
|                        | SCHENECTADY        | 366376  |     | SYRACUSE          |          |      | TONAWANDA TOWN    |  |  |
| 366500 NY              |                    |         |     | UNION TOWN        | 366612   |      |                   |  |  |
| 200200 141             | 1101               | 500500  | 141 |                   | 500012   | 14.1 | UIKA              |  |  |
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| 367024 NY | WEST SENECA      | 367096 | NY | WHITE PLAINS      | 367260 | NY | YONKERS               |
|           | ALBANY COUNTY    | 369003 |    | ALLEGANY COUNTY   | 369007 |    | BROOME COUNTY         |
|           | CATTARAUGUS      | 369011 |    | CAYUGA COUNTY     | 369013 |    | CHAUTAUQUA            |
|           | CHEMUNG COUNTY   | 369017 |    | CHENANGO COUNTY   | 369019 |    |                       |
|           | COLUMBIA COUNTY  | 369023 |    |                   | 369025 |    | DELAWARE COUNTY       |
|           | DUTCHESS COUNTY  | 369029 |    | ERIE COUNTY       | 369031 |    | ESSEX COUNTY          |
|           | FRANKLIN COUNTY  | 369035 |    | FULTON COUNTY     | 369037 |    |                       |
|           | GREENE COUNTY    | 369033 |    |                   |        |    | GENESEE COUNTY        |
|           | JEFFERSON COUNTY |        |    | HAMILTON COUNTY   | 369043 |    | HERKIMER COUNTY       |
|           |                  | 369049 |    | LEWIS COUNTY      |        |    | LIVINGSTON COUNTY     |
|           | MADISON COUNTY   | 369055 |    | MONROE COUNTY     | 369057 |    | MONTGOMERY            |
|           | NASSAU COUNTY    | 369063 |    | NIAGARA COUNTY    | 369065 |    | ONEIDA COUNTY         |
|           | ONONDAGA COUNTY  | 369069 |    | ONTARIO COUNTY    | 369071 |    |                       |
|           | ORLEANS COUNTY   | 369075 |    | OSWEGO COUNTY     | 369077 |    | OTSEGO COUNTY         |
|           | PUTNAM COUNTY    | 369083 |    | RENSSELAER COUNTY | 369087 |    | ROCKLAND COUNTY       |
|           | ST. LAWRENCE     | 369091 |    | SARATOGA COUNTY   | 369093 |    | SCHENECTADY           |
|           | SCHOHARIE COUNTY | 369097 |    | SCHUYLER COUNTY   | 369099 | NY | SENECA COUNTY         |
| 369101 NY | STEUBEN COUNTY   | 369103 | NY | SUFFOLK COUNTY    | 369105 | NY | SULLIVAN COUNTY       |
|           | TIOGA COUNTY     | 369109 | NY | TOMPKINS COUNTY   | 369111 | NY | ULSTER COUNTY         |
| 369113 NY | WARREN COUNTY    | 369115 | NY | WASHINGTON COUNTY | 369117 | NY | WAYNE COUNTY          |
| 369119 NY | WESTCHESTER      | 369121 | NY | WYOMING COUNTY    | 369123 | NY | YATES COUNTY          |
|           |                  |        |    |                   |        |    |                       |
| NORTH CA  |                  |        |    |                   |        |    |                       |
| 370108 NC | ASHEVILLE        | 370432 | NC | BURLINGTON        |        |    |                       |
| 370552 NC | CHAPEL HILL      | 370558 | NC | CHARLOTTE         | 370660 | NC | CONCORD               |
| 370828 NC | DURHAM           | 371002 | NC | FAYETTEVILLE      | 371092 | NC | GASTONIA              |
| 371158 NC | GOLDSBORO        | 371188 | NC | GREENSBORO        | 371194 | NC | GREENVILLE            |
| 371338 NC | HICKORY          | 371356 | NC | HIGH POINT        | 371452 | NC | JACKSONVILLE          |
| 371494 NC | KANNAPOLIS       | 371644 | NC | LENOIR            | 371944 | NC | MORGANTON             |
| 372304 NC | RALEIGH          | 372406 | NC | ROCKY MOUNT       | 372508 | NC | SALISBURY             |
| 373144 NC | WILMINGTON       | 373180 | NC | WINSTON SALEM     | 379001 | NC | ALAMANCE COUNTY       |
| 379003 NC | ALEXANDER COUNTY | 379005 | NC | ALLEGHANY COUNTY  | 379007 | NC | ANSON COUNTY          |
| 379009 NC | ASHE COUNTY      | 379011 | NC | AVERY COUNTY      | 379013 | NC | BEAUFORT COUNTY       |
| 379015 NC | BERTIE COUNTY    | 379017 | NC | BLADEN COUNTY     | 379019 | NC | BRUNSWICK COUNTY      |
| 379021 NC | BUNCOMBE COUNTY  | 379023 | NC | BURKE COUNTY      | 379025 | NC | CABARRUS COUNTY       |
| 379027 NC | CALDWELL COUNTY  | 379029 | NC | CAMDEN COUNTY     | 379031 | NC | CARTERET COUNTY       |
| 379033 NC | CASWELL COUNTY   | 379035 | NC | CATAWBA COUNTY    | 379037 | NC | CHATHAM COUNTY        |
| 379039 NC | CHEROKEE COUNTY  | 379041 | NC | CHOWAN COUNTY     | 379043 | NC | CLAY COUNTY           |
| 379045 NC | CLEVELAND COUNTY | 379047 | NC | COLUMBUS COUNTY   | 379049 | NC | CRAVEN COUNTY         |
| 379051 NC | CUMBERLAND       | 379053 | NC | CURRITUCK COUNTY  | 379055 | NC | DARE COUNTY           |
| 379057 NC | DAVIDSON COUNTY  | 379059 | NC | DAVIE COUNTY      | 379061 |    | DUPLIN COUNTY         |
| 379063 NC | DURHAM COUNTY    | 379065 | NC | EDGECOMBE COUNTY  | 379067 |    | FORSYTH COUNTY        |
| 379069 NC | FRANKLIN COUNTY  | 379071 | NC | GASTON COUNTY     | 379073 |    | GATES COUNTY          |
| 379075 NC | GRAHAM COUNTY    | 379077 | NC | GRANVILLE COUNTY  | 379079 |    | GREENE COUNTY         |
| 379081 NC | GUILFORD COUNTY  | 379083 | NC | HALIFAX COUNTY    | 379085 | NC | HARNETT COUNTY        |
| 379087 NC | HAYWOOD COUNTY   | 379089 | NC | HENDERSON COUNTY  |        |    | HERTFORD COUNTY       |
| 379093 NC | HOKE COUNTY      | 379095 | NC | HYDE COUNTY       | 379097 |    | IREDELL COUNTY        |
|           | JACKSON COUNTY   | 379101 |    | JOHNSTON COUNTY   | 379103 |    | JONES COUNTY          |
|           | LEE COUNTY       | 379107 |    | LENOIR COUNTY     | 379109 |    | LINCOLN COUNTY        |
|           | MCDOWELL COUNTY  | 379113 |    | MACON COUNTY      | 379115 |    | MADISON COUNTY        |
|           | MARTIN COUNTY    | 379119 |    | MECKLENBURG       |        |    | MITCHELL COUNTY       |
|           | MONTGOMERY       | 379125 |    | MOORE COUNTY      | 379127 |    | NASH COUNTY           |
|           | NEW HANOVER      | 379131 |    | NORTHAMPTON       | 379133 |    | ONSLOW COUNTY         |
|           | ORANGE COUNTY    | 379137 |    | PAMLICO COUNTY    |        |    | PASQUOTANK            |
|           | PENDER COUNTY    | 379143 |    | PERQUIMANS COUNTY | 379139 |    | PERSON COUNTY         |
|           | PITT COUNTY      | 379149 |    | POLK COUNTY       | 379145 |    | RANDOLPH COUNTY       |
|           | RICHMOND COUNTY  |        |    | ROBESON COUNTY    |        |    | ROCKINGHAM COUNTY     |
| 277103110 |                  | 517155 |    | 1022001 000111    | 517151 |    | ACCRAININGHAM COUNT I |
|           |                  |        |    |                   |        |    |                       |

| OWAN COUNTY<br>COTLAND COUNTY<br>URRY COUNTY<br>YRRELL COUNTY<br>/AKE COUNTY<br>/ATAUGA COUNTY                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| LEVELAND<br>AYTON<br>UCLID<br>ENT<br>ANCASTER<br>ANSFIELD<br>ENTOR<br>ARMA<br>DLEDO<br>DAMS COUNTY<br>SHTABULA COUNTY<br>ELMONT COUNTY<br>ARROLL COUNTY                                                                                                                                                                                                                                | 391500<br>391638<br>392526<br>392730<br>393054<br>393222<br>394998<br>395454<br>399003<br>399003<br>399009<br>399015<br>399021<br>399027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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HEIGHTS<br>EAST CLEVELAND<br>FAIRBORN<br>KETTERING<br>LIMA<br>MARIETTA<br>MIDDLETOWN<br>SPRINGFIELD<br>WARREN<br>ALLEN COUNTY<br>ATHENS COUNTY<br>BROWN COUNTY<br>CHAMPAIGN COUNTY                                                                                                                                                                                                                                                                    | 391176<br>391602<br>392118<br>392628<br>392820<br>393114<br>393558<br>395016<br>395076<br>399005<br>399011<br>399017<br>399023<br>399029                                                                                                                                                                                                                                                                                                                                                                                                                                         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| LEVELAND<br>AYTON<br>UCLID<br>ENT<br>ANCASTER<br>ANSFIELD<br>ENTOR<br>ARMA<br>DLEDO<br>DAMS COUNTY<br>SHTABULA COUNTY<br>ELMONT COUNTY<br>ARROLL COUNTY<br>LERMONT COUNTY<br>DSHOCTON COUNTY                                                                                                                                                                                           | 391500<br>391638<br>392526<br>392730<br>393054<br>393222<br>394998<br>395454<br>399003<br>399003<br>399005<br>399015<br>399021<br>399027<br>399033                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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HEIGHTS<br>EAST CLEVELAND<br>FAIRBORN<br>KETTERING<br>LIMA<br>MARIETTA<br>MIDDLETOWN<br>SPRINGFIELD<br>WARREN<br>ALLEN COUNTY<br>ATHENS COUNTY<br>BROWN COUNTY<br>CHAMPAIGN COUNTY<br>CLINTON COUNTY                                                                                                                                                                                                                                                  | 391176<br>391602<br>392118<br>392628<br>393820<br>393114<br>393558<br>395016<br>395874<br>399005<br>399011<br>399017<br>399023<br>399029<br>399035                                                                                                                                                                                                                                                                                                                                                                                                                               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| LEVELAND<br>AYTON<br>AYTON<br>UCLID<br>ENT<br>ANCASTER<br>ANSFIELD<br>ENTOR<br>ARMA<br>DLEDO<br>DAMS COUNTY<br>SHTABULA COUNTY<br>ELMONT COUNTY<br>ARROLL COUNTY<br>LERMONT COUNTY<br>DSHOCTON COUNTY<br>ARKE COUNTY                                                                                                                                                                   | 391500<br>391638<br>392526<br>392730<br>393024<br>393024<br>393222<br>394998<br>395454<br>399003<br>399009<br>399015<br>399021<br>399023<br>399033<br>399039                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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HEIGHTS<br>EAST CLEVELAND<br>FAIRBORN<br>KETTERING<br>LIMA<br>MARIETTA<br>MIDDLETOWN<br>SPRINGFIELD<br>WARREN<br>ALLEN COUNTY<br>ATHENS COUNTY<br>BROWN COUNTY<br>CHAMPAIGN COUNTY<br>CLINTON COUNTY<br>CRAWFORD COUNTY                                                                                                                                                                                                                               | 391176<br>391602<br>392118<br>392628<br>392820<br>393114<br>393558<br>395016<br>395874<br>399005<br>399011<br>399017<br>399023<br>399023<br>399023<br>399035<br>399041                                                                                                                                                                                                                                                                                                                                                                                                           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| LEVELAND<br>AYTON<br>AYTON<br>UCLID<br>ENT<br>ANCASTER<br>ANSFIELD<br>ENTOR<br>ARMA<br>DLEDO<br>DAMS COUNTY<br>SHTABULA COUNTY<br>ELMONT COUNTY<br>ARROLL COUNTY<br>LERMONT COUNTY<br>DSHOCTON COUNTY<br>DSHOCTON COUNTY<br>ARKE COUNTY<br>RIE COUNTY                                                                                                                                  | 391500<br>391638<br>392526<br>392730<br>393054<br>3930254<br>394998<br>395454<br>399003<br>399009<br>399015<br>399021<br>399027<br>399027<br>399033<br>399039<br>399045                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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HEIGHTS<br>EAST CLEVELAND<br>FAIRBORN<br>KETTERING<br>LIMA<br>MARIETTA<br>MIDDLETOWN<br>SPRINGFIELD<br>WARREN<br>ALLEN COUNTY<br>ATHENS COUNTY<br>BROWN COUNTY<br>CHAMPAIGN COUNTY<br>CLINTON COUNTY<br>CRAWFORD COUNTY<br>DEFIANCE COUNTY                                                                                                                                                                                                            | 391176<br>391602<br>392118<br>392628<br>392820<br>393114<br>393558<br>395016<br>395874<br>399001<br>399001<br>399017<br>399023<br>399029<br>399035<br>399047                                                                                                                                                                                                                                                                                                                                                                                                                     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| LEVELAND<br>AYTON<br>UCLID<br>ENT<br>ANCASTER<br>ANSFIELD<br>ENTOR<br>ARMA<br>DLEDO<br>DAMS COUNTY<br>SHTABULA COUNTY<br>ELMONT COUNTY<br>ARROLL COUNTY<br>LERMONT COUNTY<br>DSHOCTON COUNTY<br>ARKE COUNTY<br>RECOUNTY<br>RANKLIN COUNTY                                                                                                                                              | 391500<br>391638<br>392526<br>392730<br>393054<br>393024<br>393024<br>399003<br>399009<br>3990015<br>3990021<br>399027<br>399027<br>399033<br>399033<br>399035<br>399045<br>399051                                                                                                                                                                                                                                                                                                                                                                                                                                                            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HEIGHTS<br>EAST CLEVELAND<br>FAIRBORN<br>KETTERING<br>LIMA<br>MARIETTA<br>MIDDLETOWN<br>SPRINGFIELD<br>WARREN<br>ALLEN COUNTY<br>ATHENS COUNTY<br>CHAMPAIGN COUNTY<br>CHAMPAIGN COUNTY<br>CRAWFORD COUNTY<br>DEFIANCE COUNTY<br>FAIRFIELD COUNTY                                                                                                                                                                                                      | 391176<br>391602<br>392118<br>392628<br>392820<br>393114<br>393558<br>395016<br>395874<br>399001<br>399001<br>399001<br>399017<br>399023<br>399029<br>399035<br>399041<br>399053                                                                                                                                                                                                                                                                                                                                                                                                 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| LEVELAND<br>AYTON<br>UCLID<br>ENT<br>ANCASTER<br>ANSFIELD<br>ENTOR<br>ARMA<br>DLEDO<br>DAMS COUNTY<br>SHTABULA COUNTY<br>ELMONT COUNTY<br>ARROLL COUNTY<br>LERMONT COUNTY<br>DSHOCTON COUNTY<br>ARKE COUNTY<br>RAKE COUNTY<br>RAKE COUNTY<br>RANKLIN COUNTY<br>EAUGA COUNTY                                                                                                            | 391500<br>391638<br>392526<br>392730<br>393054<br>393024<br>393024<br>399023<br>399003<br>399005<br>399021<br>399027<br>399033<br>399033<br>399045<br>399051<br>399057                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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HEIGHTS<br>EAST CLEVELAND<br>FAIRBORN<br>KETTERING<br>LIMA<br>MARIETTA<br>MIDDLETOWN<br>SPRINGFIELD<br>WARREN<br>ALLEN COUNTY<br>ATHENS COUNTY<br>CHAMPAIGN COUNTY<br>CHAMPAIGN COUNTY<br>CHAMFORD COUNTY<br>DEFIANCE COUNTY<br>FAIRFIELD COUNTY<br>FULTON COUNTY                                                                                                                                                                                     | 391176<br>391602<br>392118<br>392628<br>393114<br>393558<br>395016<br>395874<br>399005<br>399017<br>399023<br>399029<br>399035<br>399041<br>399041<br>399053<br>399053<br>399053                                                                                                                                                                                                                                                                                                                                                                                                 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| LEVELAND<br>AYTON<br>UCLID<br>ENT<br>ANCASTER<br>ANSFIELD<br>ENTOR<br>ARMA<br>DLEDO<br>DAMS COUNTY<br>SHTABULA COUNTY<br>ELMONT COUNTY<br>LERMONT COUNTY<br>LERMONT COUNTY<br>ARKE COUNTY<br>ARKE COUNTY<br>RIE COUNTY<br>RIE COUNTY<br>RANKLIN COUNTY<br>EAUGA COUNTY<br>AMILTON COUNTY                                                                                               | 391500<br>391638<br>392526<br>392730<br>393054<br>393054<br>399023<br>399093<br>399005<br>399021<br>399027<br>399033<br>399033<br>399045<br>399045<br>399057<br>399063                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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HEIGHTS<br>EAST CLEVELAND<br>FAIRBORN<br>KETTERING<br>LIMA<br>MARIETTA<br>MIDDLETOWN<br>SPRINGFIELD<br>WARREN<br>ALLEN COUNTY<br>ATHENS COUNTY<br>BROWN COUNTY<br>CHAMPAIGN COUNTY<br>CLINTON COUNTY<br>CRAWFORD COUNTY<br>FAIRFIELD COUNTY<br>FAIRFIELD COUNTY<br>FAIRFIELD COUNTY<br>FULTON COUNTY<br>GREENE COUNTY<br>HANCOCK COUNTY                                                                                                               | 391176<br>391602<br>392118<br>392628<br>393114<br>393558<br>395016<br>395874<br>399005<br>399011<br>399023<br>399023<br>399023<br>399023<br>399041<br>399047<br>399053<br>399053                                                                                                                                                                                                                                                                                                                                                                                                 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| LEVELAND<br>AYTON<br>UCLID<br>ENT<br>ANCASTER<br>ANSFIELD<br>ENTOR<br>ARMA<br>DIEDO<br>DAMS COUNTY<br>SHTABULA COUNTY<br>ELMONT COUNTY<br>ARROLL COUNTY<br>ARKE COUNTY<br>ARKE COUNTY<br>RIE COUNTY<br>RIE COUNTY<br>RAKLIN COUNTY<br>EAUGA COUNTY<br>AMILTON COUNTY<br>ARRISON COUNTY                                                                                                 | 391500<br>391638<br>392526<br>392730<br>393054<br>393024<br>393022<br>394998<br>395454<br>399003<br>399003<br>399015<br>399021<br>399027<br>399033<br>399039<br>399045<br>399051<br>399051<br>399063<br>399069                                                                                                                                                                                                                                                                                                                                                                                                                                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HEIGHTS<br>EAST CLEVELAND<br>FAIRBORN<br>KETTERING<br>LIMA<br>MARIETTA<br>MIDDLETOWN<br>SPRINGFIELD<br>WARREN<br>ALLEN COUNTY<br>ATHENS COUNTY<br>BROWN COUNTY<br>CHAMPAIGN COUNTY<br>CHAMPAIGN COUNTY<br>CHAMFORD COUNTY<br>DEFIANCE COUNTY<br>FAIRFIELD COUNTY<br>FULTON COUNTY<br>FULTON COUNTY<br>GREENE COUNTY<br>HANCOCK COUNTY<br>HENRY COUNTY                                                                                                 | 391176<br>391602<br>392118<br>392628<br>393114<br>393558<br>393516<br>395016<br>395874<br>399005<br>399011<br>399013<br>399023<br>399023<br>399023<br>399041<br>399047<br>399053<br>399053<br>399053                                                                                                                                                                                                                                                                                                                                                                             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COUNTY<br>HIGHLAND COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| LEVELAND<br>AYTON<br>AYTON<br>UCLID<br>ENT<br>ANCASTER<br>ANSFIELD<br>ENTOR<br>ARMA<br>DLEDO<br>DAMS COUNTY<br>SHTABULA COUNTY<br>ELMONT COUNTY<br>ARROLL COUNTY<br>ARROLL COUNTY<br>ARKE COUNTY<br>RIE COUNTY<br>RIE COUNTY<br>RIE COUNTY<br>AARKLIN COUNTY<br>EAUGA COUNTY<br>AMILTON COUNTY<br>ARRISON COUNTY<br>ARRISON COUNTY<br>COKING COUNTY                                    | 391500<br>391638<br>392526<br>392730<br>393054<br>393054<br>393022<br>394998<br>395045<br>399003<br>399003<br>399003<br>399021<br>399027<br>399033<br>399033<br>399045<br>399051<br>399057<br>399063<br>399063                                                                                                                                                                                                                                                                                                                                                                                                                                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COUNTY<br>HURON COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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HEIGHTS<br>EAST CLEVELAND<br>FAIRBORN<br>KETTERING<br>LIMA<br>MARIETTA<br>MIDDLETOWN<br>SPRINGFIELD<br>WARREN<br>ALLEN COUNTY<br>ATHENS COUNTY<br>BROWN COUNTY<br>CHAMPAIGN COUNTY<br>CHAMPAIGN COUNTY<br>CHAMFORD COUNTY<br>DEFIANCE COUNTY<br>FAIRFIELD COUNTY<br>FULTON COUNTY<br>FULTON COUNTY<br>GREENE COUNTY<br>HANCOCK COUNTY<br>HENRY COUNTY                                                                                                 | 391176<br>391602<br>392118<br>392628<br>393114<br>393558<br>395016<br>395874<br>399001<br>399001<br>399001<br>399003<br>399029<br>399035<br>399047<br>399053<br>399059<br>399059<br>399077<br>399083                                                                                                                                                                                                                                                                                                                                                                             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COUNTY<br>HIGHLAND COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 399097 OH | MADISON COUNTY                       | 399099  | OH  | MAHONING COUNTY   | 399101 | OH  | MARION COUNTY     |  |  |
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| 399103 OH | MEDINA COUNTY                        | 399105  | OH  | MEIGS COUNTY      | 399107 | OH  | MERCER COUNTY     |  |  |
| 399109 OH | MIAMI COUNTY                         | 399111  | OH  | MONROE COUNTY     | 399113 | OH  | MONTGOMERY        |  |  |
| 399115 OH | MORGAN COUNTY                        | 399117  | OH  | MORROW COUNTY     | 399119 | OH  | MUSKINGUM COUNTY  |  |  |
| 399121 OH | NOBLE COUNTY                         | 399123  | OH  | OTTAWA COUNTY     | 399125 | OH  | PAULDING COUNTY   |  |  |
| 399127 OH | PERRY COUNTY                         | 399129  | OH  | PICKAWAY COUNTY   | 399131 | OH  | PIKE COUNTY       |  |  |
| 399133 OH | PORTAGE COUNTY                       | 399135  | OH  | PREBLE COUNTY     | 399137 | OH  | PUTNAM COUNTY     |  |  |
| 399139 OH | RICHLAND COUNTY                      | 399141  | OH  | ROSS COUNTY       | 399143 | OH  | SANDUSKY COUNTY   |  |  |
| 399145 OH | SCIOTO COUNTY                        | 399147  | OH  | SENECA COUNTY     | 399149 | OH  | SHELBY COUNTY     |  |  |
| 399151 OH | STARK COUNTY                         | 399153  | OH  | SUMMIT COUNTY     | 399155 | OH  | TRUMBULL COUNTY   |  |  |
| 399157 OH | TUSCARAWAS COUNTY                    |         |     | UNION COUNTY      | 399161 | OH  | VAN WERT COUNTY   |  |  |
|           | VINTON COUNTY                        |         |     | WARREN COUNTY     |        |     | WASHINGTON COUNTY |  |  |
| 399169 OH | WAYNE COUNTY                         | 399171  | OH  | WILLIAMS COUNTY   | 399173 | OH  | WOOD COUNTY       |  |  |
| 399175 OH | WYANDOT COUNTY                       |         |     |                   |        |     |                   |  |  |
| OKLAHOMA  |                                      |         |     |                   |        |     |                   |  |  |
|           | BROKEN ARROW                         |         |     |                   |        |     |                   |  |  |
|           | EDMOND                               | 400966  |     |                   |        |     | LAWTON            |  |  |
|           | MIDWEST CITY                         |         |     | NORMAN            |        |     | OKLAHOMA CITY     |  |  |
| 402718 OK | SHAWNEE                              |         |     | TULSA             | 409001 | OK  | ADAIR COUNTY      |  |  |
|           | ALFALFA COUNTY                       |         |     | ATOKA COUNTY      |        |     | BEAVER COUNTY     |  |  |
|           | BECKHAM COUNTY                       |         |     | BLAINE COUNTY     |        |     | BRYAN COUNTY      |  |  |
|           | CADDO COUNTY                         |         |     | CANADIAN COUNTY   |        |     | CARTER COUNTY     |  |  |
|           | CHEROKEE COUNTY                      |         |     | CHOCTAW COUNTY    |        |     | CIMARRON COUNTY   |  |  |
|           | CLEVELAND COUNTY                     |         |     | COAL COUNTY       |        |     | COMANCHE COUNTY   |  |  |
|           | COTTON COUNTY                        |         |     | CRAIG COUNTY      |        |     | CREEK COUNTY      |  |  |
|           | CUSTER COUNTY                        |         |     | DELAWARE COUNTY   |        |     | DEWEY COUNTY      |  |  |
|           | ELLIS COUNTY                         |         |     | GARFIELD COUNTY   |        |     | GARVIN COUNTY     |  |  |
|           | GRADY COUNTY                         |         |     | GRANT COUNTY      |        |     | GREER COUNTY      |  |  |
|           | HARMON COUNTY                        |         |     | HARPER COUNTY     |        |     | HASKELL COUNTY    |  |  |
|           | HUGHES COUNTY                        |         |     | JACKSON COUNTY    |        |     | JEFFERSON COUNTY  |  |  |
|           | JOHNSTON COUNTY                      |         |     | KAY COUNTY        |        |     | KINGFISHER COUNTY |  |  |
|           | KIOWA COUNTY                         |         |     | LATIMER COUNTY    |        |     | LE FLORE COUNTY   |  |  |
|           | LINCOLN COUNTY                       |         |     | LOGAN COUNTY      |        |     | LOVE COUNTY       |  |  |
|           | MCCLAIN COUNTY                       |         |     | MCCURTAIN COUNTY  |        |     | MCINTOSH COUNTY   |  |  |
|           | MAJOR COUNTY                         |         |     | MARSHALL COUNTY   |        |     | MAYES COUNTY      |  |  |
|           | MURRAY COUNTY                        |         |     | MUSKOGEE COUNTY   |        |     | NOBLE COUNTY      |  |  |
|           | NOWATA COUNTY                        |         |     | OKFUSKEE COUNTY   |        |     | OKLAHOMA COUNTY   |  |  |
|           | OKMULGEE COUNTY                      |         |     | OSAGE COUNTY      |        |     | OTTAWA COUNTY     |  |  |
|           | PAWNEE COUNTY                        |         |     | PAYNE COUNTY      |        |     | PITTSBURG COUNTY  |  |  |
|           | PONTOTOC COUNTY                      |         |     | POTTAWATOMIE      |        |     | PUSHMATAHA        |  |  |
|           | ROGER MILLS COUNTY                   |         |     | ROGERS COUNTY     |        |     | SEMINOLE COUNTY   |  |  |
|           | SEQUOYAH COUNTY<br>TILLMAN COUNTY    |         |     | STEPHENS COUNTY   |        |     | TEXAS COUNTY      |  |  |
|           |                                      |         |     | TULSA COUNTY      |        |     | WAGONER COUNTY    |  |  |
|           | WASHINGTON COUNTY<br>WOODWARD COUNTY | 409149  | UK  | WASHITA COUNTY    | 409131 | OK  | WOODS COUNTY      |  |  |
|           | _                                    |         |     |                   |        |     |                   |  |  |
| OREGON    |                                      |         |     |                   |        |     |                   |  |  |
|           | ASHLAND                              | 44.0300 | 0.5 | 0005745576        | 110.00 | 0.5 |                   |  |  |
|           | BEAVERTON                            |         |     | CORVALLIS         |        |     | EUGENE            |  |  |
|           | GRESHAM                              |         |     | HILLSBORO         |        |     | MEDFORD           |  |  |
|           | PORTLAND                             |         |     | SALEM             |        |     | SPRINGFIELD       |  |  |
|           | BAKER COUNTY                         |         |     | BENTON COUNTY     |        |     | CLACKAMAS COUNTY  |  |  |
|           | CLATSOP COUNTY                       |         |     | COLUMBIA COUNTY   |        |     | COOS COUNTY       |  |  |
|           | CROOK COUNTY                         |         |     | CURRY COUNTY      |        |     | DESCHUTES COUNTY  |  |  |
|           | DOUGLAS COUNTY                       |         |     | GILLIAM COUNTY    |        |     | GRANT COUNTY      |  |  |
|           | HARNEY COUNTY                        |         |     | HOOD RIVER COUNTY |        |     | JACKSON COUNTY    |  |  |
|           | JEFFERSON COUNTY                     |         |     | JOSEPHINE COUNTY  |        |     | KLAMATH COUNTY    |  |  |
|           | LAKE COUNTY                          |         |     | LANE COUNTY       |        |     | LINCOLN COUNTY    |  |  |
| 419043 OR | LINN COUNTY                          | 419045  | UK  | MALHEUR COUNTY    | 419047 | OK  | MARION COUNTY     |  |  |
|           |                                      |         |     |                   |        |     |                   |  |  |

|                                     | MORROW COUNTY                           | 419051               |      | MULTNOMAH COUNTY             | 419053           |    | POLK COUNTY                         |
|-------------------------------------|-----------------------------------------|----------------------|------|------------------------------|------------------|----|-------------------------------------|
|                                     | SHERMAN COUNTY                          | 419057               |      | TILLAMOOK COUNTY             | 419059           |    | UMATILLA COUNTY                     |
|                                     | UNION COUNTY                            | 419063               |      | WALLOWA COUNTY               | 419065           |    | WASCO COUNTY                        |
| 419067 OR                           | WASHINGTON COUNTY                       | 419069               | OR   | WHEELER COUNTY               | 419071           | OR | YAMHILL COUNTY                      |
| PENNSYLV                            | ANIA                                    |                      |      |                              |                  |    |                                     |
| 420015 PA                           | ABINGTON                                | 420096               | PA   | ALLENTOWN                    |                  |    |                                     |
| 420114 PA                           | ALTOONA                                 | 420438               | PA   | BENSALEM TOWNSHIP            | 420504           | PA | BETHLEHEM                           |
| 420726 PA                           | BRISTOL TOWNSHIP                        | 420930               | PA   | CARLISLE                     | 421116           | PA | CHESTER                             |
| 421950 PA                           | EASTON                                  | 422178               | PA   | ERIE                         | 422898           | PA | HARRISBURG                          |
| 422937 PA                           | HAVERFORD                               | 422958               | PA   | HAZLETON                     | 423411           | PA | JOHNSTOWN                           |
| 423573 PA                           | LANCASTER                               | 423657               | PA   | LEBANON                      | 423951           | PA | LOWER MERION                        |
| 424086 PA                           | MCKEESPORT                              | 424434               | PA   | MILLCREEK                    | 424914           | PA | NORRISTOWN                          |
| 425340 PA                           | PENN HILLS                              | 425451               | PA   | PHILADELPHIA                 | 425529           | PA | PITTSBURGH                          |
| 425793 PA                           | READING                                 | 426201               | PA   | SCRANTON                     | 426258           | PA | SHARON                              |
| 426711 PA                           | STATE COLLEGE                           | 427227               | PA   | UPPER DARBY                  | 427947           | PA | WILKES-BARRE                        |
| 427962 PA                           | WILLIAMSPORT                            | 428136               | PA   | YORK                         | 429001           | PA | ADAMS COUNTY                        |
| 429003 PA                           | ALLEGHENY COUNTY                        | 429005               | PA   | ARMSTRONG COUNTY             | 429007           | PA | BEAVER COUNTY                       |
| 429009 PA                           | BEDFORD COUNTY                          | 429011               | PA   | BERKS COUNTY                 | 429013           | PA | BLAIR COUNTY                        |
| 429015 PA                           | BRADFORD COUNTY                         | 429017               | PA   | BUCKS COUNTY                 | 429019           | PA | BUTLER COUNTY                       |
| 429021 PA                           | CAMBRIA COUNTY                          | 429023               |      | CAMERON COUNTY               | 429025           | PA | CARBON COUNTY                       |
| 429027 PA                           | CENTRE COUNTY                           | 429029               |      | CHESTER COUNTY               | 429031           | PA | CLARION COUNTY                      |
| 429033 PA                           | CLEARFIELD COUNTY                       | 429035               | PA   | CLINTON COUNTY               | 429037           | PA | COLUMBIA COUNTY                     |
| 429039 PA                           | CRAWFORD COUNTY                         | 429041               |      | CUMBERLAND                   | 429043           | PA | DAUPHIN COUNTY                      |
| 429045 PA                           | DELAWARE COUNTY                         | 429047               | PA   | ELK COUNTY                   | 429049           | PA | ERIE COUNTY                         |
| 429051 PA                           | FAYETTE COUNTY                          | 429053               |      | FOREST COUNTY                | 429055           | PA | FRANKLIN COUNTY                     |
| 429057 PA                           | FULTON COUNTY                           | 429059               |      | GREENE COUNTY                | 429061           | PA | HUNTINGDON COUNT                    |
| 429063 PA                           | INDIANA COUNTY                          | 429065               |      | JEFFERSON COUNTY             | 429067           | PA | JUNIATA COUNTY                      |
| 429069 PA                           | LACKAWANNA                              | 429071               |      | LANCASTER COUNTY             | 429073           |    | LAWRENCE COUNTY                     |
| 429075 PA                           | LEBANON COUNTY                          | 429077               |      | LEHIGH COUNTY                | 429079           |    | LUZERNE COUNTY                      |
| 429081 PA                           | LYCOMING COUNTY                         | 429083               |      | MCKEAN COUNTY                | 429085           |    | MERCER COUNTY                       |
| 429087 PA                           | MIFFLIN COUNTY                          | 429089               |      | MONROE COUNTY                | 429091           |    | MONTGOMERY                          |
| 429093 PA                           | MONTOUR COUNTY                          | 429095               |      | NORTHAMPTON                  | 429097           |    | NORTHUMBERLAND                      |
| 429099 PA                           | PERRY COUNTY                            | 429103               |      | PIKE COUNTY                  | 429105           |    | POTTER COUNTY                       |
| 429107 PA                           | SCHUYLKILL COUNTY                       | 429109               |      | SNYDER COUNTY                | 429111           |    | SOMERSET COUNTY                     |
| 429113 PA                           | SULLIVAN COUNTY                         | 429115               |      | SUSQUEHANNA                  | 429117           |    | TIOGA COUNTY                        |
| 429119 PA                           | UNION COUNTY                            | 429121               |      | VENANGO COUNTY               | 429123           |    | WARREN COUNTY                       |
| 429125 PA                           | WASHINGTON COUNTY                       | 429127               |      | WAYNE COUNTY                 | 429129           | PA | WESTMORELAND                        |
| 429131 PA                           | WYOMING COUNTY                          | 429133               | PA   | YORK COUNTY                  |                  |    |                                     |
| PUERTO R                            |                                         |                      |      |                              |                  |    |                                     |
| 729001 PR                           | ADJUNTAS MUNICIPIO                      | 729003               |      | AGUADA MUNICIPIO             | 729005           |    | AGUADILLA                           |
| 729007 PR                           | AGUAS BUENAS                            | 729009               |      | AIBONITO MUNICIPIO           | 729011           |    | A±ASCO MUNICIPIO                    |
| 729013 PR                           | ARECIBO MUNICIPIO                       | 729015               |      | ARROYO MUNICIPIO             | 729017           |    | BARCELONETA                         |
| 729019 PR                           | BARRANQUITAS                            | 729021               |      | BAYAMON MUNICIPIO            | 729023           |    | CABO ROJO MUNICIPIO                 |
| 729025 PR                           | CAGUAS MUNICIPIO                        | 729027               |      | CAMUY MUNICIPIO              | 729029           |    | CANOVANAS                           |
| 729031 PR                           | CAROLINA MUNICIPIO                      | 729033               |      | CATA±O MUNICIPIO             | 729035           |    | CAYEY MUNICIPIO                     |
| 729037 PR                           | CEIBA MUNICIPIO                         | 729039               |      | CIALES MUNICIPIO             | 729041           |    | CIDRA MUNICIPIO                     |
| 729043 PR                           | COAMO MUNICIPIO                         | 729045               |      | COMERIO MUNICIPIO            | 729047           |    | COROZAL MUNICIPIO                   |
| 729049 PR                           | CULEBRA MUNICIPIO                       | 729051               |      | DORADO MUNICIPIO             | 729053           |    | FAJARDO MUNICIPIO                   |
| 729054 PR                           | FLORIDA MUNICIPIO                       | 729055               |      | GUBNICA MUNICIPIO            | 729057           |    | GUAYAMA MUNICIPIO                   |
| 729059 PR                           | GUAYANILLA                              | 729061               |      | GUAYNABO MUNICIPIO           | 729063           |    | GURABO MUNICIPIO                    |
| 729065 PR                           | HATILLO MUNICIPIO                       |                      |      | HORMIGUEROS                  | 729069           |    | HUMACAO MUNICIPIO                   |
| 729071 PR                           | ISABELA MUNICIPIO                       | 729073               |      | JAYUYA MUNICIPIO             | 729075           |    | JUANA DIAZ                          |
| 729077 PR                           | JUNCOS MUNICIPIO                        | 729079 I             |      | LAJAS MUNICIPIO              | 729081           |    | LARES MUNICIPIO                     |
|                                     | LAS MARFAS                              | 729085 1             |      | LAS PIEDRAS                  | 729087           |    | LOfZA MUNICIPIO                     |
|                                     | LITOTHE LO MUSICONIO                    | 700001 -             | 1010 |                              |                  |    |                                     |
| 729083 PR<br>729089 PR<br>729095 PR | LUQUILLO MUNICIPIO<br>MAUNABO MUNICIPIO | 729091 I<br>729097 I |      | MANATI MUNICIPIO<br>MAYAGUEZ | 729093<br>729099 |    | MARICAO MUNICIPIO<br>MOCA MUNICIPIO |

| 729113 PR         PONCE MUNICIPIO         729115 PR         QUEBRADILLAS         729117 PR         SAN CREMEN           729115 PR         SAN GRAMEN         729127 PR         SAN MARANDE         729123 PR         SAN LOAS MUNICIPIO           729131 PR         SAN GRAMEN         729127 PR         SAN JUAN MUNICIPIO         729123 PR         SAN LOAS MUNICIPIO           729131 PR         SAN SEBASTIEN         729133 PR         SAN JUAN MUNICIPIO         729141 PR         VILLA MUNICIPIO           729143 PR         VEGA ALTA         729135 PR         TOA BAJA MUNICIPIO         729145 PR         VEGA BAJA MUNICIPIO         729147 PR         VEGA ALTA         729155 PR         VAUCO MUNICIPIO           729143 PR         VEGA ALTA         729151 PR         YABUCOA MUNICIPIO         729147 PR         VEGA CATA         729147 PR         VEGA CATA         729147 PR         VEGA CATA         729157 PR         VAUCO MUNICIPIO           729143 PR         VEGA ALTA         729145 PR         VEGA BAJA MUNICIPIO         729147 PR         VEGA CATA         729147 PR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                    |           |                    |           |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|-----------|--------------------|-----------|--------------------|
| T29113 FR         PONCE MUNICIPIO         729112 FR         SAAN A GRANDE         729117 FR         FR. RINC-N MUNICIPIO           T29119 FR         SAN OERANDE         729121 FR         SAAN A GRANDE         729133 FR         SAAN LORENZO           T29131 FR         SAN OERANDE         729137 FR         SAN OERANDE         729137 FR         SAAN LORENZO           T29131 FR         SAN OERANDE         729137 FR         SAAN OERANDE         729137 FR         TOA BAJA MUNICIPIO         729147 FR         TOA BAJA MUNICIPIO         729151 FR         TAA ALTA MUNICIPIO         729147 FR         TOA BAJA MUNICIPIO         729151 FR         YABUCOA MUNICIPIO         729151 FR         YABUCOA MUNICIPIO         729153 FR         TOA ALTA MUNICIPIO         729151 FR         YABUCOA MUNICIPIO         729151 FR         YABUCOA MUNICIPIO         729153 FR         YAUCO MUNICIPIO           729143 FR         VEGA ALTA         72915 FR         FKOVIDENCE         440075 RI         WARVICK         440054 RI         KENT COUNTY         449007 RI         FROVIDENCE         440276 RI         WARVICK           440305 RI         WOONSOCKET         449007 RI         FROVIDENCE COUNTY         449007 SC         FROVIDENCE         440075 RI         KENT COUNTY         459017 SC         FLORENCE         459018 SC         FLORENCE         459017 SC <th>729101 PR</th> <th>MOROVIS MUNICIPIO</th> <th>729103 PR</th> <th>NAGUABO MUNICIPIO</th> <th>729105 PR</th> <th>NARANJITO</th>                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 729101 PR              | MOROVIS MUNICIPIO  | 729103 PR | NAGUABO MUNICIPIO  | 729105 PR | NARANJITO          |
| 729119 PR         RIG GRANDE         729121 PR         SAN LOR SANDE         729123 PR         SANLAG RANDE         72913 PR         SANLAG RENZO           72913 PR         SAN SEBASTIEN         72913 PR         SANTA ISABEL         72913 PR         TAULAS AUUNICIPIO           72913 PR         VEGA ALTA         72913 PR         TAULA OLTO         729141 PR         UTUADO MUNICIPIO           72914 PR         VILLALBA MUNICIPIO         72915 PR         TAO ALTA MUNICIPIO         72915 PR         TAO ALTA MUNICIPIO           72914 PR         VILLALBA MUNICIPIO         72915 PR         TAO ALTA MUNICIPIO         72915 PR         TAO ALTA MUNICIPIO           72914 PR         VILLALBA MUNICIPIO         72915 PR         TAO ALTA MUNICIPIO         72915 PR         TAO ALTA MUNICIPIO           72914 PR         VILLBALBA MUNICIPIO         72915 PR         TAO ALTA MUNICIPIO         72915 PR         TAO ALTA MUNICIPIO           72914 PR         VILLBALBA MUNICIPIO         72915 PR         TAO ALTA MUNICIPIO         72915 PR         TAO ALTA MUNICIPIO           72914 PR         VILLBALBA MUNICIPIO         72915 PR         TAO ALTA MUNICIPIO         72915 PR         TAO ALTA MUNICIPIO           72914 PR         VILLBALBA MUNICIPIO         72915 PR         TAO ALTA MUNICIPIO         72915 PR         TAO ALTA MUNIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 729107 PR              | OROCOVIS MUNICIPIO | 729109 PR | PATILLAS MUNICIPIO | 729111 PR | PE±UELAS MUNICIPIO |
| 729119 PR         KIG GRANDE         729121 PR         SAN LORENED         729121 PR         SAN LORENEZO           729131 PR         SAN SEBASTIEN         729133 PR         SANTA ISABEL         729134 PR         SAN LORENEZO           729131 PR         TAG NA SEBASTIEN         729133 PR         FK SANTA ISABEL         729134 PR         TAULA LA MUNICIPIO           72913 PR         TEGA LITA         72915 PR         VEGA ALTA         72915 PR         YEUCES MUNICIPIO           72914 PR         VILLALBA MUNICIPIO         72915 PR         YEUCES MUNICIPIO         72915 PR         YEUCES MUNICIPIO           72914 PR         VILLALBA MUNICIPIO         72915 PR         YEUCES MUNICIPIO         72915 PR         YAUCO MUNICIPIO           72914 PR         VILLALBA MUNICIPIO         72915 PR         YAUCO MUNICIPIO         72915 PR         YAUCO MUNICIPIO           72914 PR         VILLALBA MUNICIPIO         72915 PR         YAUCO MUNICIPIO         72915 PR         YAUCO MUNICIPIO           72914 PR         VILLALBA MUNICIPIO         72917 PR         YAUCO MUNICIPIO         72917 PR         YAUCO MUNICIPIO           72914 PR         VILLALBA MUNICIPIO         72917 PR         YAUCO MUNICIPIO         72917 PR         YAUCO MUNICIPIO           72916 PR         YEUCALLALBA MUNICIPIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 729113 PR              | PONCE MUNICIPIO    | 729115 PR | OUEBRADILLAS       | 729117 PR | RINC=N MUNICIPIO   |
| T29125 PR         SAN GERMEN         T29127 PR         SAN JUAR MUNICIPIO         T29137 PR         SAN LORENZO           T29137 PR         TOA BAJA MUNICIPIO         T29145 PR         TVEGA LTA         T29145 PR         TVEGA BAJA MUNICIPIO         T29147 PR         TVEUTALA MUNICIPIO           T29143 PR         VELLALBA MUNICIPIO         T29151 PR         YABUCOA MUNICIPIO         T29147 PR         VEUTALBA MUNICIPIO           T29143 PR         VELLALBA MUNICIPIO         T29151 PR         YABUCOA MUNICIPIO         T29147 PR         VEUTALBA MUNICIPIO           T29149 PR         VILLALBA MUNICIPIO         T29151 PR         YABUCOA MUNICIPIO         T29147 PR         VAUCO MUNICIPIO           T29149 PR         VILLALBA MUNICIPIO         T29153 PR         YAUCO MUNICIPIO         T29147 PR         VAUCO MUNICIPIO           T40054 RI         CRANSTON         440027 RI         EAST PROVIDENCE         440026 RI         WARWICK         440008 RI         WARWICK           V40036 RI         WOONSOCKET         449007 RI         PROVIDENCE         450134 SC         FLORENCE           SOUTIC AKEN         45037 SC         COLLIMIN TY TE BEACH         45154 SC         FLORENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 729119 PR              |                    |           |                    | 729123 PR | SALINAS MUNICIPIO  |
| 729131 FR         SAN SEBASTIEN         72913 PR         SANTA ISABEL         72915 FR         TOA ALTA MUNICIPIO           729147 FR         VEGA ALTA         729145 PR         VEGA BALA MUNICIPIO         729145 PR         VEGA BALA MUNICIPIO           729149 PR         VILLADA TA         729145 PR         VEGA BALA MUNICIPIO         729145 PR         VEGA BALA MUNICIPIO           729149 PR         VILLADA MUNICIPIO         729151 PR         VEGA BALA MUNICIPIO         729147 PR         VEGO BALA MUNICIPIO           729149 PR         VILLADA MUNICIPIO         729151 PR         VEGA BALA MUNICIPIO         729147 PR         VEGO BALA MUNICIPIO           440010 RI         RANTICKET         440072 RI         FAST PROVIDENCE         440009 RI         WARWICK           440210 RI         RANTICKET         440017 RI         PROVIDENCE COUNTY         449009 RI         WASHINGTON COUNTY           449005 RI         NEWPORT COUNTY         449007 RI         PROVIDENCE         440009 RI         WASHINGTON COUNTY           450130 SC         ARENE SCOUNTY         450030 SC         ANDERSON         450130 SC         CHORENCE           450300 SC         ARENE SCOUNTY         45001 SC         SCOUNTY         45001 SC         ADDERSON COUNTY           450303 SC         ARENTANBURG         5101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                    |           |                    | 729129 PR |                    |
| T29137 PK         TOA BAJA MUNICIPIO         72913 PK         TKUILLO ALTO         72914 PK         UTUADO MUNICIPIO           729143 PK         VIELALBA MUNICIPIO         72915 PK         YABUCOA MUNICIPIO         72913 PK         VEGA RATA           729143 PK         VIELALBA MUNICIPIO         72915 PK         YABUCOA MUNICIPIO         72913 PK         VEGA RATA           729153 PK         VIELALBA MUNICIPIO         72915 PK         YABUCOA MUNICIPIO         72913 PK         VAUCO MUNICIPIO           729153 PK         VIELALBA MUNICIPIO         72915 PK         YABUCOA MUNICIPIO         72915 PK         VAUCO MUNICIPIO           729153 PK         VIELALBA MUNICIPIO         72915 PK         YABUCOA MUNICIPIO         72915 PK         VAUCO MUNICIPIO           729152 XE         ARANTON         440025 RI         EAST PROVIDENCE         440026 RI         WARWICK           440055 RI         NEWPORT COUNTY         449005 RI         ANDERSON         45013 SC         FLORENCE           50012 SC         AREEN TABLERG         45108 SC         COLUMBIA         45003 SC         FLORENCE           45003 SC         AREEN TON 450018 SC         ANDERSON         450017 COUNTY         459001 SC         ADDERSON COUNTY           45903 SC         DARENTANBURG         451028 SC <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                    |           |                    |           |                    |
| T29143 PR         VEGA ALTA         T29145 PR         VEGA BAJA MUNICIPIO         T29147 PR         VEGUES MUNICIPIO           729149 PR         VILLALBA MUNICIPIO         729151 PR         YABUCOA MUNICIPIO         729153 PR         VEGUES MUNICIPIO           729147 PR         VILLALBA MUNICIPIO         729151 PR         YABUCOA MUNICIPIO         729147 PR         VAUCO MUNICIPIO           440051 RI         RANTICKET         440072 RI         EAST PROVIDENCE         440008 RI         WARWICK           440905 RI         NEWPORT COUNTY         449007 RI         PROVIDENCE COUNTY         449009 RI         WASHINGTON COUNTY           450123 CA         AIKEN         450139 SC         ANDERSON         450134 SC         FLORENCE           450123 CA         AIKEN         450139 SC         ANDERSON         450101 SC         ADDERSON           450130 SC         AIKEN COUNTY         45003 SC         ANDERSON COUNTY         45001 SC         ADDERSON COUNTY           459033 SC         AIKEN COUNTY         45901 SC         CHARLESTON OUNTY         45901 SC         CHARLESTON OUNTY           45903 SC         CHERKEE COUNTY         45901 SC         CHARLESTON COUNTY         45901 SC         CHARLESTON COUNTY           45903 SC         CHERKEE COUNTY         45902 SC         CHARCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                    |           |                    |           |                    |
| 729149 PRVILLALBA MUNICIPIO729151PRYABUCOA MUNICIPIO729153PRYAUCO MUNICIPIORHODE SLLAND440054 RICRANSTON440072RIEAST PROVIDENCE440276RIWARWICK4403056 RIWOONSOCKET440007RIEAST PROVIDENCE440008RIWERNT COUNTY440056 RIWOONSOCKET440007RIPROVIDENCE COUNTY449009RIWARWICK450012 SCAIKEN45037SCCOLUMBIA450354SCFLORENCE50UTI CAROLINA450300 SCCHARLESTON450372SCCOLUMBIA450354SCFLORENCE450300 SCCHARLESTON450372SCCOLUMBIA45003SCROCKE HIBL450303 SCCHRENVILLE451080SCMARTHE BEACH451038SCROCKE HIBL45003 SCARENVELL COUNTY459013 SCBARWERE COUNTY459013 SCCABEVILLE COUNTY45903 SCAMBERG COUNTY459013 SCBARWERE COUNTY459013 SCCARLINGTON COUNTY45903 SCCHARCKET COUNTY459033 SCCARENVELE COUNTY45903 SCCARLESTERFIELD45903 SCCHARCKET COUNTY45903 SCCARLESTERFIELDCOUNTY45903 SCCARLESTERFIELD45903 SCCHARCKET COUNTY45903 SCCARRENVELE COUNTY45903 SCCARENVELE COUNTY45903 SCCARLINGTON COUNTY45903 SCCHARKED COUNTY45903 SCCARRENVELE COUNTY45903 SCCARRENVELE COUNTY45904 SCCARLINGTON COUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                    |           |                    |           |                    |
| 440024 RICRANSTON440072RIEAST PROVIDENCE440210 RIPAVTUCKET449022RIPROVIDENCE440078RIKENT COUNTY449065 RINOONSOCKET449007RIPROVIDENCE COUNTY449098RIKENT COUNTY44905 RINEWPORT COUNTY449007RIPROVIDENCE COUNTY449098RIKENT COUNTY450012 SCAIKEN45033SCANDERSON5CCOLMBIA45034SCFLORENCE45006 SCGRARLESTON45037SCCOLMBIA45134SCFLORENCE45030459003 SCAIKEN COUNTY45905SCALLENDALE COUNTY459017SCADDERSON COUNTY459003 SCAIKEN COUNTY459017SCCALEDUALE COUNTY459017SCCALEDUANCOUNTY459015 SCBERKELEY COUNTY459023SCCALENDALE COUNTY45903SCCHERCKEE COUNTY459035SCCALENDALE COUNTY45903 SCAILARENDAN COUNTY459035SCCALENDANCOUNTY459035SCCALENTON COUNTY45903 SCAILARENDAN COUNTY459043SCCALENDANCOUNTY459035SCCALENDANCOUNTY45903 SCAILARENDAN COUNTY459043SCCALENDANCOUNTY459045SCCALENDANCOUNTY45903 SCAILARENDA COUNTY459043SCCALENDANCOUNTY459055SCCALENDANCOUNTY45903 SCAILANCOUNTY459043SCCALENDANCOUNTY459055SCCALEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 729149 PR              |                    |           |                    |           |                    |
| 440024 RICRANSTON440072RIEAST PROVIDENCE440210 RIPAVTUCKET449022RIPROVIDENCE440078RIKENT COUNTY449065 RINOONSOCKET449007RIPROVIDENCE COUNTY449098RIKENT COUNTY44905 RINEWPORT COUNTY449007RIPROVIDENCE COUNTY449098RIKENT COUNTY450012 SCAIKEN45033SCANDERSON5CCOLMBIA45034SCFLORENCE45006 SCGRARLESTON45037SCCOLMBIA45134SCFLORENCE45030459003 SCAIKEN COUNTY45905SCALLENDALE COUNTY459017SCADDERSON COUNTY459003 SCAIKEN COUNTY459017SCCALEDUALE COUNTY459017SCCALEDUANCOUNTY459015 SCBERKELEY COUNTY459023SCCALENDALE COUNTY45903SCCHERCKEE COUNTY459035SCCALENDALE COUNTY45903 SCAILARENDAN COUNTY459035SCCALENDANCOUNTY459035SCCALENTON COUNTY45903 SCAILARENDAN COUNTY459043SCCALENDANCOUNTY459035SCCALENDANCOUNTY45903 SCAILARENDAN COUNTY459043SCCALENDANCOUNTY459045SCCALENDANCOUNTY45903 SCAILARENDA COUNTY459043SCCALENDANCOUNTY459055SCCALENDANCOUNTY45903 SCAILANCOUNTY459043SCCALENDANCOUNTY459055SCCALEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RHODE ISI              | LAND               |           |                    |           |                    |
| <ul> <li>44020 RI PAWTUCKET</li> <li>44020 RI PAWTUCKET</li> <li>440306 RI WOONSOCKET</li> <li>449001 RI BRISTOL COUNTY</li> <li>449007 RI PROVIDENCE COUNTY</li> <li>449007 RI PROVIDENCE COUNTY</li> <li>449008 RI WASHINGTON COUNT</li> <li>449007 RI PROVIDENCE COUNTY</li> <li>449008 RI WASHINGTON COUNT</li> <li>450010 SC ALREIN</li> <li>450030 SC ALREIN</li> <li>450030 SC ALREIN</li> <li>450030 SC ALREIN</li> <li>450030 SC CARALESTON</li> <li>450300 SC ALREIN</li> <li>450300 SC ALREIN COUNTY</li> <li>45901 SC SC BERKELEY COUNTY</li> <li>45901 SC CALBOUNTY</li> <li>45901 SC CHEROKEE COUNTY</li> <li>45901 SC CHEROKEE COUNTY</li> <li>45901 SC CHEROKEE COUNTY</li> <li>45901 SC CHEROKEE COUNTY</li> <li>45903 SC CALLEY COUNTY</li> <li>45903 SC CALLEY COUNTY</li> <li>45903 SC CALLEY COUNTY</li> <li>45903 SC CHEROKEE COUNTY</li> <li>45903 SC CALLENCOUNTY</li> <li>45903 SC CALLENCOUNTY</li> <li>45903 SC CALLENCOUNTY</li> <li>45904 SC GEENVILLE COUNTY</li> <li>45905 SC ASPER COUNTY</li> <li>45905 SC ALREINCIDE COUNTY</li> <li>45905 SC ALREIN ULLO COUNTY</li> <li>45905 SC ALREINCIDE COUNTY</li> <li>45905 SC ALREINCIDE COUNTY</li> <li>45905 SC ALREINCIDE COUNTY</li> <li>45905 SC ALREIN ULLE COUNTY</li> <li>45905 SC ALREINCIDE COUNTY</li> <li>45905 SC ALREINCIDE COUNTY</li> <li>45906 SC ALREINCIDE COUNTY</li> <li>45907 SC CALREINCIDE COUNTY</li> <li>45907 SC ALNEGASTER COUNTY</li> <li>45907 SC ALREINCIDE COUNTY</li> <li>45907 SC CALREINCIDE COUNTY</li> <li>45908 SC CHERNELE COUNTY</li> <li>45908 SC CUNTY<td>440054 RI</td><td></td><td>440072 RI</td><td>EAST PROVIDENCE</td><td></td><td></td></li></ul> | 440054 RI              |                    | 440072 RI | EAST PROVIDENCE    |           |                    |
| 440306 RIWOONSOCKET449001RIBRISTOL COUNTY449009RIKENT COUNTY449005 RINEWPORT COUNTY449007 RIPROVIDENCE COUNTY449009 RIWASHINGTON COUNTSOUTH CAROLINA50012 SCAIKEN450030 SCANDERSON50012 SCCIARLESTON45072 SCCOLUMBIA450534 SCFLORENCE450013 SCAIKEN COUNTY45003 SCANDERSON45072 SCCOLUMBIA450534 SCFLORENCE45003 SCAIKEN COUNTY459005 SCCALLENDALE COUNTY459007 SCABDERSON COUNTY45903 SCAIKEN COUNTY459017 SCCALLENDALE COUNTY459013 SCBEAUFOR COUNTY45903 SCCARENDON COUNTY459033 SCCALLENDALE COUNTY459013 SCCHARLESTON COUNTY45903 SCCARENDON COUNTY459033 SCCALENTA COUNTY459033 SCDARLINGTON COUNTY45903 SCCALRENDON COUNTY459035 SCCOLLESTER COUNTY459037 SCEDGEPTELD COUNTY45903 SCDILLON COUNTY459035 SCCARENVULL COUNTY459035 SCAMPTON COUNTY45903 SCDILLON COUNTY459035 SCCARENVULL COUNTY459037 SCAMPTON COUNTY45903 SCCARENVILL COUNTY459035 SCCARENVULL COUNTY459037 SCCORENVULL COUNTY45903 SCCARCASTER COUNTY459037 SCCARCASTER COUNTY459037 SCCOCNEE COUNTY45903 SCCARNASTER COUNTY459037 SCCOCNEE COUNTY459037 SCCOCNEE COUNTY45903 SCCARASTER COUNTY459037 SC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 440210 RI              | PAWTUCKET          | 440222 RI | PROVIDENCE         | 440276 RI | WARWICK            |
| 449005 RINEWPORT COUNTY449007 RIPROVIDENCE COUNTY449009 RIWASHINGTON COUNTSOUTH CAROLINA4500130 SCANDERSON450010 SCCARALESTON450037 SCCOLUMBIA450534 SCFLORENCE450648 SCGREENVILLE451080 SCMYRTLE BEACH45108 SCROCK HILL450030 SCAKEN COUNTY459001 SCSCANDERSON COUNTY459003 SCAKEN COUNTY459015 SCBARNELL COUNTY459015 SCBARNELL COUNTY459015 SCBERKELEY COUNTY459017 SCCALHOUN COUNTY459013 SCBEAUFORT COUNTY459015 SCBERKELEY COUNTY459023 SCCOLLETON COUNTY459013 SCBEAUFORT COUNTY45903 SCCLARENDON COUNTY459025 SCCOLLETON COUNTY459013 SCBEAUFORT COUNTY45903 SCFLIRFIELD COUNTY459015 SCDORCHESTER COUNTY459013 SCBEAUFORT COUNTY45903 SCFLIRFIELD COUNTY459015 SCCREENWOOD COUNTY459013 SCBARNERUC COUNTY45905 SCCREENWOLD COUNTY459015 SCCARENSCOUNTY459015 SCCOCNEC COUNTY45905 SCCARRENEL COUNTY459017 SCAARION COUNTY459017 SCAARION COUNTY45905 SCCARNERSCOUNTY459017 SCCARENSCOUNTY459017 SCCOCNEC COUNTY459065 SCAARUBCRO COUNTY459071 SCCARENSCOUNTY459073 SCCOCNEC COUNTY459075 SCCARNERSCOUNTY459073 SCCOCNEC COUNTY459073 SCCOCNEC COUNTY459075 SCMARIBARDAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 440306 RI              | WOONSOCKET         | 449001 RI | BRISTOL COUNTY     | 449003 RI | KENT COUNTY        |
| 450012 SC         AIKEN         450030 SC         ANDERSON           450030 SC         CHARLESTON         450732 SC         COLUMBIA         450534 SC         FLORENCE           45064 SC         GREENVILLE         451080 SC         MYRTLE BEACH         451386 SC         ROCK HILL           450903 SC         AKEN COUNTY         459001 SC         ABBEVILLE COUNTY         459007 SC         ANDERSON COUNTY           459015 SC         BERKELEY COUNTY         459017 SC         CALEUN COUNTY         459017 SC         CHARLESTON COUNTY           459027 SC         CHARENDON COUNTY         459023 SC         COLLETON COUNTY         45903 SC         DERKELEY COUNTY         45903 SC           459033 SC         DILLON COUNTY         45903 SC         CRESTINUCOUNTY         45903 SC         CARENVILLE COUNTY         45903 SC           459045 SC         GREENVILLE COUNTY         459043 SC         GERESUVILLE COUNTY         45904 SC         CE CARENTO COUNTY         45904 SC           45905 SC         LANCASTER COUNTY         459043 SC         EDERGETOWN COUNTY         45904 SC           45905 SC         CARENVILLE COUNTY         45904 SC         ERESTHAW COUNTY         45905 SC           459069 SC         MARLBORO COUNTY         45905 SC         CARACENCOUNTY         45907 SC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 449005 RI              |                    |           |                    |           | WASHINGTON COUNT   |
| 450300 SCCHARLESTON450372 SCCOLUMBIA45034 SCFLORENCE450648 SCGREENVILLE451080 SCMYRTLE BEACH451365 SCROCK THLL451053 SCSPARTANBURG451620 SCSCSUMTER459001 SCABBEVILLE COUNTY459003 SCARABERG COUNTY459015 SCBANBERG COUNTY459017 SCCALHOUN COUNTY459013 SCCHEROKE COUNTY459017 SCCALHOUN COUNTY459013 SCCE BEAVERIC COUNTY459013 SCCHEROKE COUNTY45902 SCCOLLETON COUNTY45903 SCCHEROKE COUNTY45903 SCDILON COUNTY45902 SCCOCLETON COUNTY45903 SCCHEROKE COUNTY45903 SCDILON COUNTY45904 SCCORENVOLD459047 SCCECEDEFIELD COUNTY45903 SCDILON COUNTY459047 SCCARENWOOD COUNTY459049 SCAAMPTON COUNTY45905 SCCARRENVLLE COUNTY459049 SCAAMPTON COUNTY459059 SCAANERO COUNTY459057 SCCARRENV COUNTY459063 SCLEXINGTON COUNTY459059 SCCMARENCK COUNTY459073 SCCORNEC COUNTY45907 SCCARANCEDURG COUNTY4590                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SOUTH CA               | ROLINA             |           |                    |           |                    |
| 450648 SC       GREENVILLE       451080 SC       MYRTLE BEACH       451364 SC       ROCK HILL         451554 SC       SPARTANBURG       451600 SC       SUMTER       459001 SC       ABBEVILLE COUNTY         459003 SC       AIKEN COUNTY       459001 SC       ALENDALE COUNTY       459001 SC       ABDERSON COUNTY         459015 SC       BERKELEY COUNTY       459017 SC       CALLADUN COUNTY       459013 SC       BEAUESTON COUNTY         459021 SC       CHEROKEE COUNTY       459023 SC       COLARENDON COUNTY       459023 SC       COLARENDON COUNTY       459035 SC       EDGEFIELD COUNTY         45903 SC       GREENVILLE COUNTY       459035 SC       FORRENCE COUNTY       459037 SC       EDGEFIELD COUNTY         45903 SC       GREENVILLE COUNTY       459043 SC       GREENVILLE COUNTY       459053 SC       LANCASTER COUNTY       459053 SC       HARPTON COUNTY         45905 SC       LANCASTER COUNTY       459065 SC       MCCORMICK COUNTY       459067 SC       MARIDORO COUNTY         459063 SC       LEXINGTON COUNTY       459065 SC       MCCORMICK COUNTY       459075 SC       MARIDORO COUNTY         459063 SD       ALROASTER COUNTY       459075 SC       GREENVILLE COUNTY       459075 SC       MARIDORO COUNTY         459075 SC       ORANGEBURG COUNTY <td>450012 SC</td> <td>AIKEN</td> <td>450030 SC</td> <td>ANDERSON</td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 450012 SC              | AIKEN              | 450030 SC | ANDERSON           |           |                    |
| 450648 SC       GREENVILLE       451080 SC       MYRTLE BEACH       451364 SC       ROCK HILL         451554 SC       SPARTANBURG       451600 SC       SUMTER       459001 SC       ABBEVILLE COUNTY         459003 SC       AIKEN COUNTY       459001 SC       ALENDALE COUNTY       459001 SC       ABDERSON COUNTY         459015 SC       BERKELEY COUNTY       459017 SC       CALLADUN COUNTY       459013 SC       BEAUESTON COUNTY         459021 SC       CHEROKEE COUNTY       459023 SC       COLARENDON COUNTY       459023 SC       COLARENDON COUNTY       459035 SC       EDGEFIELD COUNTY         45903 SC       GREENVILLE COUNTY       459035 SC       FORRENCE COUNTY       459037 SC       EDGEFIELD COUNTY         45903 SC       GREENVILLE COUNTY       459043 SC       GREENVILLE COUNTY       459053 SC       LANCASTER COUNTY       459053 SC       HARPTON COUNTY         45905 SC       LANCASTER COUNTY       459065 SC       MCCORMICK COUNTY       459067 SC       MARIDORO COUNTY         459063 SC       LEXINGTON COUNTY       459065 SC       MCCORMICK COUNTY       459075 SC       MARIDORO COUNTY         459063 SD       ALROASTER COUNTY       459075 SC       GREENVILLE COUNTY       459075 SC       MARIDORO COUNTY         459075 SC       ORANGEBURG COUNTY <td>450300 SC</td> <td>CHARLESTON</td> <td></td> <td></td> <td>450534 SC</td> <td>FLORENCE</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 450300 SC              | CHARLESTON         |           |                    | 450534 SC | FLORENCE           |
| 45154 SCSPARTANEURG451620SCSUMTER459001SCABBEVILLE COUNTY459003 SCAKEN COUNTY459015SCALLENDALE COUNTY459013SCANDERSON COUNTY459015 SCBERKELEY COUNTY459017SCCALHOUN COUNTY459013SCCHARLESTON COUNTY459015 SCCHEROKEE COUNTY459025SCCHEROKEE COUNTY459025SCCHEROKEE COUNTY459025SCCHEROKEE COUNTY459035 SCCHEROKEE COUNTY459047SCCOLCETON COUNTY459043SCGEORGETOWN459045 SCGREENVILLE COUNTY459045SCASPRECOUNTY459045SCGEORGETOWN45905 SCHORRY COUNTY459055SCLAURENS COUNTY459065SCLEE COUNTY459063 SCLANCASTER COUNTY459057SCLAURENS COUNTY459067SCMARINO COUNTY459063 SCLANCASTER COUNTY459077SCNICHANDO COUNTY459077SCNICHANDO COUNTY459075 SCCRANGEBURG COUNTY459078SCWILLIAMSBURG459079SCRICHAND COUNTY459087 SCUNION COUNTY459079SCWILLIAMSBURG459091SCYORK COUNTY459087 SCUNION COUNTY459089SCWILLIAMSBURG459091SDBENNETT COUNTY459087 SCUNION COUNTY469015SDBEADELCOUNTY469015SDBENNETT COUNTY469035 SDAVENCOUNTY469015SDBEADECOUNTY <t< td=""><td>450648 SC</td><td></td><td></td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 450648 SC              |                    |           |                    |           |                    |
| 459003 SCAIKEN COUNTY459005SCALLENDALE COUNTY459017SCANDERSON COUNTY459009 SCBAMBERG COUNTY459011SCBARNWELL COUNTY459013SCBEAUFORT COUNTY459015 SCBERKELEY COUNTY459013SCCALHOUN COUNTY459023SCCHESTER COUNTY459021 SCCHARDRON COUNTY459023SCCHESTER COUNTY459031SCCHESTERFELD459033 SCDILLON COUNTY459035SCCORCHESTER COUNTY459037SCEDGEFIELD COUNTY459035 SCGREENVILLE COUNTY459043SCFLORENCE COUNTY459045SCGEORGETOWN459045 SCGREENVILLE COUNTY459053SCLAXPENCOUNTY459053SCKERSHAW COUNTY459053 SCHORRY COUNTY459053SCJASPER COUNTY459067SCMARION COUNTY459063 SCLEXINGTON COUNTY459065SCMCCORMICK COUNTY459067SCMARION COUNTY45907 SCCALNCASTER COUNTY459073SCOCANEE COUNTY459075SCMARION COUNTY45907 SCMARLBORO COUNTY459083SCSPARTANBURG459075SCSUMTER COUNTY45907 SCMARLBORO COUNTY459083SCSPARTANBURG459075SCSUMTER COUNTY45907 SCNARLBORO COUNTY459075SCMARLBORO COUNTY459075SCSUMTER COUNTY459083 SCSALUDA COUNTY459075SDBANDCOUNTY459075SC<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 451554 SC              |                    |           |                    |           |                    |
| 459009 SCBAMBERG COUNTY459011 SCBARNWELL COUNTY459013 SCBEAUFORT COUNTY459015 SCBERKELEY COUNTY459021 SCCALHOUN COUNTY459019 SCCHARLESTON COUNTY459021 SCCLIEROKEE COUNTY459023 SCCOLESTER COUNTY459031 SCDARLINGTON COUNT459032 SCCLIARCOUNTY459035 SCDARCHESTER COUNTY459037 SCDECEFIELD COUNTY459035 SCDILLON COUNTY459045 SCFLORENCE COUNTY459045 SCGEORGETOWN459051 SCHORRY COUNTY459053 SCJARCHESTER COUNTY459045 SCKERSHAW COUNTY459051 SCLANCASTER COUNTY459055 SCKERSHAW COUNTY459055 SCKERSHAW COUNTY459051 SCLANCASTER COUNTY459057 SCARKION COUNTY459075 SCARKION COUNTY459051 SCLANCASTER COUNTY459071 SCNERNICOUNTY459075 SCCOCONEC COUNTY459075 SCMARIDOR COUNTY459071 SCNERNICOUNTY459075 SCSCSUMTER COUNTY459087 SCVININ COUNTY459087 SCSCSUMTER COUNTY459078 SCSCSUMTER COUNTY459087 SCVININ COUNTY459087 SCSDSIGUX FALLS50007 SDSDBENNETT COUNTY459087 SCUNION COUNTY469003 SDBEADLE COUNTY469013 SDBROWN COUNTY469003 SDAURORA COUNTY469023 SDCHARLES COUNTY469031 SDCORSON COUNTY46903 SDAURORA COUNTY469035 SDCHARLES COUNTY469031 SDCORSON COUNTY46903 SD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 459003 SC              |                    |           |                    |           |                    |
| 459015 SCBERKELEY COUNTY459017 SCCALHOUN COUNTY459019 SCCHARLESTON COUNT459021 SCCHEROKEE COUNTY459023 SCCHESTER COUNTY459035 SCCHESTERFIELD459035 SCDILLON COUNTY459035 SCDORCHESTER COUNTY459037 SCEDCEPTELD COUNTY459035 SCFAIRFIELD COUNTY459045 SCGREENVILLE COUNTY459035 SCEDCEPTELD COUNTY459045 SCGREENVILLE COUNTY459053 SCJASPER COUNTY459049 SCHAMPTON COUNTY459055 SCLANCASTER COUNTY459055 SCMERENCE COUNTY459067 SCKERSHAW COUNTY459063 SCLEXINGTON COUNTY459067 SCMARLBORO COUNTY459067 SCMARION COUNTY459069 SCMARLBORO COUNTY459073 SCOCONEC COUNTY459073 SCOCONEC COUNTY459075 SCNINON COUNTY459083 SCSPARTANBURG459073 SCOCNEC COUNTY459081 SCSALUDA COUNTY459083 SCSPARTANBURG45907 SCYORK COUNTY459083 SCNUNION COUNTY459085 SCSUINTER COUNTY459015 SDBENNETT COUNTY469003 SDRAPID CITY461518 SDSIOUX FALLS5007 SDBENNETT COUNTY469003 SDAURORA COUNTY469017 SDBUFFALO COUNTY469013 SDBROWN COUNTY469015 SDBRULE COUNTY469017 SDBUFFALO COUNTY469013 SDDORSON COUNTY469035 SDCLAY COUNTY469035 SDDAVISON COUNTY469035 SDDAVISON COUNTY469015 SDAARKOUNTY469035 SDBRULE COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |           |                    |           |                    |
| 459021 SCCHEROKEE COUNTY459023 SCCHESTER COUNTY459031 SCDARLINGTON COUNTY459023 SCDILLON COUNTY459033 SCCOLLETON COUNTY459033 SCDARLINGTON COUNTY459033 SCDILLON COUNTY459043 SCCOLCHESTER COUNTY459043 SCEDGEFIELD COUNTY459045 SCGREENVILLE COUNTY459047 SCGREENVOLD COUNTY459049 SCHAMPTON COUNTY459051 SCHORRY COUNTY459053 SCJASPER COUNTY459055 SCKERSHAW COUNTY459063 SCLANCASTER COUNTY459065 SCCOCQMICK COUNTY459067 SCMARLBORO COUNTY459063 SCMARLBORO COUNTY459071 SCNCCORMICK COUNTY459073 SCCONDEE COUNTY459087 SCUNION COUNTY459078 SCSCSAPARTANBURG459073 SCSC MARLOR COUNTY459087 SCUNION COUNTY459089 SCWILLIAMSBURG459081 SCSUMTER COUNTY459087 SCUNION COUNTY459083 SCSPARTANBURG459081 SCSUMTER COUNTY469003 SDBAUROR A COUNTY469015 SDBEADLE COUNTY469013 SDBROWN COUNTY469015 SDRAPID CTY469017 SDBUFFALO COUNTY469013 SDBUCLARK COUNTY46903 SDCLAMPBELL COUNTY469013 SDCARLES MIK COUNTY469031 SDCARARON COUNTY46903 SDBOL HOMME COUNTY469043 SDDAVISON COUNTY469031 SDCARARON COUNTY46903 SDBUHLE COUNTY469043 SDDAVISON COUNTY469037 SDDAY COUNTY46903 SDBUHLE COUNTY4690                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |           |                    |           |                    |
| 459027 SCCLARENDON COUNTY459039 SCCOLLETON COUNTY459031 SCDARLINGTON COUNTY459033 SCFAIRFIELD COUNTY459041 SCFORENCE COUNTY459043 SCEDGEFIELD COUNTY459045 SCGREENVILLE COUNTY459043 SCGREENWODD COUNTY459045 SCGEOREGTOWN459051 SCLANCASTER COUNTY459053 SCSASPER COUNTY459057 SCHAMPTON COUNTY459065 SCLEXINGTON COUNTY459057 SCMARLBORO COUNTY459071 SCKERSHAW COUNTY459055 SCMARLBORO COUNTY459071 SCNEWBERRY COUNTY459075 SCCOCONEE COUNTY459075 SCORANGEBURG COUNTY459073 SCSCNCCORMICK COUNTY459075 SCCOCONEE COUNTY459075 SCORANGEBURG COUNTY459087 SCSSSALUDA COUNTY459087 SCSCSUMTER COUNTY459075 SCUNION COUNTY459087 SCSSSIMTER COUNTY459079 SCRICLAND COUNTY459087 SCUNION COUNTY459087 SCSIMTER COUNTY459071 SCSCSUMTER COUNTY459087 SCUNION COUNTY459087 SCSIMTER COUNTY459091 SCSCSUMTER COUNTY459087 SCUNION COUNTY469017 SDBENDET COUNTY469013 SDBROWN COUNTY469003 SDAURORA COUNTY469017 SDBEADLE COUNTY469013 SDBROWN COUNTY469035 SDBON HOMME COUNTY469023 SDCODINGTON COUNTY469013 SDBUNTY469035 SDCUNTY469025 SDCANPBELL COUNTY469025 SDBACLAC COUNTY <tr< td=""><td></td><td></td><td></td><td></td><td></td><td></td></tr<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                    |           |                    |           |                    |
| 459033 SCDILLON COUNTY459035SCDORCHESTER COUNTY459043SCEDEFFELD COUNTY459039 SCFAIRFIELD COUNTY459041SCFLORENCE COUNTY459043SCGEORGETOWN459045 SCGREENVILLE COUNTY459057SCJASPER COUNTY459057SCHAMPTON COUNTY459057 SCLANCASTER COUNTY459057SCLAURENS COUNTY459065SCKERNWOOD COUNTY459065 SCLEXINGTON COUNTY459057SCLAURENS COUNTY459079SCMARIDON COUNTY459075 SCORANGEBUG COUNTY459071SCNCCORMICK COUNTY459079SCNICHLAND COUNTY459087 SCORANGEBUG COUNTY459083SCSPARTANBURG459079SCSUMTER COUNTY459087 SCUNION COUNTY459083SCSPARTANBURG459085SCSUMTER COUNTY459087 SCUNION COUNTY459083SCSPARTANBURG459015SDBENNETT COUNTY469083 SDAURORA COUNTY469015SDBEADLE COUNTY469017SDBENNETT COUNTY469035 SDAURORA COUNTY469013SDBUFFALO COUNTY469013SDBONTET COUNTY469015 SDBONHOMME COUNTY469013SDCORSON COUNTY469015SDCLARK COUNTY469035 SDCLAYE COUNTY469035SDCAMPBELL COUNTY469035SDCLARK COUNTY469035 SDCLAYE COUNTY469035SDCAUNTY469035SDCLARK CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |           |                    |           |                    |
| 459039 SCFAIRFIELD COUNTY459041SCFLORENCE COUNTY459043SCGEORGETOWN459045 SCGREENVILLE COUNTY459053SCJASPER COUNTY459045SCHAMPTON COUNTY459051 SCLANCASTER COUNTY459053SCJASPER COUNTY459056SCKCENAHAW COUNTY459053 SCLAXCASTER COUNTY459059SCLAURENS COUNTY459067SCMARION COUNTY459069 SCMARLBOR COUNTY459071SCNEWBERRY COUNTY459073SCOCONEC COUNTY459075 SCORANGEBURG COUNTY459071SCNEWBERRY COUNTY459073SCOCONEC COUNTY459075 SCORANGEBURG COUNTY459073SCPICKENS COUNTY459075SCSUMTER COUNTY459087 SCUNION COUNTY459083SCSPARTANBURG459091SCSUMTER COUNTY459087 SCUNION COUNTY459085SCSUMTER COUNTY459073SDBEADLE COUNTY469013SDBROWN COUNTY46909 SDBON HOMME COUNTY469015SDBUFFALC COUNTY469013SDBUROWN COUNTY469013SDBUROWN COUNTY469015 SDBRULE COUNTY469023SDCOLINGTON COUNTY469013SDBOCONOCUNTY469013SDBOCNSON COUNTY469021 SDCAMPBELL COUNTY469023SDCOLINGTON COUNTY469033SDCORSON COUNTY469033 SDCUSTER COUNTY469035SDAVISON COUNTY469035SD <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                    |           |                    |           |                    |
| 459045 SCGREENVILLE COUNTY459047 SCGREENWOOD COUNTY459049 SCHAMPTON COUNTY459051 SCHORRY COUNTY459053 SCJASPER COUNTY459055 SCKERSHAW COUNTY459063 SCLANCASTER COUNTY459059 SCLAURENS COUNTY459067 SCLEE COUNTY459063 SCLEXINGTON COUNTY459057 SCMCCORMICK COUNTY459073 SCOCONEC COUNTY459075 SCORANGEBURG COUNTY459077 SCNEWBERRY COUNTY459073 SCOCONEC COUNTY459075 SCORANGEBURG COUNTY459073 SCSCSUMTER COUNTY459073 SCOCONEC COUNTY459075 SCUNION COUNTY459083 SCSPARTANBURG459091 SCSUMTER COUNTY459087 SCUNION COUNTY459089 SCWILLIAMSBURG459091 SCYORK COUNTY469003 SDAURORA COUNTY469005 SDBEADLE COUNTY469007 SDBENNETT COUNTY469003 SDBULLE COUNTY469011 SDBUFFALO COUNTY469013 SDBROWN COUNTY469021 SDCAMPBELL COUNTY469023 SDCHARLES MIX COUNTY469031 SDCORSON COUNTY469033 SDCUSTER COUNTY469041 SDDEWEY COUNTY469043 SDDOUGLAS COUNTY469051 SDBCANT COUNTY469053 SDDAVISON COUNTY469045 SDDAVISON COUNTY469051 SDBCANT COUNTY469053 SDDAVISON COUNTY469045 SDDAVISON COUNTY469051 SDBCANT COUNTY469053 SDBCANT COUNTY469055 SDHANKON COUNTY469055 SDHAMLIN COUNTY469053 SDH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                    |           |                    |           |                    |
| 459051 SCHORRY COUNTY459053SCJASPER COUNTY459055SCKERSHAW COUNTY459067 SCLANCASTER COUNTY459065SCLAURENS COUNTY459067SCLEE COUNTY459069 SCMARLBORO COUNTY459071SCNCCORMICK COUNTY459073SCOCONEC COUNTY459075 SCORANGEBURG COUNTY459071SCNEWBERRY COUNTY459073SCOCONEE COUNTY459081 SCSALUDA COUNTY459073SCPICKENS COUNTY459073SCNCOCNTY459087 SCUNION COUNTY459083SCSPARTANBURG459085SCVINTER COUNTY459083 SCSUMTER COUNTY459085SCSUMTER COUNTY459091SDNUTER COUNTY469003 SDAURORA COUNTY469015SDBENOENGS COUNTY469013SDBENOWN COUNTY469015 SDBRULE COUNTY469011SDBROKINGS COUNTY469013SDBUTTE COUNTY469021 SDCAMPBELL COUNTY469023SDCODINGTON COUNTY469037SDCLARK COUNTY469033 SDCUSTER COUNTY469045SDDAVISON COUNTY469037SDDAY COUNTY469033 SDCUSTER COUNTY469047SDCALK COUNTY469033SDDOUGLAS COUNTY469033 SDCUSTER COUNTY469047SDFALL RIVER COUNTY469035SDDAY COUNTY469035 SDDEUL COUNTY469047SDFALL RIVER COUNTY469035SDHAAKON COUNTY <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                    |           |                    |           |                    |
| 459057 SCLANCASTER COUNTY459059SCLAURENS COUNTY459061SCLEE COUNTY459063 SCLEXINGTON COUNTY459065SCMCCORMICK COUNTY459067SCMARION COUNTY459065 SCMARLBORO COUNTY459071SCNEWBERRY COUNTY459073SCOCNEE COUNTY459075 SCORANGEBURG COUNTY459077SCPICKENS COUNTY459079SCRICHLAND COUNTY459087 SCUNION COUNTY459089SCSPARTANBURG459091SCSUMTER COUNTY459087 SCUNION COUNTY459089SCWILLIAMSBURG459091SCSUMTER COUNTY461392 SDRAPID CITY461518SDSIOUX FALLS469007SDBENNETT COUNTY469003 SDAURORA COUNTY469017SDBUFFALO COUNTY469013SDBROWN COUNTY469015 SDBRULE COUNTY469017SDBUFFALO COUNTY469013SDBUTE COUNTY469027 SDCLAY COUNTY469035SDCAMPBELL COUNTY469035SDCARK COUNTY469033 SDDESTER COUNTY469035SDDAVISON COUNTY469037SDDAY COUNTY469045 SDEDMUNDS COUNTY469041SDDEWEY COUNTY469035SDHAAKON COUNTY46905 SDHAMLIN COUNTY469053SDHAND COUNTY469075SDHAAKON COUNTY46905 SDHAMLIN COUNTY469077SDHANC COUNTY469075SDHAAKON COUNTY4690                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                    |           |                    |           |                    |
| 459063 SCLEXINGTON COUNTY459065SCMCCORMICK COUNTY459073SCMARION COUNTY459069 SCMARLBORO COUNTY459071SCNEWBERRY COUNTY459073SCOCONEE COUNTY459073 SCORANGEBURG COUNTY459073SCPICKENS COUNTY459075SCRICHLAND COUNTY459087 SCUNION COUNTY459083SCSPARTANBURG459055SCSUMTER COUNTY459087 SCUNION COUNTY459089SCWILLIAMSBURG459057SCSUMTER COUNTY469003 SDAURORA COUNTY469015SDBEADLE COUNTY469017SDBENNETT COUNTY469009 SDBON HOMME COUNTY469017SDBUFFALO COUNTY469013SDBRUTE COUNTY469015 SDBRULE COUNTY469013SDBUTE COUNTY469013SDBUTE COUNTY469021 SDCAMPBELL COUNTY469023SDCARLES MIX COUNTY469031SDCORSON COUNTY469033 SDCLAR COUNTY469043SDDAY COUNTY469043SDDAY COUNTY469043 SDDEUEL COUNTY469047SDAAVISON COUNTY469043SDDAUGLAS COUNTY469055 SDBANT COUNTY469053SDGRANT COUNTY469055SDHANLO COUNTY469057 SDIAANTY469059SDHAND COUNTY469045SDHANSON COUNTY469057 SDIAANTY469059SDHAND COUNTY469045SDHAULK COUNTY469057 SD <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                    |           |                    |           |                    |
| 459069 SCMARLBORO COUNTY459071SCNEWBERRY COUNTY459073SCOCONEE COUNTY459075 SCORANGEBURG COUNTY459077SCPICKENS COUNTY459073SCRICHLAND COUNTY459087 SCUNION COUNTY459083SCSPARTANBURG459087SCSUMTER COUNTY459087 SCUNION COUNTY459089SCWILLIAMSBURG459081SCSUMTER COUNTY46903 SDAURORA COUNTY46905SDBEADLE COUNTY469017SDBENNETT COUNTY46909 SDBON HOMME COUNTY469011SDBROKINGS COUNTY469013SDBUTTE COUNTY469015 SDBRULE COUNTY469017SDBUTTE COUNTY469017SDBUTTE COUNTY469021 SDCAMPBELL COUNTY469023SDCHARLES MIX COUNTY469031SDCORSON COUNTY469037 SDCLAY COUNTY469035SDDAVISON COUNTY469031SDCORSON COUNTY469035 SDDEUEL COUNTY469041SDDAVISON COUNTY469037SDDAULK COUNTY469045 SDEDMUNDS COUNTY469047SDFALL RIVER COUNTY469043SDDOUGLAS COUNTY469055 SDHAMLIN COUNTY469055SDHANE COUNTY469075SDHANKON COUNTY469055 SDHAMLIN COUNTY469055SDHANKON COUNTY469075SDHANKON COUNTY469058 SDHANDING COUNTY469071SDJACKSON COUNTY469075SDLAKEC COUNTY <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                    |           |                    |           |                    |
| 459075 SCORANGEBURG COUNTY459077SCPICKENS COUNTY459079SCRICHLAND COUNTY459081 SCSALUDA COUNTY459083SCSPARTANBURG459085SCSUMTER COUNTY459087 SCUNION COUNTY459089SCWILLIAMSBURG459091SCYORK COUNTY500TH DAKOTA461518SDSIOUX FALLS469007SDBENNETT COUNTY469003 SDAURORA COUNTY469013SDBEADLE COUNTY469013SDBROWN COUNTY469015 SDBULE COUNTY469017SDBUFFALO COUNTY469013SDBROWN COUNTY469021 SDCAMPBELL COUNTY469023SDCHARLES MIX COUNTY469025SDCLARK COUNTY469033 SDCUSTER COUNTY469035SDDAVISON COUNTY469037SDDAY COUNTY469035 SDDEUEL COUNTY469041SDDEWEY COUNTY469043SDDOUGLAS COUNTY469057 SDHAMLIN COUNTY469053SDGREGORY COUNTY469049SDFAULK COUNTY469057 SDHAMLIN COUNTY469059SDHAND COUNTY469045SDHANSON COUNTY469057 SDHAMLIN COUNTY469071SDJACKSON COUNTY469075SDHAAKON COUNTY469057 SDHAMLIN COUNTY469071SDJACKSON COUNTY469075SDHAAKON COUNTY469057 SDHAMLIN COUNTY469071SDJACKSON COUNTY469075SDHAAKON COUNTY469057 SD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                    |           |                    |           |                    |
| 459081 SC<br>459087 SCSALUDA COUNTY459083 SC<br>459089 SCSPARTANBURG459085 SC<br>459091 SCSUMTER COUNTY<br>459091 SCSOUTH DAKOTA461392 SD<br>469003 SDAVRORA COUNTY461518 SD<br>469005 SDSIOUX FALLS469003 SD<br>469003 SDBON HOMME COUNTY<br>469015 SD469005 SD<br>BAULE COUNTYBEADLE COUNTY<br>469017 SD<br>BUFFALO COUNTY469007 SD<br>469013 SD<br>BUTE COUNTY469015 SD<br>469013 SDBRULE COUNTY<br>469017 SD<br>469013 SDCLARK COUNTY<br>469017 SD<br>CLAY COUNTY469017 SD<br>469023 SD<br>CUNTYBUFFALO COUNTY<br>469031 SD<br>AG903 SD<br>COUNTY469033 SD<br>469033 SD<br>CUSTER COUNTYCAMPBELL COUNTY<br>469033 SD<br>469033 SD<br>CUSTER COUNTY469041 SD<br>469041 SD<br>DEWEY COUNTY<br>469043 SD<br>A69051 SD<br>DAVISON COUNTY<br>469053 SD<br>469053 SD<br>AG8045 SD<br>DEUEL COUNTY<br>469053 SD<br>469051 SD<br>HAMLIN COUNTY<br>469053 SD<br>HAMLIN COUNTY<br>469073 SD<br>HAMLIN COUNTY                                                                                                                                                                                                                                             |                        |                    |           |                    |           |                    |
| 459087 SCUNION COUNTY459089SCWILLIAMSBURG459091SCYORK COUNTY461392 SDRAPID CITY461518SDSIOUX FALLS469003 SDAURORA COUNTY469005SDBEADLE COUNTY469007SDBENNETT COUNTY469003 SDBON HOMME COUNTY469011SDBROCKINGS COUNTY469013SDBROWN COUNTY469015 SDBRULE COUNTY469017SDBUFFALO COUNTY469013SDBUTTE COUNTY469027 SDCLAY COUNTY469023SDCHARLES MIX COUNTY469037SDDAY COUNTY469033 SDCUSTER COUNTY469035SDDAVISON COUNTY469037SDDAY COUNTY469045 SDEDMUNDS COUNTY469043SDDAUISON COUNTY469045SDDAULK COUNTY469051 SDGRANT COUNTY469043SDFALL RIVER COUNTY469045SDHAAKON COUNTY469051 SDGRANT COUNTY469053SDGREGORY COUNTY469055SDHAAKON COUNTY469051 SDGRANT COUNTY469051SDHANENON COUNTY469073SDHAULK COUNTY469053 SDHARDING COUNTY469077SDHACKSON COUNTY469073SDHAULK COUNTY469075 SDJONES COUNTY469077SDIACKSON COUNTY469073SDJERAULD COUNTY469075 SDJONES COUNTY469077SDIACKSON COUNTY469073SDLAKE COUNTY469075 SDJONES COUNTY469077<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                    |           |                    |           |                    |
| SOUTH DAKOTA461392 SDRAPID CITY461518SDSIOUX FALLS469003 SDAUROR A COUNTY469005SDBEADLE COUNTY469017SDBENNETT COUNTY469009 SDBON HOMME COUNTY469011SDBROOKINGS COUNTY469013SDBROWN COUNTY469015 SDBRULE COUNTY469017SDBUFFALO COUNTY469025SDCLARK COUNTY469027 SDCLAY COUNTY469023SDCHARLES MIX COUNTY469031SDCORSON COUNTY469039 SDDEUEL COUNTY469025SDDAY COUNTY469037SDDAY COUNTY469039 SDDEUEL COUNTY469041SDDEWEY COUNTY469043SDDOUGLAS COUNTY469045 SDEDMUNDS COUNTY469053SDGREGORY COUNTY469055SDHAAKON COUNTY469051 SDGRANT COUNTY469053SDGREGORY COUNTY469055SDHAAKON COUNTY469063 SDHAMLIN COUNTY469055SDHAND COUNTY469067SDHANSON COUNTY469069 SDHANLIN COUNTY469071SDJACKSON COUNTY469073SDJERAULD COUNTY469063 SDJAWRENCE COUNTY469083SDLINCOLN COUNTY469073SDLAKE COUNTY469069 SDHANLIN COUNTY469071SDJACKSON COUNTY469073SDLAKE COUNTY469069 SDJAVENCE COUNTY469083SDLINCOLN COUNTY469073SDLAKE COUNTY469075 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 459081 SC<br>459087 SC |                    |           |                    |           |                    |
| 461392 SDRAPID CITY461518SDSIOUX FALLS469003 SDAURORA COUNTY469005SDBEADLE COUNTY469007SDBENNETT COUNTY469009 SDBON HOMME COUNTY469011SDBROKINGS COUNTY469013SDBROWN COUNTY469015 SDBRULE COUNTY469017SDBUFFALO COUNTY469019SDBUTTE COUNTY469027 SDCLAY COUNTY469023SDCHARLES MIX COUNTY469031SDCORSON COUNTY469033 SDCUSTER COUNTY469035SDDAVISON COUNTY469037SDDAY COUNTY469045 SDEDMUNDS COUNTY469043SDDOUGLAS COUNTY469043SDDOUGLAS COUNTY469057 SDEDMUNDS COUNTY469053SDGREGORY COUNTY469049SDFAULK COUNTY469057 SDHAMLIN COUNTY469053SDGREGORY COUNTY469045SDHAAKON COUNTY469057 SDHAMLIN COUNTY469059SDHUGHES COUNTY469073SDJERAULD COUNTY469058 SDHARDING COUNTY469057SDHUGHES COUNTY469073SDJERAULD COUNTY469057 SDJONES COUNTY469073SDJERAULD COUNTY469073SDJERAULD COUNTY469057 SDJONES COUNTY469073SDJERAULD COUNTY469073SDJERAULD COUNTY469057 SDJONES COUNTY469073SDJERAULD COUNTY469073SDJERAULD COUNTY469075 SDJONES COUNTY <t< td=""><td>COUPERDA</td><td>¢</td><td></td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | COUPERDA               | ¢                  |           |                    |           |                    |
| 469003 SDAURORA COUNTY469005SDBEADLE COUNTY469007SDBENNETT COUNTY469009 SDBON HOMME COUNTY469011SDBROOKINGS COUNTY469013SDBROWN COUNTY469015 SDBRULE COUNTY469017SDBUFFALO COUNTY469019SDBUTTE COUNTY469021 SDCAMPBELL COUNTY469023SDCHARLES MIX COUNTY469031SDCCARK COUNTY469037 SDCLAY COUNTY469035SDDAVISON COUNTY469037SDDAY COUNTY469039 SDDEUEL COUNTY469041SDDEWEY COUNTY469043SDDOUGLAS COUNTY469051 SDGRANT COUNTY469053SDGREGORY COUNTY469043SDDOUGLAS COUNTY469051 SDGRANT COUNTY469059SDHAND COUNTY469055SDHAAKON COUNTY469063 SDHARDING COUNTY469055SDHAND COUNTY469067SDHUTCHINSON COUNTY469075 SDJONES COUNTY469071SDJACKSON COUNTY469073SDJERAULD COUNTY469075 SDJONES COUNTY469077SDKINGSBURY COUNTY469079SDLAKE COUNTY469081 SDLAWRENCE COUNTY469083SDMCPHERSON COUNTY469097SDMINRER COUNTY469093 SDMEADE COUNTY469085SDMCPHERSON COUNTY469097SDMINRER COUNTY469093 SDMCAOC COUNTY469085SDMCPHERSON COUNTY469097SDMINRER COUNTY<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    | 161510 00 | SIOTIX EVELS       | -         |                    |
| 469009 SDBON HOMME COUNTY469011SDBROOKINGS COUNTY469013SDBROWN COUNTY469015 SDBRULE COUNTY469017SDBUFFALO COUNTY469019SDBUTTE COUNTY469021 SDCAMPBELL COUNTY469023SDCHARLES MIX COUNTY469025SDCLARK COUNTY469023 SDCLAY COUNTY469029SDCODINGTON COUNTY469031SDCORSON COUNTY469033 SDCUSTER COUNTY469035SDDAVISON COUNTY469037SDDAY COUNTY469045 SDEDMUNDS COUNTY469047SDFALL RIVER COUNTY469043SDDOUGLAS COUNTY469057 SDGRANT COUNTY469053SDGREGORY COUNTY469055SDHAAKON COUNTY469057 SDHAMLIN COUNTY469055SDHAND COUNTY469061SDHANSON COUNTY469057 SDHARDING COUNTY469071SDJACKSON COUNTY469073SDJERAULD COUNTY469058 DHYDE COUNTY469077SDKINGSBURY COUNTY469073SDJERAULD COUNTY469081 SDLAWRENCE COUNTY469073SDLAKE COUNTY469085SDLYMAN COUNTY469083 SDMCCOOK COUNTY469083SDLINCOLN COUNTY469073SDLAKE COUNTY469073 SDJACKSON COUNTY469077SDKINGSBURY COUNTY469073SDLAKE COUNTY469073 SDMCCOOK COUNTY469083SDLINCOLN COUNTY469097SDLAKE COUNTY </td <td></td> <td></td> <td></td> <td></td> <td>460007 85</td> <td>DENNETT COUNTY</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                    |           |                    | 460007 85 | DENNETT COUNTY     |
| 469015 SDBRULE COUNTY469017SDBUFFALO COUNTY469019SDBUTTE COUNTY469021 SDCAMPBELL COUNTY469023SDCHARLES MIX COUNTY469025SDCLARK COUNTY469023 SDCUSTER COUNTY469029SDCODINGTON COUNTY469031SDCORSON COUNTY469033 SDCUSTER COUNTY469035SDDAVISON COUNTY469037SDDAY COUNTY469045 SDDEUEL COUNTY469041SDDEWEY COUNTY469043SDDOUGLAS COUNTY469051 SDGRANT COUNTY469047SDFALL RIVER COUNTY469045SDHAUK COUNTY469057 SDHAMLIN COUNTY469059SDHAND COUNTY469065SDHAXKON COUNTY469063 SDHARDING COUNTY469055SDHAND COUNTY469067SDHUTCHINSON COUNTY469063 SDHARDING COUNTY469071SDJACKSON COUNTY469073SDJERAULD COUNTY469075 SDJONES COUNTY469077SDKINGSBURY COUNTY469073SDLAKE COUNTY469083 SDLAWRENCE COUNTY469083SDLINCOLN COUNTY469073SDLAKE COUNTY469071 SDJONES COUNTY469083SDLINCOLN COUNTY469073SDLAKE COUNTY469087 SDMCCOOK COUNTY469083SDLINCOLN COUNTY469073SDMARSHALL COUNTY469093 SDMEADE COUNTY469089SDMCPHERSON COUNTY469097SDMINRER COUNTY <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                    |           |                    |           |                    |
| 469021 SDCAMPBELL COUNTY469023SDCHARLES MIX COUNTY469025SDCLARK COUNTY469027 SDCLAY COUNTY469029SDCODINGTON COUNTY469031SDCORSON COUNTY469033 SDCUSTER COUNTY469035SDDAVISON COUNTY469037SDDAY COUNTY469039 SDDEUEL COUNTY469041SDDEWEY COUNTY469043SDDOUGLAS COUNTY469051 SDGRANT COUNTY469053SDFALL RIVER COUNTY469049SDFAULK COUNTY469053 SDGRANT COUNTY469059SDHAND COUNTY469055SDHAAKON COUNTY469063 SDHARDING COUNTY469059SDHAND COUNTY469067SDHUTCHINSON COUNTY469069 SDHYDE COUNTY469071SDJACKSON COUNTY469073SDJERAULD COUNTY469075 SDJONES COUNTY469073SDLINCOLN COUNTY469073SDLAKE COUNTY469087 SDMCCOOK COUNTY469083SDLINCOLN COUNTY469091SDMARSHALL COUNTY469087 SDMCCOOK COUNTY469089SDMCPHERSON COUNTY469091SDMARSHALL COUNTY469093 SDMEADE COUNTY469095SDMELLETTE COUNTY469097SDMINRER COUNTY469093 SDMEADE COUNTY469107SDPOTTER COUNTY469103SDPENNINGTON COUNTY469093 SDMEADE COUNTY469107SDPOTTER COUNTY469103SDPENNINGTON COUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |           |                    |           |                    |
| 469027 SDCLAY COUNTY469029SDCODINGTON COUNTY469031SDCORSON COUNTY469033 SDCUSTER COUNTY469035SDDAVISON COUNTY469037SDDAY COUNTY469039 SDDEUEL COUNTY469041SDDEWEY COUNTY469043SDDOUGLAS COUNTY469045 SDEDMUNDS COUNTY469047SDFALL RIVER COUNTY469049SDFAULK COUNTY469057 SDGRANT COUNTY469053SDGREGORY COUNTY469065SDHAAKON COUNTY469053 SDHARDING COUNTY469055SDHAND COUNTY469067SDHUTCHINSON COUNTY469063 SDHARDING COUNTY469055SDHUGHES COUNTY469067SDHUTCHINSON COUNTY469063 SDHARDING COUNTY469077SDJACKSON COUNTY469073SDJERAULD COUNTY469063 SDHARDING COUNTY469077SDJACKSON COUNTY469073SDJERAULD COUNTY469075 SDJONES COUNTY469077SDLINCOLN COUNTY469073SDLAKE COUNTY469083 SDLAWRENCE COUNTY469083SDLINCOLN COUNTY469091SDMARSHALL COUNTY469093 SDMEADE COUNTY469095SDMELLETTE COUNTY469097SDMINRER COUNTY469093 SDMINNEHAHA COUNTY469107SDPOTTER COUNTY469103SDPENNINGTON COUNTY469105 SDPERKINS COUNTY469107SDPOTTER COUNTY469109SDROB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |           |                    |           |                    |
| 469033 SDCUSTER COUNTY469035SDDAVISON COUNTY469037SDDAY COUNTY469039 SDDEUEL COUNTY469041SDDEWEY COUNTY469043SDDOUGLAS COUNTY469045 SDEDMUNDS COUNTY469047SDFALL RIVER COUNTY469049SDFAULK COUNTY469045 SDEDMUNDS COUNTY469053SDGREGORY COUNTY469055SDHAAKON COUNTY469057 SDHAMLIN COUNTY469059SDHAND COUNTY469067SDHUTCHINSON COUNTY469063 SDHARDING COUNTY469075SDHUGHES COUNTY469073SDJERAULD COUNTY469059 SDHYDE COUNTY469071SDJACKSON COUNTY469073SDJERAULD COUNTY469075 SDJONES COUNTY469077SDKINGSBURY COUNTY469079SDLAKE COUNTY469081 SDLAWRENCE COUNTY469083SDLINCOLN COUNTY469091SDMARSHALL COUNTY469087 SDMCCOOK COUNTY469089SDMCPHERSON COUNTY469091SDMARSHALL COUNTY469093 SDMEADE COUNTY469095SDMELETTE COUNTY469097SDMINRER COUNTY469015 SDPERKINS COUNTY469101SDMOODY COUNTY469103SDPENNINGTON COUNTY469113 SDSHANNON COUNTY469113SDSHANNON COUNTY469101SDSPINK COUNTY469117 SDSTANLEY COUNTY469113SDSHANNON COUNTY469121SDFINK CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |           |                    |           |                    |
| 469039 SDDEUEL COUNTY469041SDDEWEY COUNTY469043SDDOUGLAS COUNTY469045 SDEDMUNDS COUNTY469047SDFALL RIVER COUNTY469049SDFAULK COUNTY469051 SDGRANT COUNTY469053SDGREGORY COUNTY469055SDHAAKON COUNTY469053 SDHAMLIN COUNTY469059SDHAND COUNTY469057SDHANSON COUNTY469063 SDHARDING COUNTY469059SDHUGHES COUNTY469061SDHUTCHINSON COUNTY469055 SDJONES COUNTY469071SDJACKSON COUNTY469073SDJERAULD COUNTY469075 SDJONES COUNTY469077SDKINGSBURY COUNTY469079SDLAKE COUNTY469081 SDLAWRENCE COUNTY469083SDLINCOLN COUNTY469095SDLYMAN COUNTY469087 SDMCCOOK COUNTY469089SDMCPHERSON COUNTY469091SDMARSHALL COUNTY469093 SDMEADE COUNTY469101SDMOODY COUNTY469097SDMINRER COUNTY469095 SDMINNEHAHA COUNTY469101SDMOODY COUNTY469103SDPENNINGTON COUNTY469113 SDSANBORN COUNTY469113SDSHANNON COUNTY469113SDSPINK COUNTY469117 SDSTANLEY COUNTY469119SDSHANNON COUNTY469121SDTODD COUNTY469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |           |                    |           |                    |
| 469045 SDEDMUNDS COUNTY469047SDFALL RIVER COUNTY469049SDFAULK COUNTY469051 SDGRANT COUNTY469053SDGREGORY COUNTY469055SDHAAKON COUNTY469057 SDHAMLIN COUNTY469059SDHAND COUNTY469061SDHANSON COUNTY469063 SDHARDING COUNTY469055SDHAND COUNTY469067SDHUTCHINSON COUNTY469069 SDHYDE COUNTY469071SDJACKSON COUNTY469073SDJERAULD COUNTY469075 SDJONES COUNTY469077SDKINGSBURY COUNTY469073SDLAKE COUNTY469081 SDLAWRENCE COUNTY469083SDLINCOLN COUNTY469085SDLYMAN COUNTY469083 SDMCCOOK COUNTY469089SDMCPHERSON COUNTY469091SDMARSHALL COUNTY469093 SDMEADE COUNTY469095SDMELLETTE COUNTY469097SDMINRER COUNTY469093 SDMEADE COUNTY469101SDMOODY COUNTY469103SDPENNINGTON COUNTY469105 SDPERKINS COUNTY469107SDPOTTER COUNTY469109SDROBERTS COUNTY469113 SDSHANNON COUNTY469115SDSPINK COUNTY469115SDSPINK COUNTY469117 SDSTANLEY COUNTY469119SDSULLY COUNTY469121SDTODD COUNTY469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                    |           |                    |           |                    |
| 469051 SDGRANT COUNTY469053SDGREGORY COUNTY469055SDHAAKON COUNTY469057 SDHAMLIN COUNTY469059SDHAND COUNTY469061SDHANSON COUNTY469053 SDHARDING COUNTY469059SDHUD COUNTY469067SDHUTCHINSON COUNTY469069 SDHYDE COUNTY469071SDJACKSON COUNTY469073SDJERAULD COUNTY469075 SDJONES COUNTY469077SDLINCOLN COUNTY469079SDLAKE COUNTY469081 SDLAWRENCE COUNTY469083SDLINCOLN COUNTY469085SDLYMAN COUNTY469083 SDMCCOOK COUNTY469089SDMCPHERSON COUNTY469091SDMARSHALL COUNTY469093 SDMEADE COUNTY469095SDMELLETTE COUNTY469097SDMINER COUNTY469093 SDMEADE COUNTY469101SDMOODY COUNTY469103SDPENNINGTON COUNTY469105 SDPERKINS COUNTY469107SDPOTTER COUNTY469109SDSDSHANNON COUNTY469117 SDSANBORN COUNTY469113SDSHANNON COUNTY469121SDTODD COUNTY469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                    |           |                    |           |                    |
| 469057 SDHAMLIN COUNTY469059SDHAND COUNTY469061SDHANSON COUNTY469063 SDHARDING COUNTY469059SDHUGHES COUNTY469067SDHUTCHINSON COUNTY469063 SDHYDE COUNTY469071SDJACKSON COUNTY469067SDHUTCHINSON COUNTY469075 SDJONES COUNTY469077SDJACKSON COUNTY469073SDJERAULD COUNTY469075 SDJONES COUNTY469077SDLINCOLN COUNTY469079SDLAKE COUNTY469087 SDLAWRENCE COUNTY469083SDLINCOLN COUNTY469091SDMARSHALL COUNTY469093 SDMEADE COUNTY469095SDMELLETTE COUNTY469097SDMINRER COUNTY469095 SDMINNEHAHA COUNTY469101SDMOODY COUNTY469103SDPENNINGTON COUNTY469105 SDPERKINS COUNTY469107SDPOTTER COUNTY469109SDROBERTS COUNTY469111 SDSANBORN COUNTY469113SDSHANNON COUNTY469115SDSPINK COUNTY469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    |           |                    |           |                    |
| 469063 SDHARDING COUNTY469055SDHUGHES COUNTY469067SDHUTCHINSON COUNTY469069 SDHYDE COUNTY469071SDJACKSON COUNTY469073SDJERAULD COUNTY469075 SDJONES COUNTY469077SDKINGSBURY COUNTY469079SDLAKE COUNTY469083 SDLAWRENCE COUNTY469083SDLINCOLN COUNTY469085SDLYMAN COUNTY469093 SDMEADE COUNTY469089SDMCPHERSON COUNTY469091SDMARSHALL COUNTY469093 SDMEADE COUNTY469095SDMELLETTE COUNTY469097SDMINER COUNTY469095 SDMINNEHAHA COUNTY469101SDMOODY COUNTY469103SDPENNINGTON COUNTY469113 SDPOTTER COUNTY469103SDROBERTS COUNTY469115SDSPINK COUNTY469111 SDSANBORN COUNTY469113SDSHANNON COUNTY469115SDSPINK COUNTY469117 SDSTANLEY COUNTY469119SDSULLY COUNTY469121SDTODD COUNTY469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                    |           |                    |           |                    |
| 469069 SDHYDE COUNTY469071SDJACKSON COUNTY469073SDJERAULD COUNTY469075 SDJONES COUNTY469071SDKINGSBURY COUNTY469073SDLAKE COUNTY469081 SDLAWRENCE COUNTY469083SDLINCOLN COUNTY469085SDLYMAN COUNTY469093 SDMCCOOK COUNTY469089SDMCCHERSON COUNTY469091SDMARSHALL COUNTY469093 SDMEADE COUNTY469095SDMELLETTE COUNTY469097SDMINER COUNTY469093 SDMINNEHAHA COUNTY469101SDMOODY COUNTY469103SDPENNINGTON COUNTY469105 SDPERKINS COUNTY469107SDPOTTER COUNTY469103SDROBERTS COUNTY469111 SDSANBORN COUNTY469113SDSHANNON COUNTY469115SDSPINK COUNTY469117 SDSTANLEY COUNTY469119SDSULLY COUNTY469121SDTODD COUNTY469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                    |           |                    |           |                    |
| 469075 SDJONES COUNTY469077SDKINGSBURY COUNTY469079SDLAKE COUNTY469081 SDLAWRENCE COUNTY469083SDLINCOLN COUNTY469085SDLYMAN COUNTY469087 SDMCCOOK COUNTY469089SDMCPHERSON COUNTY469091SDMARSHALL COUNTY469093 SDMEADE COUNTY469095SDMELETTE COUNTY469097SDMINER COUNTY469099 SDMINNEHAHA COUNTY469101SDMODLY COUNTY469103SDPENNINGTON COUNTY469105 SDPERKINS COUNTY469107SDPOTTER COUNTY469109SDROBERTS COUNTY469113 SDSHANNON COUNTY469113SDSHANNON COUNTY469115SDSPINK COUNTY469117 SDSTANLEY COUNTY469119SDSULLY COUNTY469121SDTODD COUNTY469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                    |           |                    |           |                    |
| 469081 SDLAWRENCE COUNTY469083SDLINCOLN COUNTY469085SDLYMAN COUNTY469087 SDMCCOOK COUNTY469089SDMCPHERSON COUNTY469091SDMARSHALL COUNTY469093 SDMEADE COUNTY469095SDMELLETTE COUNTY469097SDMINER COUNTY469099 SDMINNEHAHA COUNTY469101SDMODY COUNTY469103SDPENNINGTON COUNTY469105 SDPERKINS COUNTY469107SDPOTTER COUNTY469109SDROBERTS COUNTY469113 SDSHANNON COUNTY469113SDSHANNON COUNTY469121SDSPINK COUNTY469117 SDSTANLEY COUNTY469125SDSULLY COUNTY469121SDTODD COUNTY469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                    |           |                    |           |                    |
| 469087 SDMCCOOK COUNTY469089SDMCPHERSON COUNTY469091SDMARSHALL COUNTY469093 SDMEADE COUNTY469095SDMELLETTE COUNTY469097SDMINER COUNTY469099 SDMINNEHAHA COUNTY469101SDMOODY COUNTY469103SDPENNINGTON COUNTY469105 SDPERKINS COUNTY469107SDPOTTER COUNTY469109SDROBERTS COUNTY469113 SDSANBORN COUNTY469113SDSHANNON COUNTY469125SDSPIKK COUNTY469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 469075 SD              | JONES COUNTY       | 469077 SD | KINGSBURY COUNTY   | 469079 SD | LAKE COUNTY        |
| 469093 SDMEADE COUNTY469095SDMELLETTE COUNTY469097SDMINER COUNTY469099 SDMINNEHAHA COUNTY469101SDMOODY COUNTY469103SDPENNINGTON COUNTY469105 SDPERKINS COUNTY469107SDPOTTER COUNTY469109SDROBERTS COUNTY469111 SDSANBORN COUNTY469113SDSHANNON COUNTY469115SDSPINK COUNTY469117 SDSTANLEY COUNTY469119SDSULLY COUNTY469121SDTODD COUNTY469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 469081 SD              | LAWRENCE COUNTY    | 469083 SD | LINCOLN COUNTY     |           | LYMAN COUNTY       |
| 469099 SDMINNEHAHA COUNTY469101SDMOODY COUNTY469103SDPENNINGTON COUNTY469105 SDPERKINS COUNTY469107SDPOTTER COUNTY469109SDROBERTS COUNTY469111 SDSANBORN COUNTY469113SDSHANNON COUNTY469115SDSPINK COUNTY469117 SDSTANLEY COUNTY469119SDSULLY COUNTY469121SDTODD COUNTY469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 469087 SD              | MCCOOK COUNTY      | 469089 SD | MCPHERSON COUNTY   | 469091 SD | MARSHALL COUNTY    |
| 469099 SDMINNEHAHA COUNTY469101SDMOODY COUNTY469103SDPENNINGTON COUNTY469105 SDPERKINS COUNTY469107SDPOTTER COUNTY469109SDROBERTS COUNTY469111 SDSANBORN COUNTY469113SDSHANNON COUNTY469115SDSPINK COUNTY469117 SDSTANLEY COUNTY469119SDSULLY COUNTY469121SDTODD COUNTY469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 469093 SD              | MEADE COUNTY       |           | MELLETTE COUNTY    | 469097 SD | MINER COUNTY       |
| 469105 SD         PERKINS COUNTY         469107         SD         POTTER COUNTY         469109         SD         ROBERTS COUNTY           469111 SD         SANBORN COUNTY         469113         SD         SHANNON COUNTY         469115         SD         SPINK COUNTY           469117 SD         STANLEY COUNTY         469119         SD         SULLY COUNTY         469121         SD         TODD COUNTY           469123 SD         TRIPP COUNTY         469125         SD         TURNER COUNTY         469127         SD         UNION COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 469099 SD              |                    |           |                    |           |                    |
| 469111 SDSANBORN COUNTY469113SDSHANNON COUNTY469115SDSPINK COUNTY469117 SDSTANLEY COUNTY469119SDSULLY COUNTY469121SDTODD COUNTY469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                    |           |                    |           |                    |
| 469117 SDSTANLEY COUNTY469119 SDSULLY COUNTY469121 SDTODD COUNTY469123 SDTRIPP COUNTY469125 SDTURNER COUNTY469127 SDUNION COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                    |           |                    |           |                    |
| 469123 SDTRIPP COUNTY469125SDTURNER COUNTY469127SDUNION COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                    |           |                    |           |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                    |           |                    |           |                    |
| 407127 DE TRADITIONITI COUNTI 409157 SD TRAKTOR COUNTI 409157 SD ZIEBACH COUNTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                    |           |                    |           |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 407129 312             | WALWORIN COUNTI    | 407133 30 | TAINKTOIN COUNTT   | 40713/ SD | ZIEDACH COUNT I    |

| TENNESSE               | E                 |                        |                   |           |                   |
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| 470228 TN              | BRISTOL           | 470336 TN              | CHATTANOOGA       |           |                   |
| 470354 TN              | CLARKSVILLE       | 470924 TN              |                   | 470954 TN | JOHNSON CITY      |
| 470990 TN              | KINGSPORT         | 471014 TN              |                   | 471242 TN | MEMPHIS           |
| 471362 TN              | MURFREESBORO      | 471368 TN              |                   | 471422 TN | OAK RIDGE         |
| 479001 TN              | ANDERSON COUNTY   | 479003 TN              |                   | 479005 TN | BENTON COUNTY     |
| 479007 TN              | BLEDSOE COUNTY    | 479009 TN              |                   | 479011 TN | BRADLEY COUNTY    |
| 479013 TN              | CAMPBELL COUNTY   | 479015 TN              |                   | 479017 TN | CARROLL COUNTY    |
| 479019 TN              | CARTER COUNTY     | 479021 TN              |                   | 479023 TN | CHESTER COUNTY    |
| 479025 TN              | CLAIBORNE COUNTY  | 479027 TN              |                   | 479029 TN |                   |
| 479023 IN<br>479031 TN | COFFEE COUNTY     | 479027 TN<br>479033 TN |                   |           | COCKE COUNTY      |
| 479039 TN              | DECATUR COUNTY    | 479033 IN<br>479041 TN |                   | 479035 TN | CUMBERLAND        |
|                        |                   |                        |                   | 479043 TN | DICKSON COUNTY    |
| 479045 TN              | DYER COUNTY       | 479047 TN              |                   | 479049 TN | FENTRESS COUNTY   |
| 479051 TN              | FRANKLIN COUNTY   | 479053 TN              |                   | 479055 TN | GILES COUNTY      |
| 479057 TN              | GRAINGER COUNTY   | 479059 TN              |                   | 479061 TN | GRUNDY COUNTY     |
| 479063 TN              | HAMBLEN COUNTY    | 479065 TN              |                   | 479067 TN | HANCOCK COUNTY    |
| 479069 TN              | HARDEMAN COUNTY   | 479071 TN              |                   | 479073 TN | HAWKINS COUNTY    |
| 479075 TN              | HAYWOOD COUNTY    | 479077 TN              | HENDERSON COUNTY  | 479079 TN | HENRY COUNTY      |
| 479081 TN              | HICKMAN COUNTY    | 479083 TN              |                   | 479085 TN | HUMPHREYS COUNTY  |
| 479087 TN              | JACKSON COUNTY    | 479089 TN              | JEFFERSON COUNTY  | 479091 TN | JOHNSON COUNTY    |
| 479093 TN              | KNOX COUNTY       | 479095 TN              |                   | 479097 TN | LAUDERDALE COUNTY |
| 479099 TN              | LAWRENCE COUNTY   | 479101 TN              |                   | 479103 TN | LINCOLN COUNTY    |
| 479105 TN              | LOUDON COUNTY     | 479107 TN              | MCMINN COUNTY     | 479109 TN | MCNAIRY COUNTY    |
| 479111 TN              | MACON COUNTY      | 479113 TN              | MADISON COUNTY    | 479115 TN | MARION COUNTY     |
| 479117 TN              | MARSHALL COUNTY   | 479119 TN              | MAURY COUNTY      | 479121 TN | MEIGS COUNTY      |
| 479123 TN              | MONROE COUNTY     | 479125 TN              | MONTGOMERY        | 479127 TN | MOORE COUNTY      |
| 479129 TN              | MORGAN COUNTY     | 479131 TN              | OBION COUNTY      | 479133 TN | OVERTON COUNTY    |
| 479135 TN              | PERRY COUNTY      | 479137 TN              | PICKETT COUNTY    | 479139 TN | POLK COUNTY       |
| 479141 TN              | PUTNAM COUNTY     | 479143 TN              | RHEA COUNTY       | 479145 TN | ROANE COUNTY      |
| 479147 TN              | ROBERTSON COUNTY  | 479149 TN              | RUTHERFORD COUNTY | 479151 TN | SCOTT COUNTY      |
| 479153 TN              | SEQUATCHIE COUNTY | 479155 TN              | SEVIER COUNTY     | 479157 TN | SHELBY COUNTY     |
| 479159 TN              | SMITH COUNTY      | 479161 TN              | STEWART COUNTY    | 479163 TN | SULLIVAN COUNTY   |
| 479165 TN              | SUMNER COUNTY     | 479167 TN              | TIPTON COUNTY     | 479169 TN | TROUSDALE COUNTY  |
| 479171 TN              | UNICOI COUNTY     | 479173 TN              | UNION COUNTY      | 479175 TN | VAN BUREN COUNTY  |
| 479177 TN              | WARREN COUNTY     | 479179 TN              | WASHINGTON COUNTY | 479181 TN | WAYNE COUNTY      |
| 479183 TN              | WEAKLEY COUNTY    | 479185 TN              | WHITE COUNTY      | 479187 TN | WILLIAMSON COUNTY |
| 479189 TN              | WILSON COUNTY     |                        |                   |           |                   |
|                        |                   |                        |                   |           |                   |
| TEXAS                  |                   |                        |                   |           |                   |
|                        | ABILENE           |                        |                   |           |                   |
| 480132 TX              | AMARILLO          | 480222 TX              |                   | 480264 TX | AUSTIN            |
| 480390 TX              | BAYTOWN CITY      |                        | BEAUMONT          | 480726 TX | BROWNSVILLE       |
| 480738 TX              | BRYAN             | 480900 TX              |                   | 481104 TX | COLLEGE STATION   |
| 481158 TX              |                   |                        | CORPUS CHRISTI    | 481338 TX |                   |
|                        | DENISON           | 481416 TX              | DENTON            | 481608 TX | EDINBURG          |
|                        | EL PASO           |                        | FLOWER MOUND      | 481896 TX | FORT WORTH        |
| 481986 TX              | GALVESTON         | 481998 TX              | GARLAND           | 482142 TX | GRAND PRAIRIE     |
|                        | HARLINGEN         | 482514 TX              | HOUSTON           | 482628 TX | IRVING            |
| 482820 TX              | KILLEEN           | 483042 TX              | LAREDO            | 483132 TX | LEWISVILLE        |
| 483246 TX              | LONGVIEW          | 483288 TX              | LUBBOCK           | 483330 TX | MC ALLEN          |
| 483348 TX              | MCKINNEY          | 483438 TX              | MARSHALL          | 483546 TX | MESQUITE          |
| 483564 TX              | MIDLAND           | 483606 TX              | MISSION           | 483612 TX | MISSOURI CITY     |
| 483798 TX              | NEW BRAUNFELS     | 483888 TX              | NORTH RICHLAND    | 483924 TX | ODESSA            |
| 483966 TX              | ORANGE            | 484068 TX              | PASADENA          | 484146 TX | PHARR             |
| 484206 TX              | PLANO             | 484248 TX              | PORT ARTHUR       | 484488 TX | RICHARDSON        |
| 484674 TX              | ROUND ROCK        | 484752 TX              | SAN ANGELO        | 484758 TX | SAN ANTONIO       |
| 484770 TX              | SAN BENITO        | 484812 TX              | SAN MARCOS        | 484962 TX |                   |
|                        |                   |                        |                   |           |                   |

| 485202 TX | SUGAR LAND        | 485316 | TX | TEMPLE            | 485340 | TX | TEXARKANA        |
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| 485346 TX | TEXAS CITY        | 485496 | ΤX | TYLER             | 485580 | ΤX | VICTORIA         |
| 485592 TX | WACO              | 485826 | ΤX | WICHITA FALLS     | 489001 | ΤX | ANDERSON COUNTY  |
| 489003 TX | ANDREWS COUNTY    | 489005 | ΤX | ANGELINA COUNTY   | 489007 | ΤX | ARANSAS COUNTY   |
| 489009 TX | ARCHER COUNTY     | 489011 | ТΧ | ARMSTRONG COUNTY  | 489013 | TX | ATASCOSA COUNTY  |
| 489015 TX | AUSTIN COUNTY     | 489017 | ΤX | BAILEY COUNTY     | 489019 | ΤХ | BANDERA COUNTY   |
| 489021 TX | BASTROP COUNTY    | 489023 | ΤX | BAYLOR COUNTY     | 489025 | ΤX | BEE COUNTY       |
| 489027 TX | BELL COUNTY       | 489029 | ΤX | BEXAR COUNTY      | 489031 | ΤX | BLANCO COUNTY    |
| 489033 TX | BORDEN COUNTY     | 489035 | TX | BOSQUE COUNTY     | 489037 | ΤX | BOWIE COUNTY     |
| 489039 TX | BRAZORIA COUNTY   | 489041 | ΤX | BRAZOS COUNTY     | 489043 | ΤX | BREWSTER COUNTY  |
| 489045 TX | BRISCOE COUNTY    | 489047 | ΤX | BROOKS COUNTY     | 489049 | TX | BROWN COUNTY     |
| 489051 TX | BURLESON COUNTY   | 489053 | ΤX | BURNET COUNTY     | 489055 |    | CALDWELL COUNTY  |
| 489057 TX | CALHOUN COUNTY    | 489059 | ΤX | CALLAHAN COUNTY   | 489061 |    | CAMERON COUNTY   |
| 489063 TX | CAMP COUNTY       | 489065 | TX | CARSON COUNTY     | 489067 |    | CASS COUNTY      |
| 489069 TX | CASTRO COUNTY     | 489071 | ΤX | CHAMBERS COUNTY   | 489073 | ΤX | CHEROKEE COUNTY  |
| 489075 TX | CHILDRESS COUNTY  | 489077 | ΤХ | CLAY COUNTY       | 489079 | TX | COCHRAN COUNTY   |
| 489081 TX | COKE COUNTY       | 489083 | ΤX | COLEMAN COUNTY    | 489085 | ΤX | COLLIN COUNTY    |
| 489087 TX | COLLINGSWORTH     | 489089 | ΤХ | COLORADO COUNTY   | 489091 | TX | COMAL COUNTY     |
| 489093 TX | COMANCHE COUNTY   | 489095 | TX | CONCHO COUNTY     | 489097 |    | COOKE COUNTY     |
| 489099 TX | CORYELL COUNTY    | 489101 | ΤX | COTTLE COUNTY     | 489103 |    | CRANE COUNTY     |
| 489105 TX | CROCKETT COUNTY   | 489107 | ΤХ | CROSBY COUNTY     | 489109 |    | CULBERSON COUNTY |
| 489111 TX | DALLAM COUNTY     | 489113 | ΤX | DALLAS COUNTY     | 489115 |    | DAWSON COUNTY    |
| 489117 TX | DEAF SMITH COUNTY | 489119 | ТΧ | DELTA COUNTY      | 489121 |    | DENTON COUNTY    |
| 489123 TX | DEWITT COUNTY     | 489125 | ΤХ | DICKENS COUNTY    | 489127 | TX | DIMMIT COUNTY    |
| 489129 TX | DONLEY COUNTY     | 489131 | TX | DUVAL COUNTY      | 489133 |    | EASTLAND COUNTY  |
| 489135 TX | ECTOR COUNTY      | 489137 | ΤX | EDWARDS COUNTY    | 489139 |    | ELLIS COUNTY     |
| 489141 TX | EL PASO COUNTY    | 489143 | ΤX | ERATH COUNTY      | 489145 |    | FALLS COUNTY     |
| 489147 TX | FANNIN COUNTY     | 489149 | ΤX | FAYETTE COUNTY    | 489151 | TX | FISHER COUNTY    |
| 489153 TX | FLOYD COUNTY      | 489155 | ΤX | FOARD COUNTY      | 489157 | ΤХ | FORT BEND COUNTY |
| 489159 TX | FRANKLIN COUNTY   | 489161 | ΤX | FREESTONE COUNTY  | 489163 | ТΧ | FRIO COUNTY      |
| 489165 TX | GAINES COUNTY     | 489167 | ΤX | GALVESTON COUNTY  | 489169 |    | GARZA COUNTY     |
| 489171 TX | GILLESPIE COUNTY  | 489173 | ΤX | GLASSCOCK COUNTY  | 489175 | ΤX | GOLIAD COUNTY    |
| 489177 TX | GONZALES COUNTY   | 489179 | ΤX | GRAY COUNTY       | 489181 | TX | GRAYSON COUNTY   |
| 489183 TX | GREGG COUNTY      | 489185 | ΤX | GRIMES COUNTY     | 489187 | ΤX | GUADALUPE COUNTY |
| 489189 TX | HALE COUNTY       | 489191 | ΤX | HALL COUNTY       | 489193 | ΤX | HAMILTON COUNTY  |
| 489195 TX | HANSFORD COUNTY   | 489197 | ΤX | HARDEMAN COUNTY   | 489199 | ΤX | HARDIN COUNTY    |
| 489201 TX | HARRIS COUNTY     | 489203 | ΤX | HARRISON COUNTY   | 489205 | ΤX | HARTLEY COUNTY   |
| 489207 TX | HASKELL COUNTY    | 489209 | ΤХ | HAYS COUNTY       | 489211 | ΤX | HEMPHILL COUNTY  |
| 489213 TX | HENDERSON COUNTY  | 489215 |    | HIDALGO COUNTY    | 489217 | ΤX | HILL COUNTY      |
| 489219 TX | HOCKLEY COUNTY    | 489221 |    | HOOD COUNTY       | 489223 | ΤX | HOPKINS COUNTY   |
| 489225 TX | HOUSTON COUNTY    | 489227 | ΤX | HOWARD COUNTY     | 489229 | ΤX | HUDSPETH COUNTY  |
| 489231 TX | HUNT COUNTY       | 489233 |    | HUTCHINSON COUNTY | 489235 | ΤX | IRION COUNTY     |
| 489237 TX | JACK COUNTY       | 489239 |    | JACKSON COUNTY    | 489241 |    | JASPER COUNTY    |
| 489243 TX | JEFF DAVIS COUNTY | 489245 |    | JEFFERSON COUNTY  | 489247 | ΤX | JIM HOGG COUNTY  |
| 489249 TX | JIM WELLS COUNTY  | 489251 |    | JOHNSON COUNTY    | 489253 |    | JONES COUNTY     |
| 489255 TX | KARNES COUNTY     | 489257 |    | KAUFMAN COUNTY    | 489259 |    | KENDALL COUNTY   |
| 489261 TX | KENEDY COUNTY     | 489263 |    | KENT COUNTY       | 489265 |    | KERR COUNTY      |
| 489267 TX | KIMBLE COUNTY     |        | TX | KING COUNTY       | 489271 |    | KINNEY COUNTY    |
| 489273 TX | KLEBERG COUNTY    | 489275 |    | KNOX COUNTY       |        | ΤX | LAMAR COUNTY     |
| 489279 TX | LAMB COUNTY       | 489281 |    | LAMPASAS COUNTY   | 489283 |    | LA SALLE COUNTY  |
| 489285 TX | LAVACA COUNTY     | 489287 |    | LEE COUNTY        | 489289 |    | LEON COUNTY      |
| 489291 TX | LIBERTY COUNTY    | 489293 |    | LIMESTONE COUNTY  | 489295 |    | LIPSCOMB COUNTY  |
| 489297 TX | LIVE OAK COUNTY   | 489299 |    | LLANO COUNTY      |        | ΤX | LOVING COUNTY    |
| 489303 TX | LUBBOCK COUNTY    | 489305 |    | LYNN COUNTY       | 489307 |    | MCCULLOCH COUNTY |
| 489309 TX | MCLENNAN COUNTY   | 489311 |    | MCMULLEN COUNTY   | 489313 |    | MADISON COUNTY   |
| 489315 TX | MARION COUNTY     | 489317 |    | MARTIN COUNTY     | 489319 |    | MASON COUNTY     |
| 489321 TX | MATAGORDA COUNTY  |        | ΤX | MAVERICK COUNTY   | 489325 |    | MEDINA COUNTY    |
| 489327 TX | MENARD COUNTY     |        | ΤX | MIDLAND COUNTY    | 489331 |    | MILAM COUNTY     |
| 489333 TX | MILLS COUNTY      | 489335 |    | MITCHELL COUNTY   | 489337 |    | MONTAGUE COUNTY  |
| 489339 TX | MONTGOMERY        | 489341 | ΤX | MOORE COUNTY      | 489343 | ТX | MORRIS COUNTY    |
|           |                   |        |    |                   |        |    |                  |

|                        |                                  |                        |                                 |                        | · · · · · · · · · · · · · · · · · · · |
|------------------------|----------------------------------|------------------------|---------------------------------|------------------------|---------------------------------------|
| 489345 TX              | MOTLEY COUNTY                    | 489347 TX              | NACOGDOCHES                     | 489349 TX              | NAVARRO COUNTY                        |
| 489351 TX              | NEWTON COUNTY                    | 489353 TX              | NOLAN COUNTY                    | 489355 TX              | NUECES COUNTY                         |
| 489357 TX              | OCHILTREE COUNTY                 | 489359 TX              | OLDHAM COUNTY                   | 489361 TX              | ORANGE COUNTY                         |
| 489363 TX              | PALO PINTO COUNTY                | 489365 TX              | PANOLA COUNTY                   | 489367 TX              | PARKER COUNTY                         |
| 489369 TX              | PARMER COUNTY                    | 489371 TX              | PECOS COUNTY                    | 489373 TX              | POLK COUNTY                           |
| 489375 TX              | POTTER COUNTY                    | 489377 TX              | PRESIDIO COUNTY                 | 489379 TX              | RAINS COUNTY                          |
| 489381 TX              | RANDALL COUNTY                   | 489383 TX              | REAGAN COUNTY                   | 489385 TX              | REAL COUNTY                           |
|                        | RED RIVER COUNTY                 | 489389 TX              | REEVES COUNTY                   | 489391 TX              | REFUGIO COUNTY                        |
| 489393 TX              |                                  | 489395 TX              | ROBERTSON COUNTY                | 489397 TX              | ROCKWALL COUNTY                       |
| 489399 TX              |                                  | 489401 TX              | RUSK COUNTY                     | 489403 TX              | SABINE COUNTY                         |
| 489405 TX              |                                  | 489407 TX              | SAN JACINTO COUNTY              | 489409 TX              | SAN PATRICIO                          |
| 489411 TX              |                                  | 489413 TX              | SCHLEICHER COUNTY               | 489415 TX              | SCURRY COUNTY                         |
| 489417 TX              |                                  | 489419 TX              | SHELBY COUNTY                   | 489413 TX<br>489421 TX | SHERMAN COUNTY                        |
| 489423 TX              |                                  | 489425 TX              | SOMERVELL COUNTY                | 489421 1X<br>489427 TX |                                       |
| 489429 TX              |                                  | 489431 TX              | STERLING COUNTY                 | 489433 TX              | STARR COUNTY                          |
| 489435 TX              |                                  | 489437 TX              |                                 |                        | STONEWALL COUNTY                      |
| 489441 TX              |                                  | 489443 TX              | SWISHER COUNTY                  | 489439 TX              | TARRANT COUNTY                        |
| 489447 TX              |                                  | 489443 TX<br>489449 TX | TERRELL COUNTY                  | 489445 TX              | TERRY COUNTY                          |
| 489453 TX              |                                  |                        | TITUS COUNTY                    | 489451 TX              | TOM GREEN COUNTY                      |
|                        |                                  | 489455 TX              | TRINITY COUNTY                  | 489457 TX              | TYLER COUNTY                          |
| 489459 TX              |                                  | 489461 TX              | UPTON COUNTY                    | 489463 TX              | UVALDE COUNTY                         |
| 489465 TX              |                                  | 489467 TX              | VAN ZANDT COUNTY                | 489469 TX              | VICTORIA COUNTY                       |
| 489471 TX              | WALKER COUNTY                    | 489473 TX              | WALLER COUNTY                   | 489475 TX              | WARD COUNTY                           |
| 489477 TX              | WASHINGTON COUNTY                | 489479 TX              | WEBB COUNTY                     | 489481 TX              | WHARTON COUNTY                        |
| 489483 TX              | WHEELER COUNTY                   | 489485 TX              | WICHITA COUNTY                  | 489487 TX              | WILBARGER COUNTY                      |
| 489489 TX              |                                  | 489491 TX              | WILLIAMSON COUNTY               | 489493 TX              | WILSON COUNTY                         |
| 489495 TX              |                                  | 489497 TX              | WISE COUNTY                     | 489499 TX              | WOOD COUNTY                           |
| 489501 TX              |                                  | 489503 TX              | YOUNG COUNTY                    | 489505 TX              | ZAPATA COUNTY                         |
| 489507 TX              | ZAVALA COUNTY                    |                        |                                 |                        |                                       |
| UTAH                   |                                  |                        |                                 |                        |                                       |
| 490174 UT              | CLEARFIELD                       |                        |                                 |                        |                                       |
|                        | LAYTON                           | 490888 UT              | OGDEN                           | 400010 17              | OBEN                                  |
| 491014 UT              | PROVO                            | 490888 UT<br>491092 UT |                                 | 490918 UT              | OREM                                  |
| 491239 UT              | TAYLORSVILLE                     | 491092 UT<br>491338 UT | SALT LAKE CITY                  | 491098 UT              | SANDY CITY                            |
| 499001 UT              | BEAVER COUNTY                    | 499003 UT              | WEST JORDAN<br>BOX ELDER COUNTY | 491346 UT              | WEST VALLEY                           |
| 499001 UT              |                                  |                        |                                 | 499005 UT              | CACHE COUNTY                          |
| 499007 UT<br>499013 UT | CARBON COUNTY<br>DUCHESNE COUNTY | 499009 UT<br>499015 UT | DAGGETT COUNTY                  | 499011 UT              | DAVIS COUNTY                          |
|                        |                                  |                        | EMERY COUNTY                    | 499017 UT              | GARFIELD COUNTY                       |
| 499019 UT              | GRAND COUNTY                     | 499021 UT              | IRON COUNTY                     | 499023 UT              | JUAB COUNTY                           |
| 499025 UT              | KANE COUNTY                      | 499027 UT              | MILLARD COUNTY                  | 499029 UT              | MORGAN COUNTY                         |
| 499031 UT              | PIUTE COUNTY                     | 499033 UT              | RICH COUNTY                     | 499035 UT              | SALT LAKE COUNTY                      |
| 499037 UT              | SAN JUAN COUNTY                  | 499039 UT              | SANPETE COUNTY                  | 499041 UT              | SEVIER COUNTY                         |
| 499043 UT              | SUMMIT COUNTY                    | 499045 UT              | TOOELE COUNTY                   | 499047 UT              | UINTAH COUNTY                         |
| 499049 UT              | UTAH COUNTY                      | 499051 UT              | WASATCH COUNTY                  | 499053 UT              | WASHINGTON COUNTY                     |
| 499055 UT              | WAYNE COUNTY                     | 499057 UT              | WEBER COUNTY                    |                        |                                       |
| VERMONT                |                                  |                        |                                 |                        |                                       |
|                        | BURLINGTON                       | 509001 VT              | ADDISON COUNTY                  | 509003 VT              | BENNINGTON COUNTY                     |
| 509005 VT              | CALEDONIA COUNTY                 | 509007 VT              | CHITTENDEN COUNTY               | 509009 VT              | ESSEX COUNTY                          |
|                        | FRANKLIN COUNTY                  | 509013 VT              | GRAND ISLE COUNTY               | 509009 VI<br>509015 VT | LAMOILLE COUNTY                       |
| 509017 VT              | ORANGE COUNTY                    | 509013 VI<br>509019 VT | ORLEANS COUNTY                  | 509013 VI<br>509021 VT |                                       |
|                        | WASHINGTON COUNTY                | 509019 VI<br>509025 VT | WINDHAM COUNTY                  |                        | RUTLAND COUNTY                        |
| JUJU44 Y 1             | TABILITOTON COUNT I              | 507025 VI              |                                 | 209027 VI              | WINDSOR COUNTY                        |

VIRGIN ISLANDS

780001 VI VIRGIN ISLANDS

Form HUD-40076-CoC (2003)

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| VIRGINIA  |                    |        |    |                    |
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| 510024VA  | ALEXANDRIA         | 510186 | VA | BRISTOL            |
| 510288 VA | CHESAPEAKE         | 510384 | VA | COLONIAL HEIGHTS   |
| 510612 VA | FREDERICKSBURG     | 510720 | VA | HAMPTON            |
| 510960 VA | LYNCHBURG          | 511098 | VA | NEWPORT NEWS       |
| 511200 VA | PETERSBURG         | 511236 | VA | PORTSMOUTH         |
| 511320 VA | ROANOKE            | 511488 | VA | SUFFOLK            |
| 519001 VA | ACCOMACK COUNTY    | 519003 | VA | ALBEMARLE COUNTY   |
| 519007 VA | AMELIA COUNTY      | 519009 | VA | AMHERST COUNTY     |
| 519013 VA | ARLINGTON COUNTY   | 519015 | VA | AUGUSTA COUNTY     |
| 519019 VA | BEDFORD COUNTY     | 519021 | VA | BLAND COUNTY       |
| 519025 VA | BRUNSWICK COUNTY   | 519027 | VA | BUCHANAN COUNTY    |
| 519031 VA | CAMPBELL COUNTY    | 519033 | VA | CAROLINE COUNTY    |
| 519036 VA | CHARLES CITY       | 519037 | VA | CHARLOTTE COUNTY   |
| 519043 VA | CLARKE COUNTY      | 519045 | VA | CRAIG COUNTY       |
| 519049 VA | CUMBERLAND         | 519051 | VA | DICKENSON COUNTY   |
| 519057 VA | ESSEX COUNTY       | 519059 | VA | FAIRFAX COUNTY     |
| 519063 VA | FLOYD COUNTY       | 519065 | VA | FLUVANNA COUNTY    |
| 519069 VA | FREDERICK COUNTY   | 519071 | VA | GILES COUNTY       |
| 519075 VA | GOOCHLAND COUNTY   | 519077 | VA | GRAYSON COUNTY     |
| 519081 VA | GREENSVILLE COUNTY | 519083 | VA | HALIFAX COUNTY     |
| 519087 VA | HENRICO COUNTY     | 519089 | VA | HENRY COUNTY       |
| 519093 VA | ISLE OF WIGHT      | 519095 | VA | JAMES CITY COUNTY  |
| 519099 VA | KING GEORGE COUNTY | 519101 | VA | KING WILLIAM       |
| 519105 VA | LEE COUNTY         | 519107 | VA | LOUDOUN COUNTY     |
| 519111 VA | LUNENBURG COUNTY   | 519113 | VA | MADISON COUNTY     |
| 519117 VA | MECKLENBURG        | 519119 | VA | MIDDLESEX COUNTY   |
| 519125 VA | NELSON COUNTY      | 519127 | VA | NEW KENT COUNTY    |
| 519133 VA | NORTHUMBERLAND     | 519135 | VA | NOTTOWAY COUNTY    |
| 519139 VA | PAGE COUNTY        | 519141 | VA | PATRICK COUNTY     |
| 519145 VA | POWHATAN COUNTY    | 519147 | VA | PRINCE EDWARD      |
| 519153 VA | PRINCE WILLIAM     | 519155 | VA | PULASKI COUNTY     |
| 519159 VA | RICHMOND COUNTY    | 519161 | VA | ROANOKE COUNTY     |
| 519165 VA | ROCKINGHAM COUNTY  | 519167 | VA | RUSSELL COUNTY     |
| 519171 VA | SHENANDOAH         | 519173 | VA | SMYTH COUNTY       |
| 519177 VA | SPOTSYLVANIA       | 519179 | VA | STAFFORD COUNTY    |
| 519183 VA | SUSSEX COUNTY      | 519185 | VA | TAZEWELL COUNTY    |
| 519191 VA | WASHINGTON COUNTY  | 519193 | VA | WESTMORELAND       |
| 519197 VA | WYTHE COUNTY       | 519199 | VA | YORK COUNTY        |
| 519530 VA | BUENA VISTA CITY   | 519560 |    | CLIFTON FORGE CITY |
| 519595 VA | EMPORIA CITY       | 519600 |    | FAIRFAX CITY       |
| 519620 VA | FRANKLIN CITY      | 519640 |    | GALAX CITY         |
| 519678 VA | LEXINGTON CITY     | 519683 | VA | MANASSAS CITY      |
| 519690 VA | MARTINSVILLE CITY  | 519720 | VA | NORTON CITY        |
| 519750 VA | RADFORD CITY       | 519775 | VA | SALEM CITY         |
| 519820 VA | WAYNESBORO CITY    | 519830 | VA | WILLIAMSBURG CITY  |
|           |                    |        |    |                    |
| WASHINGT  | ON                 |        |    |                    |

### WASHINGTON

| 530054 WA | AUBURN         |
|-----------|----------------|
| 530090 WA | BELLINGHAM     |
| 530514 WA | FEDERAL WAY    |
| 530795 WA | LAKEWOOD       |
| 531302 WA | RENTON CITY    |
| 531420 WA | SHORELINE      |
| 531668 WA | VANCOUVER      |
| 539003 WA | ASOTIN COUNTY  |
| 539009 WA | CLALLAM COUNTY |
| 539015 WA | COWLITZ COUNTY |
|           |                |

| 510720 | • • |                    |
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| 511098 | VA  | NEWPORT NEWS       |
| 511236 | VA  | PORTSMOUTH         |
| 511488 | VA  | SUFFOLK            |
| 519003 | VA  | ALBEMARLE COUNTY   |
| 519009 | VA  | AMHERST COUNTY     |
| 519015 | VA  | AUGUSTA COUNTY     |
| 519021 | VA  | BLAND COUNTY       |
| 519027 | VA  | BUCHANAN COUNTY    |
| 519033 | VA  | CAROLINE COUNTY    |
| 519037 | VA  | CHARLOTTE COUNTY   |
| 519045 | VA  | CRAIG COUNTY       |
| 519051 | VA  | DICKENSON COUNTY   |
| 519059 | VA  | FAIRFAX COUNTY     |
| 519065 | VA  | FLUVANNA COUNTY    |
| 519071 | VA  | GILES COUNTY       |
| 519077 | VA  | GRAYSON COUNTY     |
| 519083 | VA  | HALIFAX COUNTY     |
| 519089 | VA  | HENRY COUNTY       |
| 519095 | VA  | JAMES CITY COUNTY  |
| 519101 | VA  | KING WILLIAM       |
| 519107 | VA  | LOUDOUN COUNTY     |
| 519113 | VA  | MADISON COUNTY     |
| 519119 | VA  | MIDDLESEX COUNTY   |
| 519127 | VA  | NEW KENT COUNTY    |
| 519135 | VA  | NOTTOWAY COUNTY    |
| 519141 | VA  | PATRICK COUNTY     |
| 519147 | VA  | PRINCE EDWARD      |
| 519155 | VA  | PULASKI COUNTY     |
| 519161 | VA  | ROANOKE COUNTY     |
| 519167 | VA  | RUSSELL COUNTY     |
| 519173 | VA  | SMYTH COUNTY       |
| 519179 | VA  | STAFFORD COUNTY    |
| 519185 | VA  | TAZEWELL COUNTY    |
| 519193 | VA  | WESTMORELAND       |
| 519199 | VA  | YORK COUNTY        |
| 519560 | VA  | CLIFTON FORGE CITY |
| 519600 | VA  | FAIRFAX CITY       |
| 519640 | VA  | GALAX CITY         |
| 519683 | VA  | MANASSAS CITY      |
| 519720 | VA  | NORTON CITY        |
| 519775 | VA  | SALEM CITY         |
| 519830 | VA  | WILLIAMSBURG CITY  |
|        |     |                    |
|        |     |                    |

530084 WA BELLEVUE 530132 WA BREMERTON 530720 WA KENNEWICK 531134 WA OLYMPIA 531314 WA RICHLAND 531488 WA SPOKANE 531830 WA YAKIMA

539005 WA BENTON COUNTY 539011 WA CLARK COUNTY

539017 WA DOUGLAS COUNTY

| 510264 | VA | CHARLOTTESVILLE    |
|--------|----|--------------------|
| 510450 | VA | DANVILLE           |
| 510780 | VA | HOPEWELL           |
| 511116 | VA | NORFOLK            |
| 511308 | VA | RICHMOND           |
| 511590 | VA | VIRGINIA BEACH     |
| 519005 | VA | ALLEGHANY COUNTY   |
| 519011 | VA | APPOMATTOX         |
| 519017 | VA | BATH COUNTY        |
| 519023 | VA | BOTETOURT COUNTY   |
| 519029 | VA | BUCKINGHAM COUNTY  |
| 519035 | VA | CARROLL COUNTY     |
| 519041 | VA | CHESTERFIELD       |
| 519047 | VA | CULPEPER COUNTY    |
| 519053 | VA | DINWIDDIE COUNTY   |
| 519061 | VA | FAUOUIER COUNTY    |
| 519067 | VA | FRANKLIN COUNTY    |
| 519073 | VA | GLOUCESTER COUNTY  |
| 519079 | VA | GREENE COUNTY      |
| 519085 | VA | HANOVER COUNTY     |
| 519091 | VA | HIGHLAND COUNTY    |
| 519097 | VA | KING AND QUEEN     |
| 519103 | VA | LANCASTER COUNTY   |
| 519109 | VA | LOUISA COUNTY      |
| 519115 | VA | MATHEWS COUNTY     |
| 519121 | VA | MONTGOMERY         |
| 519131 | VA | NORTHAMPTON        |
| 519137 | VA | ORANGE COUNTY      |
| 519143 | VA | PITTSYLVANIA       |
| 519149 | VA | PRINCE GEORGE      |
| 519157 | VA | RAPPAHANNOCK       |
| 519163 | VA | ROCKBRIDGE COUNTY  |
| 519169 | VA | SCOTT COUNTY       |
| 519175 | VA | SOUTHAMPTON        |
| 519181 | VA | SURRY COUNTY       |
| 519187 | VA | WARREN COUNTY      |
| 519195 | VA | WISE COUNTY        |
| 519515 | VA | BEDFORD CITY       |
| 519580 | VA | COVINGTON CITY     |
| 519610 | VA | FALLS CHURCH CITY  |
| 519660 | VA | HARRISONBURG CITY  |
| 519685 | VA | MANASSAS PARK CITY |
| 519735 | VA | POQUOSON CITY      |
| 519790 | VA | STAUNTON CITY      |
| 519840 | VA | WINCHESTER CITY    |
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| 530480 | WA | EVERETT         |
|--------|----|-----------------|
| 530726 | WA | KENT CITY       |
| 531188 | WA | PASCO           |
| 531392 | WA | SEATTLE         |
| 531554 | WA | TACOMA          |
| 539001 | WA | ADAMS COUNTY    |
| 539007 | WA | CHELAN COUNTY   |
| 539013 | WA | COLUMBIA COUNTY |
| 539019 | WA | FERRY COUNTY    |
|        |    |                 |

| 539021 WA                                                                                                                                                                                                                               | FRANKLIN COUNTY                                                                                                                                                                                                                                                                                                                                           | 539023                                                                                                                                                                                                         | WA                                                                              | GARFIELD COUNTY                                                                                                                                                                                                                                                                                                                    | 539025                                                                                                                                                                                     | WA                                                                              | GRANT COUNTY                                                                                                                                                                                                                                                                                                                           |
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| 539027 WA                                                                                                                                                                                                                               | GRAYS HARBOR                                                                                                                                                                                                                                                                                                                                              | 539029                                                                                                                                                                                                         | WA                                                                              | ISLAND COUNTY                                                                                                                                                                                                                                                                                                                      | 539031                                                                                                                                                                                     | WA                                                                              | JEFFERSON COUNTY                                                                                                                                                                                                                                                                                                                       |
| 539033 WA                                                                                                                                                                                                                               | KING COUNTY                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                                                 | KITSAP COUNTY                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                            |                                                                                 | KITTITAS COUNTY                                                                                                                                                                                                                                                                                                                        |
| 539039 WA                                                                                                                                                                                                                               | KLICKITAT COUNTY                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                |                                                                                 | LEWIS COUNTY                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                                 | LINCOLN COUNTY                                                                                                                                                                                                                                                                                                                         |
| 539045 WA                                                                                                                                                                                                                               | MASON COUNTY                                                                                                                                                                                                                                                                                                                                              | 539047                                                                                                                                                                                                         | WA                                                                              | OKANOGAN COUNTY                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                            |                                                                                 | PACIFIC COUNTY                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                         | PEND OREILLE                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                |                                                                                 | PIERCE COUNTY                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                            |                                                                                 | SAN JUAN COUNTY                                                                                                                                                                                                                                                                                                                        |
| 539057 WA                                                                                                                                                                                                                               | SKAGIT COUNTY                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                |                                                                                 | SKAMANIA COUNTY                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                            |                                                                                 | SNOHOMISH COUNTY                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                         | SPOKANE COUNTY                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                |                                                                                 | STEVENS COUNTY                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                            |                                                                                 | THURSTON COUNTY                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                         | WAHKIAKUM COUNTY                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                |                                                                                 | WALLA WALLA                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            |                                                                                 | WHATCOM COUNTY                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                         | WHITMAN COUNTY                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                |                                                                                 | YAKIMA COUNTY                                                                                                                                                                                                                                                                                                                      | 555015                                                                                                                                                                                     |                                                                                 |                                                                                                                                                                                                                                                                                                                                        |
| WEST VIR                                                                                                                                                                                                                                | CINIA                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                |                                                                                 |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                            |                                                                                 |                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                         | CHARLESTON                                                                                                                                                                                                                                                                                                                                                | 540666                                                                                                                                                                                                         | wv                                                                              | HUNTINGTON                                                                                                                                                                                                                                                                                                                         | 5/1038                                                                                                                                                                                     | wv                                                                              | PARKERSBURG                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                         | WEIRTON                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                |                                                                                 | WHEELING                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                            |                                                                                 | BARBOUR COUNTY                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                         | BERKELEY COUNTY                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                |                                                                                 | BOONE COUNTY                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                                 | BRAXTON COUNTY                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                         | BROOKE COUNTY                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                |                                                                                 | CABELL COUNTY                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                            |                                                                                 | CALHOUN COUNTY                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                         | CLAY COUNTY                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                                                 | DODDRIDGE COUNTY                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                            |                                                                                 | FAYETTE COUNTY                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                         | GILMER COUNTY                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                |                                                                                 | GRANT COUNTY                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                                 | GREENBRIER COUNTY                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                         | HAMPSHIRE COUNTY                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                |                                                                                 | HANCOCK COUNTY                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                            |                                                                                 | HARDY COUNTY                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                         | HARRISON COUNTY                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                |                                                                                 | JACKSON COUNTY                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                            |                                                                                 |                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                         | KANAWHA COUNTY                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                |                                                                                 | LEWIS COUNTY                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                                 | JEFFERSON COUNTY                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                         | LOGAN COUNTY                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                |                                                                                 |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                            |                                                                                 | LINCOLN COUNTY                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                |                                                                                 | MCDOWELL COUNTY                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                            |                                                                                 | MARION COUNTY                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                         | MARSHALL COUNTY                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                |                                                                                 | MASON COUNTY                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                                 | MERCER COUNTY                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                         | MINERAL COUNTY                                                                                                                                                                                                                                                                                                                                            | 549059                                                                                                                                                                                                         | WV                                                                              | MINGO COUNTY                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                                 | MONONGALIA                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                         | MONROE COUNTY                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                |                                                                                 | MORGAN COUNTY                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                            |                                                                                 | NICHOLAS COUNTY                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                         | OHIO COUNTY                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                                                 | PENDLETON COUNTY                                                                                                                                                                                                                                                                                                                   | 549073                                                                                                                                                                                     | WV                                                                              | PLEASANTS COUNTY                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                         | POCAHONTAS COUNTY                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                |                                                                                 | PRESTON COUNTY                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                            |                                                                                 | PUTNAM COUNTY                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                         | RALEIGH COUNTY                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                |                                                                                 | RANDOLPH COUNTY                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                            |                                                                                 | RITCHIE COUNTY                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                         | ROANE COUNTY                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                |                                                                                 | SUMMERS COUNTY                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                            |                                                                                 | TAYLOR COUNTY                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                         | TUCKER COUNTY                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                |                                                                                 | TYLER COUNTY                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                                 | UPSHUR COUNTY                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                         | WAYNE COUNTY<br>WIRT COUNTY                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                                                 | WEBSTER COUNTY<br>WOOD COUNTY                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                            |                                                                                 | WETZEL COUNTY<br>WYOMING COUNTY                                                                                                                                                                                                                                                                                                        |
| WISCONSI                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                |                                                                                 |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                            |                                                                                 |                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                         | N                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                |                                                                                 |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                            |                                                                                 |                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                           | 550569                                                                                                                                                                                                         | W/I                                                                             | BELOIT                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                            |                                                                                 |                                                                                                                                                                                                                                                                                                                                        |
| 550216 WI                                                                                                                                                                                                                               | APPLETON                                                                                                                                                                                                                                                                                                                                                  | 550568                                                                                                                                                                                                         |                                                                                 | BELOIT<br>CREEN BAY                                                                                                                                                                                                                                                                                                                | 552004                                                                                                                                                                                     | WI                                                                              |                                                                                                                                                                                                                                                                                                                                        |
| 550216 WI<br>551920 WI                                                                                                                                                                                                                  | APPLETON<br>EAU CLAIRE                                                                                                                                                                                                                                                                                                                                    | 552664                                                                                                                                                                                                         | WI                                                                              | GREEN BAY                                                                                                                                                                                                                                                                                                                          | 553224                                                                                                                                                                                     |                                                                                 | JANESVILLE                                                                                                                                                                                                                                                                                                                             |
| 550216 WI<br>551920 WI<br>553316 WI                                                                                                                                                                                                     | APPLETON<br>EAU CLAIRE<br>KENOSHA                                                                                                                                                                                                                                                                                                                         | 552664<br>553428                                                                                                                                                                                               | WI<br>WI                                                                        | GREEN BAY<br>LA CROSSE                                                                                                                                                                                                                                                                                                             | 553944                                                                                                                                                                                     | WI                                                                              | MADISON                                                                                                                                                                                                                                                                                                                                |
| 550216 WI<br>551920 WI<br>553316 WI<br>554340 WI                                                                                                                                                                                        | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE                                                                                                                                                                                                                                                                                                            | 552664<br>553428<br>554588                                                                                                                                                                                     | WI<br>WI<br>WI                                                                  | GREEN BAY<br>LA CROSSE<br>NEENAH                                                                                                                                                                                                                                                                                                   | 553944<br>554960                                                                                                                                                                           | WI<br>WI                                                                        | MADISON<br>OSHKOSH                                                                                                                                                                                                                                                                                                                     |
| 550216 WI<br>551920 WI<br>553316 WI<br>554340 WI<br>555424 WI                                                                                                                                                                           | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE                                                                                                                                                                                                                                                                                                  | 552664<br>553428<br>554588<br>556000                                                                                                                                                                           | WI<br>WI<br>WI<br>WI                                                            | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN                                                                                                                                                                                                                                                                                      | 553944<br>554960<br>556492                                                                                                                                                                 | WI<br>WI<br>WI                                                                  | MADISON<br>OSHKOSH<br>SUPERIOR                                                                                                                                                                                                                                                                                                         |
| 550216 WI<br>551920 WI<br>553316 WI<br>554340 WI<br>555424 WI<br>556948 WI                                                                                                                                                              | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA                                                                                                                                                                                                                                                                                      | 552664<br>553428<br>554588<br>556000<br>556980                                                                                                                                                                 | WI<br>WI<br>WI<br>WI<br>WI                                                      | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU                                                                                                                                                                                                                                                                            | 553944<br>554960<br>556492<br>557008                                                                                                                                                       | WI<br>WI<br>WI<br>WI                                                            | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA                                                                                                                                                                                                                                                                                            |
| 550216 WI<br>551920 WI<br>553316 WI<br>554340 WI<br>555424 WI<br>556948 WI<br>557056 WI                                                                                                                                                 | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS                                                                                                                                                                                                                                                                        | 552664<br>553428<br>554588<br>556000<br>556980<br>559001                                                                                                                                                       | WI<br>WI<br>WI<br>WI<br>WI<br>WI                                                | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY                                                                                                                                                                                                                                                            | 553944<br>554960<br>556492<br>557008<br>559003                                                                                                                                             | WI<br>WI<br>WI<br>WI<br>WI                                                      | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY                                                                                                                                                                                                                                                                          |
| 550216 WI<br>551920 WI<br>553316 WI<br>554340 WI<br>555424 WI<br>556948 WI<br>557056 WI<br>559005 WI                                                                                                                                    | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY                                                                                                                                                                                                                                                       | 552664<br>553428<br>554588<br>556000<br>556980<br>559001<br>559007                                                                                                                                             | WI<br>WI<br>WI<br>WI<br>WI<br>WI                                                | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY                                                                                                                                                                                                                                         | 553944<br>554960<br>556492<br>557008<br>559003<br>559009                                                                                                                                   | WI<br>WI<br>WI<br>WI<br>WI                                                      | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY                                                                                                                                                                                                                                                          |
| 550216 WI<br>551920 WI<br>553316 WI<br>554340 WI<br>555424 WI<br>556948 WI<br>557056 WI<br>559005 WI<br>559001 WI                                                                                                                       | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUFFALO COUNTY                                                                                                                                                                                                                                     | 552664<br>553428<br>554588<br>556000<br>556980<br>559001<br>559007<br>559013                                                                                                                                   | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                                          | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY                                                                                                                                                                                                                       | 553944<br>554960<br>556492<br>557008<br>559003<br>559009<br>559015                                                                                                                         | WI<br>WI<br>WI<br>WI<br>WI<br>WI                                                | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY                                                                                                                                                                                                                                        |
| 550216 WI<br>551920 WI<br>553316 WI<br>554340 WI<br>555424 WI<br>556948 WI<br>557056 WI<br>559005 WI<br>559005 WI<br>559011 WI                                                                                                          | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUFFALO COUNTY<br>CHIPPEWA COUNTY                                                                                                                                                                                                                  | 552664<br>553428<br>554588<br>556000<br>556980<br>559001<br>559007<br>559013<br>559019                                                                                                                         | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                                    | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY<br>CLARK COUNTY                                                                                                                                                                                                       | 553944<br>554960<br>556492<br>557008<br>559003<br>559009<br>559015<br>559021                                                                                                               | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                                          | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY<br>COLUMBIA COUNTY                                                                                                                                                                                                                     |
| 550216 W1<br>551920 W1<br>553316 W1<br>554340 W1<br>555424 W1<br>5550424 W1<br>557056 W1<br>559005 W1<br>559017 W1<br>559017 W1                                                                                                         | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUFFALO COUNTY<br>CHIPPEWA COUNTY<br>CRAWFORD COUNTY                                                                                                                                                                                               | 552664<br>553428<br>554588<br>556000<br>556980<br>559001<br>559007<br>559013<br>559019<br>559025                                                                                                               | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                              | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY<br>CLARK COUNTY<br>DANE COUNTY                                                                                                                                                                                        | 553944<br>554960<br>556492<br>557008<br>559003<br>559009<br>559015<br>559021<br>559027                                                                                                     | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                                          | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY<br>COLUMBIA COUNTY<br>DODGE COUNTY                                                                                                                                                                                                     |
| 550216 W1<br>551920 W1<br>553316 W1<br>5534340 W1<br>555424 W1<br>555924 W1<br>559045 W1<br>559005 W1<br>559011 W1<br>559021 W1<br>559023 W1                                                                                            | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUFFALO COUNTY<br>CHIPPEWA COUNTY<br>CRAWFORD COUNTY<br>DOOR COUNTY                                                                                                                                                                                | 552664<br>553428<br>554588<br>556000<br>556980<br>559001<br>559007<br>559013<br>559019<br>559025<br>559031                                                                                                     | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                        | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY<br>CLARK COUNTY<br>DANE COUNTY<br>DOUGLAS COUNTY                                                                                                                                                                      | 553944<br>554960<br>556492<br>557008<br>559003<br>559009<br>559015<br>559021<br>559021<br>559027<br>559033                                                                                 | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                                    | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY<br>COLUMBIA COUNTY<br>DODGE COUNTY<br>DUNN COUNTY                                                                                                                                                                                      |
| 550216 W1<br>551920 W1<br>553316 W1<br>553340 W1<br>555424 W1<br>555042 W1<br>555045 W1<br>55905 W1<br>559011 W1<br>559021 W1<br>559022 W1<br>559029 W1<br>559029 W1                                                                    | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUIFFALO COUNTY<br>CHIPPEWA COUNTY<br>CRAWFORD COUNTY<br>DOOR COUNTY<br>EAU CLAIRE COUNTY                                                                                                                                                          | 552664<br>553428<br>554588<br>556000<br>556980<br>559001<br>559007<br>559013<br>559013<br>559025<br>559031<br>559037                                                                                           | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                        | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY<br>CLARK COUNTY<br>DANE COUNTY<br>DOUGLAS COUNTY<br>FLORENCE COUNTY                                                                                                                                                   | 553944<br>554960<br>556492<br>557008<br>559003<br>559015<br>559021<br>559027<br>559023<br>559033<br>559039                                                                                 | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                              | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY<br>COLUMBIA COUNTY<br>DODGE COUNTY<br>DUNN COUNTY<br>FOND DU LAC COUNTY                                                                                                                                                                |
| 550216 W1<br>551920 W1<br>553316 W1<br>553316 W1<br>555424 W1<br>556948 W1<br>556948 W1<br>55905 W1<br>559017 W1<br>559017 W1<br>559023 W1<br>559023 W1<br>559035 W1<br>559035 W1                                                       | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUFFALO COUNTY<br>CHIPPEWA COUNTY<br>CRAWFORD COUNTY<br>DOOR COUNTY<br>EAU CLAIRE COUNTY<br>FOREST COUNTY                                                                                                                                          | 552664<br>553428<br>554588<br>556000<br>559001<br>559007<br>559013<br>559019<br>559025<br>559031<br>559037<br>559043                                                                                           | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                  | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY<br>CLARK COUNTY<br>DANE COUNTY<br>DANE COUNTY<br>FLORENCE COUNTY<br>GRANT COUNTY                                                                                                                                      | 553944<br>554960<br>556492<br>557008<br>559003<br>559021<br>559027<br>559033<br>559039<br>559045                                                                                           | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                              | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY<br>COLUMBIA COUNTY<br>DODGE COUNTY<br>DUNN COUNTY<br>FOND DU LAC COUNTY<br>GREEN COUNTY                                                                                                                                                |
| 550216 W1<br>551920 W1<br>553316 W1<br>554340 W1<br>555424 W1<br>556948 W1<br>557056 W1<br>55905 W1<br>559017 W1<br>559017 W1<br>559023 W1<br>559029 W1<br>559029 W1<br>559035 W1<br>559041 W1<br>559047 W1                             | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUFFALO COUNTY<br>CHIPPEWA COUNTY<br>CAWFORD COUNTY<br>DOOR COUNTY<br>EAU CLAIRE COUNTY<br>GREEN LAKE COUNTY                                                                                                                                       | 552664<br>553428<br>554588<br>556000<br>559001<br>559007<br>559013<br>559019<br>559025<br>559031<br>559031<br>559031<br>559043<br>559043                                                                       | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                  | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY<br>CLARK COUNTY<br>DANE COUNTY<br>DOUGLAS COUNTY<br>FLORENCE COUNTY<br>GRANT COUNTY<br>IOWA COUNTY                                                                                                                    | 553944<br>554960<br>556492<br>557008<br>559003<br>559005<br>559021<br>559027<br>559033<br>559039<br>559045<br>559051                                                                       | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                              | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY<br>COLUMBIA COUNTY<br>DODGE COUNTY<br>DUNN COUNTY<br>FOND DU LAC COUNTY<br>IRON COUNTY                                                                                                                                                 |
| 550216 W1<br>551920 W1<br>553316 W1<br>554340 W1<br>555424 W1<br>5556248 W1<br>555005 W1<br>559005 W1<br>559017 W1<br>559023 W1<br>559023 W1<br>559023 W1<br>559041 W1<br>559047 W1<br>559053 W1                                        | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUFFALO COUNTY<br>CHIPPEWA COUNTY<br>CAWFORD COUNTY<br>DOOR COUNTY<br>EAU CLAIRE COUNTY<br>FOREST COUNTY<br>GREEN LAKE COUNTY<br>JACKSON COUNTY                                                                                                    | 552664<br>553428<br>554588<br>556000<br>559001<br>559007<br>559013<br>559019<br>559025<br>559031<br>559043<br>559043<br>559049<br>559055                                                                       | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI            | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY<br>CLARK COUNTY<br>DANE COUNTY<br>DOUGLAS COUNTY<br>FLORENCE COUNTY<br>GRANT COUNTY<br>JEFFERSON COUNTY                                                                                                               | 553944<br>554960<br>556492<br>557008<br>559003<br>559005<br>559021<br>559027<br>559027<br>559033<br>559045<br>559045<br>559051<br>559057                                                   | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                  | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY<br>COLUMBIA COUNTY<br>DODGE COUNTY<br>DUNN COUNTY<br>FOND DU LAC COUNTY<br>GREEN COUNTY<br>JUNEAU COUNTY                                                                                                                               |
| 550216 W1<br>551920 W1<br>553316 W1<br>5534340 W1<br>555424 W1<br>555948 W1<br>557056 W1<br>559005 W1<br>559017 W1<br>559023 W1<br>559023 W1<br>559035 W1<br>559041 W1<br>559041 W1<br>559053 W1                                        | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUFFALO COUNTY<br>CHIPPEWA COUNTY<br>CAWFORD COUNTY<br>DOOR COUNTY<br>EAU CLAIRE COUNTY<br>FOREST COUNTY<br>GREEN LAKE COUNTY<br>JACKSON COUNTY<br>KENOSHA COUNTY                                                                                  | 552664<br>553428<br>554588<br>556000<br>559001<br>559007<br>559013<br>559019<br>559025<br>559031<br>559043<br>559043<br>559045<br>559045<br>559045                                                             | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI      | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY<br>CLARK COUNTY<br>DANE COUNTY<br>DANE COUNTY<br>FLORENCE COUNTY<br>GRANT COUNTY<br>JEFFERSON COUNTY<br>KEWAUNEE COUNTY                                                                                               | 553944<br>554960<br>556492<br>557008<br>559003<br>559005<br>559021<br>559027<br>559023<br>559033<br>559045<br>559051<br>559051<br>559057<br>559063                                         | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI                  | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY<br>COLUMET COUNTY<br>DODGE COUNTY<br>DUNN COUNTY<br>FOND DU LAC COUNTY<br>GREEN COUNTY<br>IRON COUNTY<br>JUNEAU COUNTY<br>LA CROSSE COUNTY                                                                                             |
| 550216 W1<br>551920 W1<br>553316 W1<br>5534340 W1<br>555424 W1<br>555948 W1<br>559045 W1<br>559011 W1<br>559017 W1<br>559023 W1<br>559023 W1<br>559023 W1<br>559041 W1<br>559041 W1<br>559041 W1<br>559053 W1<br>559053 W1<br>559055 W1 | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUFFALO COUNTY<br>CHIPPEWA COUNTY<br>CAWFORD COUNTY<br>DOOR COUNTY<br>EAU CLAIRE COUNTY<br>FOREST COUNTY<br>GREEN LAKE COUNTY<br>JACKSON COUNTY<br>LAFAYETTE COUNTY                                                                                | 552664<br>553428<br>554588<br>556000<br>556980<br>559001<br>559007<br>559013<br>559013<br>559025<br>559031<br>559037<br>559043<br>559049<br>559055<br>559061<br>559067                                         | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>W | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY<br>CLARK COUNTY<br>DANE COUNTY<br>FLORENCE COUNTY<br>FLORENCE COUNTY<br>IOWA COUNTY<br>JEFFERSON COUNTY<br>KEWAUNEE COUNTY<br>LANGLADE COUNTY                                                                         | 553944<br>554960<br>556492<br>557008<br>559003<br>559005<br>559021<br>559027<br>559023<br>559033<br>559045<br>559057<br>559057<br>559063<br>559063<br>559069                               | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI            | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY<br>COLUMEIA COUNTY<br>DODGE COUNTY<br>DUNN COUNTY<br>FOND DU LAC COUNTY<br>GREEN COUNTY<br>IRON COUNTY<br>JUNEAU COUNTY<br>LA CROSSE COUNTY<br>LINCOLN COUNTY                                                                          |
| 550216 W1<br>551920 W1<br>553316 W1<br>5534340 W1<br>555424 W1<br>555042 W1<br>555005 W1<br>559005 W1<br>559027 W1<br>559023 W1<br>559024 W1<br>559047 W1<br>559053 W1<br>559055 W1<br>559055 W1<br>559055 W1                           | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUFFALO COUNTY<br>CHIPPEWA COUNTY<br>CAUPFORD COUNTY<br>DOOR COUNTY<br>EAU CLAIRE COUNTY<br>FOREST COUNTY<br>GREEN LAKE COUNTY<br>JACKSON COUNTY<br>KENOSHA COUNTY<br>LAFAYETTE COUNTY<br>MANITOWOC COUNTY                                         | 552664<br>553428<br>554588<br>556000<br>556980<br>559001<br>559007<br>559013<br>559013<br>559025<br>559031<br>559037<br>559043<br>559043<br>559043<br>559061<br>559061<br>559061<br>559067<br>559073           | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>W | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY<br>CLARK COUNTY<br>DANE COUNTY<br>DOUGLAS COUNTY<br>FLORENCE COUNTY<br>GRANT COUNTY<br>IOWA COUNTY<br>JEFFERSON COUNTY<br>KEWAUNEE COUNTY<br>LANGLADE COUNTY<br>MARATHON COUNTY                                       | 553944<br>554960<br>556492<br>557008<br>559003<br>559021<br>559027<br>559033<br>559033<br>559045<br>559051<br>559051<br>559051<br>559063<br>559069<br>559069<br>559075                     | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>W | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY<br>COLUMBIA COUNTY<br>DODGE COUNTY<br>DUNN COUNTY<br>GREEN COUNTY<br>JUNEAU COUNTY<br>JUNEAU COUNTY<br>LA CROSSE COUNTY<br>LINCOLN COUNTY<br>MARINETTE COUNTY                                                                          |
| 550216 W1<br>551920 W1<br>553316 W1<br>554340 W1<br>555424 W1<br>555045 W1<br>55905 W1<br>559017 W1<br>559027 W1<br>559027 W1<br>559047 W1<br>559037 W1<br>559055 W1<br>559055 W1<br>559057 W1<br>559077 W1                             | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUFFALO COUNTY<br>CHIPPEWA COUNTY<br>CRAWFORD COUNTY<br>DOOR COUNTY<br>EAU CLAIRE COUNTY<br>FOREST COUNTY<br>GREEN LAKE COUNTY<br>JACKSON COUNTY<br>KENOSHA COUNTY<br>LAFAYETTE COUNTY<br>MARIQUETTE COUNTY                                        | 552664<br>553428<br>554588<br>556000<br>559001<br>559007<br>559013<br>559019<br>559025<br>559031<br>559031<br>559037<br>559043<br>559043<br>559043<br>559067<br>559067<br>559073<br>559078                     | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>W | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY<br>CLARK COUNTY<br>DOUGLAS COUNTY<br>FLORENCE COUNTY<br>GRANT COUNTY<br>IOWA COUNTY<br>IOWA COUNTY<br>JEFFERSON COUNTY<br>KEWAUNEE COUNTY<br>LANGLADE COUNTY<br>MARATHON COUNTY<br>MENOMINEE COUNTY                   | 553944<br>554960<br>556492<br>557008<br>559003<br>559021<br>559027<br>559033<br>559033<br>559039<br>559045<br>559051<br>559051<br>559063<br>559069<br>559075<br>559079                     | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>W | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY<br>COLUMBIA COUNTY<br>DODGE COUNTY<br>DUNN COUNTY<br>FOND DU LAC COUNTY<br>GREEN COUNTY<br>IRON COUNTY<br>JUNEAU COUNTY<br>LA CROSSE COUNTY<br>LINCOLN COUNTY<br>MARINETTE COUNTY<br>MARINETTE COUNTY                                  |
| 550216 W1<br>551920 W1<br>553316 W1<br>554340 W1<br>555424 W1<br>555045 W1<br>555005 W1<br>559017 W1<br>559023 W1<br>559035 W1<br>559035 W1<br>559035 W1<br>559047 W1<br>559059 W1<br>559057 W1<br>559077 W1<br>559077 W1               | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUFFALO COUNTY<br>CHIPPEWA COUNTY<br>CRAWFORD COUNTY<br>DOOR COUNTY<br>EAU CLAIRE COUNTY<br>FOREST COUNTY<br>GREEN LAKE COUNTY<br>JACKSON COUNTY<br>KENOSHA COUNTY<br>LAFAYETTE COUNTY<br>MANITOWOC COUNTY<br>MARQUETTE COUNTY<br>MARQUETTE COUNTY | 552664<br>553428<br>554588<br>556000<br>559001<br>559007<br>559013<br>559019<br>559025<br>559031<br>559037<br>559043<br>559043<br>559043<br>559061<br>559061<br>559063<br>559073<br>559078<br>559078<br>559078 | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>W | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY<br>CLARK COUNTY<br>CLARK COUNTY<br>DOUGLAS COUNTY<br>FLORENCE COUNTY<br>GRANT COUNTY<br>IOWA COUNTY<br>JEFFERSON COUNTY<br>KEWAUNEE COUNTY<br>LANGLADE COUNTY<br>MARATHON COUNTY<br>MENOMINEE COUNTY<br>OCONTO COUNTY | 553944<br>554960<br>556492<br>557008<br>559003<br>559015<br>559021<br>559027<br>559033<br>559045<br>559045<br>559051<br>559057<br>559063<br>559069<br>559075<br>559079<br>559079           | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>W | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY<br>COLUMBIA COUNTY<br>ODGE COUNTY<br>DUNN COUNTY<br>FOND DU LAC COUNTY<br>GREEN COUNTY<br>IRON COUNTY<br>JUNEAU COUNTY<br>JUNEAU COUNTY<br>LA CROSSE COUNTY<br>LINCOLN COUNTY<br>MARINETTE COUNTY<br>MILWAUKEE COUNTY<br>ONEIDA COUNTY |
| 550216 W1<br>551920 W1<br>553316 W1<br>5534340 W1<br>555424 W1<br>555042 W1<br>555045 W1<br>559017 W1<br>559023 W1<br>559023 W1<br>559035 W1<br>559035 W1<br>559053 W1<br>559053 W1<br>559055 W1<br>559057 W1<br>559077 W1<br>559087 W1 | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUFFALO COUNTY<br>CHIPPEWA COUNTY<br>CAWFORD COUNTY<br>DOOR COUNTY<br>EAU CLAIRE COUNTY<br>FOREST COUNTY<br>GREEN LAKE COUNTY<br>JACKSON COUNTY<br>KENOSHA COUNTY<br>LAFAYETTE COUNTY<br>MARQUETTE COUNTY<br>MARQUETTE COUNTY<br>OUTAGAMIE COUNTY  | 552664<br>553428<br>554588<br>556000<br>559001<br>559007<br>559013<br>559025<br>559031<br>559037<br>559043<br>559043<br>559043<br>559043<br>559061<br>559061<br>559073<br>559073<br>559078<br>559078           | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>W | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY<br>CLARK COUNTY<br>DOUGLAS COUNTY<br>CLARK COUNTY<br>DOUGLAS COUNTY<br>FLORENCE COUNTY<br>IOWA COUNTY<br>IEFFERSON COUNTY<br>KEWAUNEE COUNTY<br>MARATHON COUNTY<br>MARATHON COUNTY<br>OCONTO COUNTY<br>OZAUKEE COUNTY | 553944<br>554960<br>556492<br>557008<br>559003<br>559003<br>559021<br>559027<br>559033<br>559045<br>559045<br>559051<br>559057<br>559063<br>559063<br>559079<br>559079<br>559079           | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>W | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY<br>COLUMBIA COUNTY<br>DODGE COUNTY<br>DUNN COUNTY<br>FOND DU LAC COUNTY<br>IRON COUNTY<br>JUNEAU COUNTY<br>JUNEAU COUNTY<br>LA CROSSE COUNTY<br>LINCOLN COUNTY<br>MARINETTE COUNTY<br>MILWAUKEE COUNTY<br>PEPIN COUNTY                 |
| 550216 W1<br>551920 W1<br>553316 W1<br>5534340 W1<br>555424 W1<br>555045 W1<br>559005 W1<br>559017 W1<br>559023 W1<br>559023 W1<br>559023 W1<br>559059 W1<br>559059 W1<br>559057 W1<br>559077 W1<br>559077 W1<br>559077 W1              | APPLETON<br>EAU CLAIRE<br>KENOSHA<br>MILWAUKEE<br>RACINE<br>WAUKESHA<br>WEST ALLIS<br>BARRON COUNTY<br>BUFFALO COUNTY<br>CHIPPEWA COUNTY<br>CRAWFORD COUNTY<br>DOOR COUNTY<br>EAU CLAIRE COUNTY<br>FOREST COUNTY<br>GREEN LAKE COUNTY<br>JACKSON COUNTY<br>KENOSHA COUNTY<br>LAFAYETTE COUNTY<br>MANITOWOC COUNTY<br>MARQUETTE COUNTY<br>MARQUETTE COUNTY | 552664<br>553428<br>554588<br>556000<br>559001<br>559007<br>559013<br>559019<br>559025<br>559031<br>559037<br>559043<br>559043<br>559043<br>559061<br>559061<br>559063<br>559073<br>559078<br>559078<br>559078 | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>W | GREEN BAY<br>LA CROSSE<br>NEENAH<br>SHEBOYGAN<br>WAUSAU<br>ADAMS COUNTY<br>BAYFIELD COUNTY<br>BURNETT COUNTY<br>CLARK COUNTY<br>CLARK COUNTY<br>DOUGLAS COUNTY<br>FLORENCE COUNTY<br>GRANT COUNTY<br>IOWA COUNTY<br>JEFFERSON COUNTY<br>KEWAUNEE COUNTY<br>LANGLADE COUNTY<br>MARATHON COUNTY<br>MENOMINEE COUNTY<br>OCONTO COUNTY | 553944<br>554960<br>556492<br>557008<br>559003<br>559015<br>559021<br>559027<br>559023<br>559045<br>559045<br>559051<br>559051<br>559057<br>559063<br>559079<br>559079<br>559079<br>559085 | WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>WI<br>W | MADISON<br>OSHKOSH<br>SUPERIOR<br>WAUWATOSA<br>ASHLAND COUNTY<br>BROWN COUNTY<br>CALUMET COUNTY<br>COLUMBIA COUNTY<br>ODGE COUNTY<br>DUNN COUNTY<br>FOND DU LAC COUNTY<br>GREEN COUNTY<br>IRON COUNTY<br>JUNEAU COUNTY<br>JUNEAU COUNTY<br>LA CROSSE COUNTY<br>LINCOLN COUNTY<br>MARINETTE COUNTY<br>MILWAUKEE COUNTY<br>ONEIDA COUNTY |

| 559105 WI ROCK COUNTY        | 559107 WI RUSK COUNTY       | 559109 WI ST. CROIX COUNTY |
|------------------------------|-----------------------------|----------------------------|
| 559111 WI SAUK COUNTY        | 559113 WI SAWYER COUNTY     | 559115 WI SHAWANO COUNTY   |
| 559117 WI SHEBOYGAN COUNTY   | 559119 WI TAYLOR COUNTY     | 559121 WI TREMPEALEAU      |
| 559123 WI VERNON COUNTY      | 559125 WI VILAS COUNTY      | 559127 WI WALWORTH COUNTY  |
| 559129 WI WASHBURN COUNTY    | 559131 WI WASHINGTON COUNTY | 559133 WI WAUKESHA COUNTY  |
| 559135 WI WAUPACA COUNTY     | 559137 WI WAUSHARA COUNTY   | 559139 WI WINNEBAGO COUNTY |
| 559141 WI WOOD COUNTY        |                             |                            |
|                              |                             |                            |
| WYOMING                      |                             |                            |
| 560054 WY CASPER             |                             |                            |
| 560060 WY CHEYENNE           | 569001 WY ALBANY COUNTY     | 569003 WY BIG HORN COUNTY  |
| 569005 WY CAMPBELL COUNTY    | 569007 WY CARBON COUNTY     | 569009 WY CONVERSE COUNTY  |
| 569011 WY CROOK COUNTY       | 569013 WY FREMONT COUNTY    | 569015 WY GOSHEN COUNTY    |
| 569017 WY HOT SPRINGS COUNTY | 569019 WY JOHNSON COUNTY    | 569021 WY LARAMIE COUNTY   |
| 569023 WY LINCOLN COUNTY     | 569025 WY NATRONA COUNTY    | 569027 WY NIOBRARA COUNTY  |
| 569029 WY PARK COUNTY        | 569031 WY PLATTE COUNTY     | 569033 WY SHERIDAN COUNTY  |
| 569035 WY SUBLETTE COUNTY    | 569037 WY SWEETWATER        | 569039 WY TETON COUNTY     |
| 569041 WY UINTA COUNTY       | 569043 WY WASHAKIE COUNTY   | 569045 WY WESTON COUNTY    |
|                              |                             |                            |

| Office of Communi                                                                                                  | lousing and Urban Develo<br>ty Planning and Developn<br>d Office Contact List | 국가에 내가 한 것이 지수는 것이 있는 것 같아요. 지수는 것으로 감독했다. |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|
| NEW ENGLAND                                                                                                        | CPD DIRECTOR                                                                  | PHONE                                      |
| CONNECTICUT STATE OFFICE<br>ONE CORPORATE CENTER, 19 <sup>TH</sup><br>FLOOR<br>HARTFORD, CT 06103-3220             | MARY ELLEN MORGAN                                                             | 860-240-4800                               |
| MANCHESTER AREA OFFICE<br>275 CHESTNUT ST.<br>NORRIS COTTON BLDG.<br>MANCHESTER, NH 03101-2487                     | RICHARD HATIN                                                                 | 603-666-7610                               |
| MASSACHUSETTS STATE OFFICE<br>10 CAUSEWAY STREET, ROOM 301<br>BOSTON, MA 02222-1092                                | BOB PAQUIN                                                                    | 617-994-8357                               |
| <u>NEW YORK/ NEW JERSEY</u>                                                                                        |                                                                               |                                            |
| <b>BUFFALO AREA OFFICE</b><br>465 MAIN STREET, FIFTH FLOOR<br>BUFFALO, NY 14203-1780                               | MICHAEL F. MERRILL                                                            | 716-551-5755                               |
| NEW JERSEY STATE OFFICE<br>ONE NEWARK CENTER, 13 <sup>TH</sup> FLOOR<br>NEWARK, NJ 07102-5260                      | KATHLEEN NAYMOLA                                                              | 973-622-7900                               |
| NEW YORK STATE OFFICE<br>26 FEDERAL PLAZA<br>NEW YORK, NY 10278-0068                                               | KATHY MULLINS, ACT'G                                                          | 212-264-0771                               |
| MID-ATLANIC                                                                                                        |                                                                               |                                            |
| MARYLANDSTATE OFFICE<br>10 S. HOWARD ST., 5 <sup>TH</sup> FLOOR<br>CITY CRESCENT BLDG.<br>BALTIMORE, MD 21201-2505 | JOSEPH O'CONNOR                                                               | 410-962-2520                               |
| <b>PENNSYLVANIA STATE OFFICE</b><br>WANAMAKER BLDG.<br>100 PENN SQUARE EAST<br>PHILADELPHIA, PA 19107-3390         | JOYCE GASKINS                                                                 | 215-656-0624                               |

| <b>PITTSBURGH STATE OFFICE</b><br>339 6 <sup>TH</sup> AVENUE, 6 <sup>TH</sup> FLOOR<br>PITTSBURG, PA 15222-2515          | LYNN DANIELS                    | 412-644-2999 |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------|
| VIRGINIA STATE OFFICE<br>600 EAST BROAD STREET<br>RICHMOND, VA 23230-4920                                                | CARLOS RENTERIA                 | 804-771-2100 |
| <b>DISTRICT OF COLUMBIA OFFICE</b><br>820 1 <sup>ST</sup> ST., N.E., STE. 450<br>WASHINGTON, DC 20002-4205               | RONALD HERBERT                  | 202-275-0994 |
| SOUTHEAST/CARIBBEAN                                                                                                      |                                 |              |
| ALABAMA STATE OFFICE<br>MEDICAL FORUM BUILDING<br>SUITE 900<br>950 22 <sup>ND</sup> STREET NORTH<br>BIRMINGHAM, AL 35203 | HAROLD COLE                     | 205-731-2630 |
| <b>CARIBBEAN OFFICE</b><br>159 CARLOS E. CHARDON AVENUE<br>SAN JUAN, PR 00918-1804                                       | CARMEN R. CABRERA               | 787-766-5400 |
| FLORIDA STATE OFFICE<br>909 SOUTHEAST 1 <sup>ST</sup> AVE., RM 500<br>MIAMI, FL 33131                                    | JACK JOHNSON                    | 305-536-4431 |
| <b>GEORGIA STATE OFFICE</b><br>40 MARIETTA STREET<br>FIVE POINTS PLAZA -15 <sup>TH</sup> FLOOR<br>ATLANTA, GA 30303-3388 | JOHN PERRY                      | 404-331-5001 |
| JACKSONVILLE AREA OFFICE<br>SOUTHERN BELL TOWER<br>301 WEST BAY STREET, STE. 2200<br>JACKSONVILLE, FL 32202-5121         | GARY CAUSEY,<br>ACTING DIRECTOR | 904-232-1777 |
| KENTUCKY STATE OFFICE<br>601 W. BROADWAY<br>LOUISVILLE, KY 40202                                                         | VIRGINIA PECK                   | 502-582-6163 |
| MISSISSIPPI STATE OFFICE<br>100 WEST CAPITOL STREET, RM 910<br>JACKSON, MS 39269-1096                                    | EMILY EBERHARDT                 | 601-965-4700 |
|                                                                                                                          |                                 |              |

| NORTH CAROLINA STATE OFFICE<br>KOGER BLDG.<br>2306 W. MEADOWVIEW RD.<br>GREENSBORO, NC 27407-3707                   | TOM FEREBEE                     | 336-547-4005 |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------|
| SOUTH CAROLINA STATE OFFICE<br>S. THURMON FED. BLDG.<br>1835 ASSEMBLY STREET<br>COLUMBIA, SC 29201-2480             | LOUIS E. BRADLEY                | 803-765-5564 |
| TENNESSEE STATE OFFICE<br>710 LOCUST STREET, 3 <sup>RD</sup> FLOOR<br>KNOXVILLE, TN 37902-2526                      | MARY WILSON,<br>ACTING DIRECTOR | 865-545-4394 |
| MIDWEST                                                                                                             |                                 |              |
| ILLINOIS STATE OFFICE<br>77 WEST JACKSON BOULEVARD<br>RALPH METCALFE BLDG.<br>CHICAGO, IL 60604-3507                | RAY WILLIS,<br>ACTING DIRECTOR  | 312-353-6236 |
| <b>INDIANA STATE OFFICE</b><br>151 NORTH DELAWARE STREET<br>INDIANAPOLIS, IN 46204-2526                             | ROBERT POFFENBERGER             | 317-226-6303 |
| MICHIGAN STATE OFFICE<br>PATRICK MCNAMARA BUILDING<br>477 MICHIGAN AVENUE<br>DETROIT, MI 48226-2592                 | JEANETTE HARRIS                 | 313-226-4343 |
| MINNESOTA STATE OFFICE<br>920 SECOND AVENUE, SOUTH<br>MINNEAPOLIS, MN 55401-2195                                    | ALAN JOLES                      | 612-370-3019 |
| OHIO STATE OFFICE<br>200 NORTH HIGH STREET<br>COLUMBUS, OH 43215-2499                                               | LANA VACHA                      | 614-469-5737 |
| WISCONSIN STATE OFFICE<br>310 W. WISCONSIN AVENUE, STE 1380<br>MILWAUKEE, WI 53203-2289                             | ROBERT BERLAN                   | 414-297-3214 |
| SOUTHWEST<br>ARKANSAS STATE OFFICE<br>425 WEST CAPITAL AVENUE<br>TCBY TOWER, STE. 900<br>LITTLE ROCK, AR 72201-3488 | JAMES SLATER                    | 501-324-6375 |

CoC Supporting Information

| LOUISIANA STATE OFFICE<br>501 MAGAZINE STREET,<br>HALE BOGGS, 9 <sup>TH</sup> FLOOR<br>NEW ORLEANS, LA 70130-3099                                                                                                                                                         | GREG HAMILTON                       | 504-589-7212                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------|
| NEW MEXICO STATE OFFICE<br>625 SILVER AVENUE, SW, STE. 100<br>ALBUGUERQUE, NM 87110-6472                                                                                                                                                                                  | FRANK PADILLA                       | 505-346-7361                 |
| OKLAHOMA STATE OFFICE<br>500 WEST MAIN STREET, STE. 40<br>OKLAHOMA CITY, OK 73102                                                                                                                                                                                         | DAVID H. LONG                       | 405-553-7569                 |
| SAN ANTONIO STATE OFFICE<br>WASHINGTON SQUARE<br>800 DELOROSA STREET<br>SAN ANTONIO, TX 78207-4563                                                                                                                                                                        | JOHN T. MALDONADO                   | 210-475-6820                 |
| TEXAS STATE OFFICE<br>801 N. CHERRY STREET, 6T1<br>25 <sup>th</sup> FLOOR<br>FORT WORTH, TX 76102                                                                                                                                                                         | KATIE WORSHAM                       | 817-978-5934                 |
|                                                                                                                                                                                                                                                                           |                                     |                              |
| GREAT PLAINS                                                                                                                                                                                                                                                              |                                     |                              |
| GREAT PLAINS<br>KANSAS/MISSOURI STATE OFFICE<br>GATEWAY TOWER II<br>400 STATE AVENUE, RM 200<br>KANSAS CITY, KS 66101-2406                                                                                                                                                | WILLIAM ROTERT                      | 913-551-5485                 |
| <b>KANSAS/MISSOURI STATE OFFICE</b><br>GATEWAY TOWER II<br>400 STATE AVENUE, RM 200                                                                                                                                                                                       | WILLIAM ROTERT<br>GREGORY A. BEVIRT | 913-551-5485<br>402-492-3181 |
| KANSAS/MISSOURI STATE OFFICE<br>GATEWAY TOWER II<br>400 STATE AVENUE, RM 200<br>KANSAS CITY, KS 66101-2406<br>NEBRASKA STATE OFFICE<br>10909 MILL VALLEY ROAD                                                                                                             |                                     |                              |
| KANSAS/MISSOURI STATE OFFICE<br>GATEWAY TOWER II<br>400 STATE AVENUE, RM 200<br>KANSAS CITY, KS 66101-2406<br>NEBRASKA STATE OFFICE<br>10909 MILL VALLEY ROAD<br>OMAHA, NE 68154-3955<br>ST. LOUIS AREA OFFICE<br>1222 SPRUCE STREET, 3 <sup>RD</sup> FLOOR<br>SUITE 1200 | GREGORY A. BEVIRT                   | 402-492-3181                 |

## PACIFIC / HAWAII

| CALIFORNIA STATE OFFICE<br>450 GOLDEN GATE AVENUE                                                               | STEVE SACHS                            | 415-436-6597 |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------|
| SAN FRANCISCO, CA 94102-3448                                                                                    | JIMMY PRATER<br>DEPUTY DIRECTOR        | 415-436-6592 |
| HAWAII STATE OFFICE<br>500 ALA MOANA BLVD. , STE 3A<br>HONOLULU, HI 96813-4918                                  | MARK CHANDLER                          | 808-522-8180 |
| LOS ANGELES AREA OFFICE<br>AT&T CENTER<br>611 W. 6 <sup>TH</sup> STREET, STE. 800<br>LOS ANGELES, CA 90015-3801 | JAMES BARNES,<br>ACTING DIRECTOR       | 213-894-8000 |
| <b>PHOENIX AREA OFFICE</b><br>400 NORTH $5^{TH}$ STREET, STE. 1600<br>PHOENIX, AZ 85004                         | MARTIN H. MITCHELL,<br>PROGRAM MANAGER | 602-379-7175 |
| NORTHWEST/ALASKA                                                                                                |                                        |              |
| ALASKA STATE OFFICE<br>949 EAST 36 <sup>TH</sup> AVENUE, STE. 401<br>ANCHORAGE, AK 99508-4135                   | ANDREW "GUS" SMITH,                    | 907-271-3669 |
| OREGON STATE OFFICE<br>400 SOUTHWEST 6 <sup>TH</sup> AVE.<br>STE. 700<br>PORTLAND, OR 97204-1632                | DOUGLAS CARLSON                        | 503-326-7018 |
| <b>WASHINGTON STATE OFFIC</b><br>909 1 <sup>ST</sup> AVENUE, STE. 200                                           | JACK PETERS                            | 206-220-5150 |
| 909 1 AVENUE, STE. 200<br>SEATTLE, WA 98104-1000                                                                | DON PHILLIPS, DEPUTY<br>DIRECTOR       |              |

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM

Billing Code 4210-32-C

### Funding Availability for the Housing Opportunities for Persons With AIDS (HOPWA) Program

### **Program Overview**

Purpose of the Program: To provide states and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing and related supportive service needs of persons with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/ AIDS) and their families.

Available funds. Approximately \$28,811,000 in FY 2003 funds is available. Funds will be made available under this Program Section in the following priority order: (1) Renewal of expiring HOPWA grants providing permanent supportive housing as described in Part B: Renewal Projects; (2) awards for formula grantees to participate in a Special Project of National Significance as described in Part C: Federal Collaboration with the Centers for Disease Control and Prevention (CDC) to Study the Connection of Housing and HIV; and (3) awards to new and continuing projects seeking HOPWA funding, as described under Part D: New and Continuing Projects.

*Éligible Applicants.* States, units of general local government, and nonprofit organizations may apply for HOPWA competitive funding under this Program Section. Additional eligibility requirements are outlined under each part of this Program Section.

Application Deadline.

Part B: Project Renewals: June 17, 2003 Part C: Federal Collaboration with the

CDC to Study the Connection of Housing and HIV: July 9, 2003

Part D: New and Continuing Projects: July 9, 2003

Match. None.

### Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following sections of this Program Section. For more information on the program itself including eligible uses of funds, see the HOPWA program regulations at 24 CFR part 574 and the AIDS Housing Opportunity Act (42 U.S.C. 12901), which govern any information contained herein.

### Part A: General Program Requirements

The following information provides general guidelines, policies, and requirements for applicants applying for HOPWA competitive funding under this Program Section. Unless otherwise noted, the following provisions apply to applicants of Parts B–D of this Program Section.

# I. Available Funding and Additional Resources

(A) HOPWA FY 2003 Competitive Program. Through this Program Section, approximately \$28,811,000 in FY 2003 funds is being made available for HOPWA awards. Additional funds may be awarded if funds are recaptured, deobligated, appropriated or otherwise made available during the fiscal year. Priority funding will be given to applicants applying, first, for renewal of expiring permanent supportive housing grants as outlined under Part B of this Program Section. Secondly, if funds remain, HUD will fund applicants for projects working on the collaborative study between HUD and the CDC on the connection of housing and HIV prevention and the progression of HIV Disease as outlined under Part C of this Program Section. Lastly, if funds remain, HUD will award funds for continuing or new projects, as outlined under Part D of this Program Section.

(B) Availability of FY 2003 Formula Allocations. You should consider seeking funds from the formula component of the HOPWA program and from other resources. Ninety (90) percent of the HOPWA program is allocated by formula to recipient states and cities. In FY2003, a total of \$259,304,000 was allocated by formula to the qualifying cities for 75 eligible metropolitan statistical areas (EMSAs) and to states for 36 eligible areas outside of EMSAs. All HOPWA formula grants are available as part of the jurisdiction's Consolidated Plan. Information on consolidated planning, including HOPWA formula programs and descriptions of previously awarded competitive grants, is available on the HUD Web site at http://www.hud.gov/ grants.

(C) Availability of National HOPWA Technical Assistance. To apply for HOPWA technical assistance funds, submit an application for funds under the Community Development Technical Assistance (CDTA) part of this notice, which is published elsewhere in this SuperNOFA. The CDTA notice makes available up to \$1,987,000 in FY 2003 funds in HOPWA funds to organizations for technical assistance support on a national or regional basis.

# II. Application, Further Information, and Technical Assistance

(A) Where to Send Your Application. For this Program Section, see the General Section of this SuperNOFA for specific procedures governing the form of application submission (*e.g.*, mailed applications, express mail, or overnight delivery).

(B) Address for Submitting Applications. Your completed application consists of an original signed application and two copies. Submit the original application and one copy to: Department of Housing and Urban Development, Attn: HOPWA, 451 Seventh Street, SW., Room 7251, Washington, DC 20410. Submit the additional one (1) copy of your application to the area CPD Field Office or Offices that serve the area in which activities are proposed. For multi-state efforts, you must submit the copy of your application to the Field Office that serves your main office. The list of addresses for area CPD Field Offices is provided as Appendix B of this Program Section of this SuperNOFA. If you propose nationwide activities, you must send all copies to the HUD Headquarters Office. When submitting your applications, please refer to HOPWA, and include your name, mailing address (including zip code), facsimile, email, and telephone number (including area code).

(C) For Applications. All information required to complete and return a valid application is included in the General Section and this Program Section of the SuperNOFA, including appendices. Copies of the General Section, this Program Section, and appendices, including the application, are available and may be downloaded from HUD's website at www.hud.gov. If you are unable to download any of the materials in this SuperNOFA, Program Section and its appendixes, please call the SuperNOFA Information Center at 1-800-HUD-8929 (1-800-483-8929) for a copy of the General Section and this Program Section of the SuperNOFA. Persons with hearing or speech challenges may access the above number via TTY (text telephone) by calling the Federal Information Relay Service at 1-800-877-8339 (this is a toll-free number).

(D) For Further Information and Technical Assistance (TA). You may call the HUD Field Office serving your area, at the telephone number shown in Appendix B, or you may contact the Office of HIV/AIDS Housing, HUD at (202) 708–1934. HUD staff may assist with program questions, but may not assist in preparing your application. Persons with hearing or speech challenges may access the above number via TTY (text telephone) by calling the Federal Information Relay Service at 1–800–877–8339 (this is a toll-free number).

(E) Seeking Technical Assistance (TA) in Developing a HOPWA Application. HOPWA TA providers may not provide technical assistance in the drafting of responses to HUD's NOFA due to the unfair advantage such assistance gives to one organization over another. If HUD determines that HOPWA technical assistance has been used to draft a HOPWA application, HUD reserves that right to reject the application for funding. If, after your application has been selected for an award, HUD determines that HOPWA technical assistance was used to draft your application, the award will be withdrawn and you may be liable for any funds already spent.

(F) Satellite Broadcast. HUD will hold information broadcasts via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you should consult the HUD Web site at www.hud.gov/grants.

# III. Applicable Requirements of the General Section of the SuperNOFA

The provisions outlined within the General Section of the SuperNOFA apply to the HOPWA program unless otherwise stated within this Program Section. Specifically, you are encouraged to review:

(A) Section V: Requirements and Procedures Applicable to All Programs. The threshold requirements in the General Section of the SuperNOFA apply to the HOPWA program and applicants must meet all threshold requirements to receive funding.

(B) Section II: HUD's FY 2003 SuperNOFA Policy Priorities. HUD has identified policy priorities that applicants are encouraged to address in implementing programs funded under this notice. Applicable policy priorities for HOPWA applicants seeking funding under Part D of this Program Section are outlined in Part D, Section III: Policy Priorities. Applicants seeking funding under Parts B and C of this Program Section are not required to address HUD's policy priorities.

(C) Section XI: HUD Reform Act. The provisions of the HUD Reform Act of 1989 that apply to this announcement are explained in the General Section of the FY 2003 SuperNOFA at Section XI (A).

# IV. Corrections to Deficient Applications

See Section VIII: Corrections to Deficient Applications of the General Section of the SuperNOFA.

### V. Award Modifications

After reviewing each application, HUD reserves the right to take each of the following actions:

(A) *Make Award Adjustments.* HUD reserves the right to make award adjustments as outlined in Section VI (F), Adjustments to Funding, of the General Section of this SuperNOFA.

(B) Add Project Outcome Funding. HUD reserves the right to ensure that each grant receives up to \$50,000 for collection of data on project outcomes. If an applicant fails to request this level of funding for this activity, HUD reserves the right to add such funding to the selected application.

(C) Not to Duplicate Continuum of Care Projects. HUD reserves the right to ensure that activities funded under the FY 2003 Continuum of Care will not duplicate new or continuing activities funded under this competition.

### VI. Statutory Certifications

HOPWA applicants are not required to provide the forms, certifications, and assurances listed in the General Section of the SuperNOFA unless stated below. The following certifications must be included with your application. All certifications and forms, except those found in the General Section of the SuperNOFA, are included in the appendixes to the HOPWA section of the NOFA.

### (A) Certifications Found in the General Section of the SuperNOFA

(1) Consolidated Plan Certification (HUD-2991). Except as stated below, you must include a Consolidated Plan certification from the applicable state or local government official responsible for submitting the appropriate plan. If your project will be carried out on a national basis or will be located on a reservation of an Indian tribe, Guam, the Virgin Islands, American Samoa, or the Northern Mariana Islands, you are not required to include a Consolidated Plan certification with your application. The authorizing official from the state or local government must sign this certification.

(2) Certification of Drug-Free Workplace, Payments to Influence Federal Transactions, and Regarding Debarment and Suspension (new HUD 424B)

(3) Consistency with the RC/RC/EZ/ EC Strategic Plan (HUD–2990)

(4) Applicant/Recipient Disclosure/ Update Report (HUD–2880)

(5) Certification of Consistency with the Consolidated Plan (HUD–2991)

(6) Disclosure of Lobbying Activities (SF-LLL)

(B) HOPWA Certification Found at Appendix D of This Program Section of the NOFA

(1) Fair Housing and Nondiscrimination

(2) Environmental Law and authorities

### **VII. Program Requirements**

(A) Nonprofit Organization Requirements. To be eligible as grantee or project sponsor, you must satisfy the requirements of 24 CFR 574.3. Your application must establish both that you are a nonprofit organization and that your organizational documents include a purpose of significant activities related to providing services or housing to persons with HIV/AIDS.

If you do not qualify as a nonprofit organization, you are not eligible to receive funds and serve as the grantee or as a project sponsor. However, you may collaborate with eligible nonprofit organizations or with a government agency that applies for the grant and assist them, for example, in planning for the proposed activities, identifying needs in your community and identifying eligible persons who will be assisted. In addition, you may do work under contract with a grantee for services funded by this grant.

(1) We will accept as evidence of your nonprofit status:

(a) A copy of the Internal Revenue Service (IRS) ruling providing taxexempt status under Section 501(c) (3), (4), (6), (7), (9) or (19) of the IRS code; or

(b) A ruling from the Treasury Department of the Commonwealth of Puerto Rico granting income tax exemption under section 101 of the Income Tax Act of 1954, as amended (13 LPRA 3101); or

(c) Documentation showing that the applicant is a certified United Way agency; or

(d) All of these:

(i) A certification by the appropriate official of the jurisdiction under whose laws the nonprofit was organized that your organization was so organized and is in good standing;

(ii) A certification from a designated official of the organization that no part of the net earnings of the organization inures to the benefit of any member, founder, contributor, or individual; that the organization has a voluntary board; and that the organization practices nondiscrimination in the provision of assistance; and

(iii) An opinion letter from a CPA that the nonprofit has a functioning accounting system that provides for each of these (the letter must mention all of them): (1) Accurate, current, and complete disclosure of the financial results of each federally funded project;

(2) Records that identify adequately the source and application of funds for federally funded activities;

(3) Effective control over and accountability for all funds, property and other assets;

(4) Comparison of outlays with budget amounts;

(5) Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury and the use of funds for program purposes;

(6) Written procedures for the determining the reasonableness, allocability and allowability of costs; and

(7) Accounting records including cost accounting records that are supported by source documentation.

(2) We will accept as evidence of your purpose, a certified copy of the organization's articles of incorporation and by-laws which includes in the organization's purposes significant activities related to providing services or housing to persons with HIV/AIDS.

(B) *Performance Benchmark Requirements.* All grantees receiving funds under this Program Section are expected to meet the following benchmark requirements. If a selected project does not meet the appropriate performance benchmark, HUD reserves the right to cancel or withdraw the grant funds.

(1) Execution of Grant Agreement. Selected applicants must execute grant agreements by the earlier of September 25, 2004 or the first anniversary of HUD's announcement of the awards. HOPWA grants are obligated upon grant execution and the FY 2003 Consolidated Appropriations Resolution ("FY 2003 Appropriations Act") requires HUD to obligate funds by September 30, 2004.

(2) Disbursement of Funds. Grantees receiving awards under this Program Section should fully expend their grants no later than three years following the effective date of the grant agreement. The National Defense Authorization Act for Fiscal Year 1991 requires expenditure of all HOPWA funds awarded under the FY 2003 Appropriations Act by September 30, 2009. After September 30, 2009, any unexpended funds (whether obligated or unobligated) shall be canceled and, thereafter, shall not be available for obligation or expenditure for any purpose.

(3) *Site Control Through Acquisition or Lease*. If you acquire or lease a site, you are required to gain site control within one year from the date your selection letter was signed by HUD.

(4) *Rehabilitation or New Construction.* If you propose to use HOPWA funds for rehabilitation or new construction activities, you must begin the rehabilitation or construction within 18 months, all rehabilitation or construction work must be complete within 3 years from the date your selection letter was signed by HUD.

(5) Project Operations. If funds are used for operating costs of existing housing facilities, these funds must be used within the three year use period for the operation of this award and such activities must start no later than 12 months from the date your selection letter was signed by HUD, and completed within 36 months from this date. If funds are to be used for operating costs, in connection with the new construction or substantial rehabilitation of housing facilities, the amount of funds designated for operating costs must be limited to the amount to be used during the portion of the three-year period for which the facility will be operational and assisting eligible persons. Delays in the project's development activities, such as the planned completion of the construction or rehabilitation activities, could result in the loss of funds designated for operating costs, if such funds remain in excess after the authorized use period for this award. For example, if your project expects to take two years to complete the rehabilitation of the facility, any operating costs could only be requested for use in the remaining one year of the three year operating period for this award.

(6) *Six-Month Report.* You must provide an initial report to the Field Office and HUD Headquarters on the startup of the planned activities within six months of your selection. Outline your accomplishments and identify any barriers or issues for which the Department may provide assistance.

(C) Program Ğuidance.

(1) Program Operating Year. Grants awarded through this Program Section must designate the 12-month operating year, which indicates the start and end dates of the term of the grant, at the signing of the grant agreement. The operating year may begin within four months of the signing of the grant agreement or as specified by HUD at the time of award. The operating period begins the day when participants begin to receive housing or supportive services, or for capital development activities at site control or the start of rehabilitation or new construction activities. The operating period is a 12month period for which grantees report

annual accomplishments. Grantees are required to submit annual progress reports to HUD within 90 days following the end of each operating year.

(2) Incorporation of Mainstream *Resources.* To the extent possible, HUD encourages projects to incorporate mainstream resources into their project plans to maximize the benefit of requested HOPWA funds. Mainstream resources may include private, other public, and mainstream services and housing programs that provide benefits to eligible persons. Applicants are encouraged to create community wide strategies to coordinate assistance to eligible persons through these mainstream programs. These mainstream programs include Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funded through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act and the Welfare-to-Work grant program. Under each part of this Program Section, as an applicant, you may be asked to address how your project is incorporating mainstream programs to benefit eligible persons.

### **VIII. Other Requirements**

(A) Environmental Reviews. All HOPWA assistance is subject to the National Environmental Policy Act and applicable related federal environmental authorities. In accordance with Section 856(h) of the AIDS Housing **Opportunities Act**, environmental reviews for HOPWA activities are to be completed by responsible entities (including units of general local government, states, Indian tribes, and Alaska Native villages) in accordance with 24 CFR part 58. Applicants or grantees that are not states or units of general local government must request the unit of general local government to perform the environmental review. This statutory provision supersedes the environmental provisions in the HOPWA regulation at 24 CFR 574.510. HOPWA grantees and project sponsors may not commit or expend any grant or nonfederal funds on project activities until HUD has approved a Request for Release of Funds and environmental certification from the responsible entity (other than those listed in 24 CFR 58.22(c), 58.34 or 58.35 (b)). The expenditure or commitment of HOPWA or nonfederal funds for such activities prior to this HUD approval may result in the denial of assistance for the project under consideration.

(B) Affirmatively Furthering Fair Housing. See Section V (D) of the General Section of the SuperNOFA for the information on how to meet this requirement.

(C) Local Resident Employment (Section 3 Requirements). For grants in excess of \$200,000, to the extent that grant funds are used for housing rehabilitation (including reduction and abatement of lead-based paint hazards, but excluding routine maintenance, repair, and replacement) or housing construction, then it is subject to Section 3 of the Housing and Urban Development Act of 1968 and the implementing regulations at 24 CFR part 135. Section 3 requires that economic opportunities shall, to the greatest extent feasible, be given to low- and very low-income persons, particularly those who are recipients of government assistance for housing, and to businesses that provide economic opportunities for these persons (also see Section V(E) of the General Section of the SuperNOFA).

### IX. Authority

This program is authorized under the AIDS Housing Opportunity Act (42 U.S.C. 12901). The regulations for HOPWA are found at 24 CFR part 574.

### Part B. Renewal Projects

HUD will consider applications under this part that are renewals of expiring HOPWA competitive grants whose primary purpose is the provision of permanent supportive housing.

### I. General Policies on Renewal of Permanent Supportive Housing Grant— Purpose

Under the provisions of the FY 2003 Appropriations Act, the Secretary is required to renew qualifying expiring contracts for permanent supportive housing on a priority basis. Grants funded under prior HOPWA competitions that meet the stated eligibility requirements below and meet all program requirements will be given priority renewal by HUD. Applications will be reviewed on a pass/fail threshold review system and are not required to address the departmental policy priorities described in the General Section of the SuperNOFA. If you have an expiring grant, which is not for permanent supportive housing, you may apply for funding under Part D of this Program Section.

### **II. Eligibility of Applicants and Grants**

To be eligible for priority renewal under this part, you must meet all of the following eligibility requirements:

(A) Eligible Permanent Supportive Housing Grants. To be eligible, your project must provide permanent

supportive housing to eligible persons. Permanent supportive housing is housing in which the eligible person has a continuous legal right to remain in the unit and which provides the eligible person on-going supportive services through qualified providers. HUD will consider a grant to be providing permanent supportive housing if 51% or more of HOPWA program activity funds are used: (1) To provide permanent housing where on-going supportive services are made available through other resources; or (2) to provide supportive services where permanent housing is provided through other resources. To establish eligibility, provide documentation of the following:

(1) Certification of the Provision of Permanent Housing. You must certify that at least 51% of the HOPWA program activity funds awarded to your grant were and are being used to provide permanent supportive housing to eligible persons. To determine whether your grant meets this test, use the Permanent Supportive Housing Worksheet found in Appendix A and submit it with your certification. The test is based on the HOPWA funded program activity costs approved in the original application or, as amended by HUD, excluding administrative costs and project outcome funding. To be counted, the grant funds must be used to provide the housing or to provide supportive services to eligible persons living in permanent housing.

(2) Documentation of Other Resources. If your project relies on other state, local, federal, or private resources to provide the permanent housing or supportive services portion of your project, you must demonstrate that the other resources will continue to be available for that purpose throughout the term of the renewal grant. The continuing assistance must have been documented within the original application to HUD and be used in conjunction with requested HOPWA funds. Evidence of continuing assistance must be provided, as follows:

(a) *Permanent Housing*. Permanent housing provided through other resources must be documented in the renewal application through a leveraging letter. The leveraging letter must outline the amount of funds for the housing to be provided, the term the funds will be made available, and be signed by the organization providing such housing or funding for the housing. See Part D, Section V, Rating Factor 4: Leveraging Resources, for acceptable leveraging letter examples.

(b) Supportive Services. Supportive services provided through other resources must be documented through a commitment letter(s), which outline(s) the type of support that will be provided to eligible persons, the organizations providing such support, and the length of time such supportive services will be available. Supportive services must be available to eligible persons in permanent housing throughout the term of the renewal grant.

(3) Evidence of Permanent Client Occupancy. Except for funds used for short-term mortgage, rent and utility payments, you must show evidence that the client has a continuous legal right to remain in the unit or property and has access to on-going supportive services provided through qualified providers. You must include in your application a copy of the standard lease form used for residents of the project. It must be for a term of at least one year, be renewable by the tenant and may only be terminable by the landlord for cause.

(B) Eligible Expiring Grant. To be eligible, the HOPWA grant must be an expiring grant, which is defined as a grant that will not have sufficient funds to continue activities until September 30, 2004, if not awarded additional federal funds. The applicant must demonstrate to HUD that all funds awarded in the grant it seeks to renew will be expended within a three-year period (as measured by reimbursements filed with HUD under the financial system, PAS). HUD may deobligate any amount of HOPWA grants funds that have been renewed on this basis and have not been expended within three (3) vears from the date of obligation.

(C) *Eligible Prior Grants.* To be eligible, prior grants must have been selected by HUD for funding under HUD's SuperNOFA process in 1999, 2000, or 2001 and must not have been renewed through a previous competition. Grants selected in 1998 were required to operate and complete activities before the end of fiscal year 2002. Grants funded in 1998 are not eligible for renewal, unless the grantee documents that HUD approved a grant extension of the project that would allow for its continued operations in the federal Fiscal Year 2003 or 2004.

(D) Eligibility based on Achieving Measurable Progress. To be eligible, prior grants must have operated with measurable progress, defined as not evidencing weak performance. Weak performance consists of sanctions or unresolved monitoring findings during the active competitive period, from the date of publication of this Program Section until the selection of applications, or other HUD knowledge of unresolved problems. Unresolved problems may include that planned activities remain delayed in their implementation, a significant number of units are vacant, annual progress reports were not filed with HUD by the application due date under this Program Section for renewals, or significant citizen complaints are unresolved or not responded to with justified reasons. Weak performance is also evident if more than 50% of grant funds remain unexpended on the first day of the month in which the application due date for renewals under this Program Section falls (as measured by reimbursements filed with HUD's financial system, PAS).

(E) Eligible Applicant for Renewals. You are eligible to apply for renewal of a prior HOPWA grant only if you have executed a grant agreement for the project directly with HUD. Project sponsors are not eligible to apply for renewal grants. The application for renewal must be submitted by the grantee. HUD will reject applications submitted by ineligible applicants. If you have questions about your eligibility to apply, contact the local HUD field office.

(F) Eligible Project Sponsors. The project should also continue with the same project sponsors, as documented in the prior HOPWA application or amendments to that application as approved by HUD. HUD will consider the merits for changing a project sponsor if the new sponsor evidences the capacity to enhance project operations or improve responsiveness to eligible persons. Such examples for changing a project sponsor may be that a new project sponsor has greater capacity to conduct program activities or a prior project sponsor is no longer in operation or has merged with another entity.

(G) *Ineligible Grants and Projects.* You are ineligible if any of the following apply:

(1) *Expired Grants.* Your grant expired in federal Fiscal Year 2002 or earlier, *i.e.* all funds were expended (as measured by PAS) by September 30, 2002, or only a residual amount that is less than one percent of the amount of the prior grant remains, are not eligible to apply for renewal funding under this notice.

(2) *Prior Grants.* Your grant was awarded under the 1992–1996 HOPWA competitions. These grants were required to complete activities within three years of executing the grant agreement.

(3) Non-Permanent Supportive Housing Projects. Projects primarily offering short-term, transitional, or emergency housing options are not eligible. Applicants with existing HOPWA projects that do not qualify for priority renewal under this part, may apply for continuing funding under Part D: New and Continuing Projects section of this Program Section.

# III. Renewable Activities and Amount of Renewals

Eligible grants will receive renewal funding on approved eligible activities, as follows:

(A) *Eligible Renewal Activities.* The activities to be renewed must be ongoing forms of support, such as rental assistance, short-term rent, mortgage and utility payments, operating costs for housing facilities, leasing of housing facilities, supportive service costs, housing information services, resource identification/technical assistance for community residences activities and administrative costs. Additionally, applicants must request up to \$50,000 in project outcome funding as a part of their renewal budget request.

(B) Ineligible Renewal Activities. Funds for acquisition, new construction or for rehabilitation costs will not be renewed. These capital development activities are not on-going or available for additional sites. If you wish to undertake additional capital development activities or to add funding for new activities, such as operating costs and services, you must apply under Part D.

(C) Amount of Renewals. Renewal projects may only request renewal funds for continuing a previously approved project at the same level of housing and/ or services provided in the previous grant. Proposals to expand or significantly alter a funded-project must apply under Part D for the new activities or the expanded part of the project.

(D) Project and Activity Funding. Renewal funding must not exceed 120% of the amount originally awarded for an activity, but may be less than the amount originally awarded, including any amendments affecting this amount that were approved by HUD prior to the publication of this Program Section. However, the total activity costs may not exceed \$1,200,000. The limits on administrative costs, three (3) percent for grantees and seven (7) percent for project sponsors, continue to apply. In addition, renewal grantees must add up to \$50,000 to the renewal award for the purpose of the collection of data on program outcomes.

(E) Annual Amounts. As an applicant for renewal funding, you must specify the annual amount needed to continue each activity and specify the number of years, up to three, for your request by completing the HOPWA Renewal Budget Form (Appendix A). You should describe your plan for continued operations in the Executive Summary section of your application, including any significant reduction to your prior award level.

### **IV. Selection Criteria and Process**

(A) Selection Process. To the degree that funds are available, the Department will select for funding all renewal requests from applicants that meet program requirements and pass a threshold review for a need for renewal. In the case that the amount requested for renewal is less than the amount available under this notice, HUD will apply the remaining funds, first, to applicants under Part C and then, second, Part D. If the amount of the request for renewal activities is greater than the amount made available by this notice, HUD will select all of the approvable applications and allocate awards to each based on a pro rata reduction to the amount available under this notice to ensure that all eligible and performing renewal projects receive funding that allows their continued operation.

(B) Selection Criteria. HUD will conduct a threshold review of all renewal applications based on the following criteria:

(1) *Eligibility.* HUD will review your eligibility to apply for renewal funding under this program as described above under Part B, Section II of this Program Section, *Eligibility of Applicants and Grants.* 

(2) Organizational Capacity. If a new project sponsor is added, HUD will review the project sponsor's capacity to conduct program activities.

(3) *Provision of Permanent Supportive Housing.* HUD will review whether your project provides permanent supportive housing.

(4) *Need for Renewal.* HUD will review your need for renewal, and how this project has operated with measurable progress, as described below in the *Need for Renewal Narrative.* 

(5) *Standard Eligibility Threshold Requirements.* HUD will also review your application to ensure that your project meets the standard eligibility threshold requirements as described in Part A, Section III (A), above.

(C) *Application Contents.* Applicants are requested to submit the following information:

(1) Application for Federal Assistance (Form HUD-424). You should complete Items 1 through 23 with the following additions:

(a) Item 12—The applicable letters are "A" for state; "B, C, or D" for a unit of local government; or "N" for Nonprofit;

(b) Item 14—Enter U.S. Department of Housing and Urban Development or HUD if not preprinted; (c) Item 15—Enter 14–241 and the title "Housing Opportunities for Persons With AIDS Program" or "HOPWA" for the Catalog of Federal Domestic Assistance;

(d) Item 20—You must complete the budget on page 2 and the HOPWA Renewal Project Budget Form. Please make sure that both the Total Amount on page 2 and the "Total Budget" section on the HOPWA Renewal Project Budget Form are the same. In the event that the total budgets are in conflict, HUD will refer to the HOPWA Project Budget form.

(e) Item 21—Check ''No''.

(2) Executive Summary and Synopsis. On no more than five (5) double spaced pages, please provide an Executive Summary of the renewal project, beginning with a two to three sentence synopsis of the focus of your project. In the Executive Summary, please provide the name of the grantee and any project sponsors, along with contact names, phone numbers, and e-mail address.

(3) *Narrative Statements*. Your application must include the following narrative statements:

(a) Organizational Capacity Narrative. If a new project sponsor(s) is added to the proposal, please describe the capacity of the project sponsor(s) to conduct program activities. Please provide this information on no more than two (2) double-spaced typed pages. If you are adding more than one project sponsor, you may add two (2) additional pages per project sponsor. Address the extent to which the project sponsor(s) have the organizational resources necessary to successfully implement your proposed activities in a timely manner. HUD will review the project sponsor's ability to develop and operate your proposed program. With regard to new project sponsor(s), HUD will consider:

(i) Past experience and knowledge in serving persons with HIV/AIDS and their families;

(ii) Past experience and knowledge in programs similar to those proposed in your application;

(iii) Experience and knowledge in monitoring and evaluating program performance and disseminating information on project outcomes; and

(iv) Past experience as measured by expenditures and measurable progress in achieving the purpose for which funds were provided.

(b) In reviewing the elements of organizational capacity under paragraph (a), immediately above, HUD will consider the extent to which your proposal demonstrates:

(i) The knowledge and experience of the proposed project director and staff,

including the day-to-day program manager, consultants, and contractors in planning and managing the kind of activities for which you are requesting funds. The project sponsor will be reviewed in terms of recent, relevant, and successful experience of staff to undertake eligible program activities, including experience and knowledge in serving persons with HIV/AIDS and their families.

(ii) The project sponsor's experience in managing complex interdisciplinary programs, especially those involving housing and community development programs directly relevant to the work activities proposed and carrying out grant management responsibilities.

(iii) If the project sponsor received funding in previous years in the program area for which you are currently seeking funding, the sponsor's past experience will be reviewed in terms of its ability to attain demonstrated measurable progress in the implementation of the grant award. Measurable progress is defined as:

(1) Meeting performance benchmarks, as applicable, in program development and operation;

(2) Meeting project goals and objectives, such as, that the number of persons assisted was comparable to the number that was planned at the time of application;

(3) Submitting timely performance reports; and

(4) Expending prior funding as outlined in the prior proposal with no outstanding audit or monitoring issues.

(c) Provision of Permanent Supportive Housing Narrative. On no more than three (3) double-spaced pages, demonstrate how your project provides permanent supportive housing through HOPWA and other resources. Include the type of assistance and number of housing units being provided and a description of the supportive services provided. Additionally, your description should outline how HOPWA and other funding, if applicable, work together to provide permanent supportive housing. In addition, you must provide the following:

(i) Certification of the Provision of Permanent Housing. A certification, in the form provided in Appendix A, that at least 51% of the HOPWA funds awarded to the project were and will continue to be used to provide permanent supportive housing to eligible persons. To determine whether you can make this certification, complete the "Permanent Supportive Housing Worksheet" provided in Appendix A. (ii) Documentation of Other Resources. If your project relies on other state, local, federal, or private resources to provide the housing or supportive services, you must document that such assistance will be provided throughout the term of the renewal grant. For information on acceptable forms of evidence, see Part B, Section II (A)(2).

(iii) Evidence of Permanent Housing. Except for funds used for short-term mortgage, rent and utility payments, you must provide a copy of the standard lease used for residents of the project. The lease must be for a term of at least one year, be renewable by the tenant and may be terminated by the landlord for cause.

(d) *Need for Renewal Narrative.* Please address the following on no more than three (3) double-spaced pages:

(i) *Measurable Progress*. Please demonstrate the need for renewal funding and how this project has operated with measurable progress. Measurable progress is defined as not failing or not evidencing weak performance in:

(1) Meeting performance benchmarks, as appropriate, in program development and operation;

(2) Meeting project goals and objectives, such as, that the number of persons assisted is comparable to the number that was planned at the time of the application;

(3) Submitting timely performance reports; and

(4) Expending over 50% of prior funding at the beginning of the month for the due date for renewals (as measured by reimbursements filed with HUD's financial system, PAS.).

(ii) *Need for Renewal Chart.* Additionally, you should complete the HOPWA Need for Renewal Chart, which demonstrates that prior grant funds will expire by September 30, 2004. You must complete the HOPWA Need for Renewal Chart (Appendix A), as described below: Line 1. Indicate the amount of the prior HOPWA award:

Line 2. Indicate the amount expended as of 9–30–02:

Line 3. Subtotal: subtract line 2 from line 1:

Line 4. Indicate the amount to be

expended in FY2003: \_\_\_\_\_ (By

September 30, 2003)

Line 5. Indicate the amount to be

expended in FY2004: \_\_\_\_\_ (By

September 30, 2004)

Line 6. Subtotal: subtract lines 4 and 5 from line 3: \_\_\_\_\_

**Notes:** If the subtotal on Line 6 is greater than zero, you are not eligible to apply for renewal funding under this notice. Also, note that continued use of prior funds may require that you file an extension request with the area CPD Field Office. Further, if the subtotal on Line 3 is zero or a residual amount that is less than one percent of the amount on Line 1, you are not eligible to apply for renewal funding under this notice. In reviewing the information that you provide in this chart, HUD will determine your eligibility for renewal funding based on financial records for reimbursement of expenditures that are filed under HUD's financial system (PAS).

(4) HOPWA Renewal Budget. Please complete the HOPWA Renewal Budget Form (Appendix A). See Part B, Section III, *Renewable Activities and Amount of Renewals*, for details on renewal funding.

(5) HOPWA Renewal Project Form (Appendix A). Complete the form including the following:

(a) *Project Sponsor*. You must identify any organization that will receive HOPWA funds as a project sponsor and the amount of funds to be received.

(b) *Non-profit Status.* If not previously submitted to HUD through the prior HOPWA application or if a change occurred in non-profit status, non-profit grantees or project sponsors must submit documentation verifying your non-profit status, as outlined under Part A, Section VII (A).

(c) *Service Areas.* Your application must identify the area(s) in which you are proposing to offer housing and other assistance.

(6) Statutory Certifications. The renewal application should include the required certifications as described under Part A, Section VI, Statutory Certifications. After your entire application is assembled, please mark each exhibit with an appropriately numbered tab and number every page of the application sequentially. Complete the HOPWA Renewal Application Checklist found in Appendix A to this Program Section of the SuperNOFA. Attach the HOPWA Renewal Application Checklist to the front of your application.

### V. Additional Renewal Information

As an applicant of renewal funding, you are encouraged to read Part A: General Program Requirements at the beginning of this Program Section. This section outlines submission details, technical assistance, and statutory requirements for using HOPWA funds.

### PART C: FEDERAL COLLABORATION WITH CDC TO STUDY THE CONNECTION OF HOUSING AND HIV

### I. Purpose

This notice implements an initiative by the Department of Housing and Urban Development (HUD) and the

Centers for Disease Control and Prevention (CDC), Study the Connection of Housing and HIV. The study will provide scientific insight into the housing and medical challenges of persons who are living with HIV/AIDS who are unstably housed. Under Part C of the HOPWA program notice, HUD is establishing our part of the collaboration with the CDC in a competitive award for Special Projects of National Significance (SPNS). Due to its innovative nature and potential for replication, the study is likely to serve as an effective model for analyzing the impact of tenant-based rental assistance on the progression of HIV disease in eligible persons that are homeless or unstably housed.

HUD's Office of Community Planning and Development, Office of HIV/AIDS Housing, and Office of Policy Development and Research will work with the Centers for Disease Control and Prevention, National Center for HIV/ SDT/TB Prevention, Division of HIV/ AIDS Prevention, on this research. The effort will study the effects of stable housing on the progression of HIV disease for persons with HIV/AIDS as well as its effects on the prevention of HIV infection on similar socio-economic populations. HUD and the CDC propose to coordinate the evaluation of project grants under HUD's Housing **Opportunities for Persons With AIDS** (HOPWA) Program and the CDC's HIV Prevention programs. Over a three-year period, the collaboration will systematically test the impact of providing housing for eligible persons on HIV risk behavior among HIV affected individuals. It will also test the impact of housing and prevention services on HIV negative family members residing with the HOPWA eligible persons as against an unhoused comparison group. The comparison group will receive referrals to case management and HIV prevention intervention funded by CDC or through access to related health care programs that provide HIV prevention services, treatment adherence programs and periodic health assessments, including the use of blood draws to measure HIV health status. Protocols for these activities and information on required client consent for participation will be available from CDC. Personal information on study participants will remain confidential, although related nonpersonal aggregated data will be used as part of the study. Study participants will not be subject to any experimental treatments under this study. A cost-benefit analysis will comprise one new and important aspect of the research.

HUD expects that the housing assistance provided to the participating eligible persons in this grant will be coordinated with resources from other sources, including the use of HOPWA formula and competitive projects or other federal, state and local, private funds, in conjunction with related health-care and other supportive services funded under the Ryan White CARE Act. Given the amount of housing assistance funds available under this award, HUD encouraged interested applicants to fund supportive services activities from non-HOPWA sources.

### **II. Eligible Applicants**

To apply, you must:

(A) Be a formula grantee;

(B) be in good standing, as defined below at Section V(A)(2);

(C) at the time of application and for a minimum period of two years prior, have administered formula funds for tenant-based rental assistance in compliance with 24 CFR 574.320;

(D) have an unmet housing need of at least 500 eligible persons and at least 187 housing units available for those eligible persons within your jurisdiction; and

(E) be able to provide a comparison group of at least 187 unhoused eligible persons for the CDC study throughout the study period. Note that members of the comparison group may not be required to remain unhoused in order to participate in this study. Comparison group members will be eligible to receive housing or supportive services as they become available within the jurisdiction.

### **III. Study Requirements**

HUD has established the following requirements:

(A) Housing placement will be carried out via an open enrollment method (e.g. lottery or random election process).

(B) Under the supervision of the CDC or its contractor, grantees will facilitate and support collection of extensive outcome evaluation data, facilitate client involvement in HIV/AIDS prevention and treatment adherence programs, facilitate periodic client health assessment done by the CDC and research staff, participate in a multi-site collaboration, and facilitate eligible persons' awareness of the study and the option to participate for the clients who meet the research study eligibility criteria. In connection with any data collection activities, grantees will be required to obtain the eligible person's consent before disclosing to the CDC or its contractor any personally identifiable information about the person, including, but not limited to, medical, financial, or educational information.

(C) Study participants will be limited to HOPWA eligible persons who are homeless or at severe risk of homelessness. For the purpose of this study, "homeless" refers to eligible persons who are sleeping in emergency shelters or other facilities for homeless persons, or places not meant for human habitation, such as cars, parks, sidewalks, or abandoned buildings. This term also includes eligible persons who ordinarily live in such places but are in a hospital, or other institution on a short-term basis (30 consecutive days or less). For the purpose of this study, "at severe risk of homelessness" refers to eligible persons who are frequently relocated or who move between temporary housing situations, so that housing is neither appropriate nor stable.

(D) The applicant must either provide appropriate supportive services in connection with the rental assistance or ensure that appropriate services are provided from other sources.

(E) All persons receiving rental assistance under Part C will be advised that such rental assistance is connected to participation in the CDC study, and will be required to consent to such participation prior to receiving rental assistance. Participation in the CDC study will be voluntary. Refusal to participate in the CDC study will not affect a person's eligibility to receive housing or supportive services, as they may become available, under the grantee's HOPWA formula grant. Eligible persons may also apply for other available housing outside that provided under Part C.

### IV. HUD Award

HUD will award:

(A) Up to \$1,200,000 for tenant-based rental assistance and supportive services (with at least \$800,000 to be used for long-term rental assistance);

(B) Up to three (3) percent of your total award for grantee administrative cost; and

(C) Up to seven (7) percent of the amount each project sponsor receives for project sponsor administrative cost.

HUD will not award funds for projectbased rental assistance, new construction, acquisition, rehabilitation or conversion, lease or repair of facilities, short-term rent, mortgage and utility assistance, resource identification, operating costs, local evaluations or technical assistance.

### V. Application Selection Process

(A) Threshold Review.

The Department will conduct a threshold review of all applicants requesting funding under Part C. Applicants failing to meet the threshold review requirements will not be awarded project funding. Threshold review will consist of:

(1) *Eligibility*. You must be a HOPWA formula grantee.

(2) Good Standing Review. You must have no sanctions or unresolved monitoring findings during the active competitive period, from the date of this notice until the selection of grants, or other HUD knowledge of unresolved problems. Unresolved problems include that planned activities remain delayed in their implementation, a significant number of units are vacant, annual performance reports were not filed with HUD at the time of the due date for applications, or significant citizen complaints are unresolved or not responded to with justified reasons. Grants in default of the grant agreement or with unresolved management issues will not be awarded project funding.

(B) Application Selection Process and Procedures for the Rating of Applications.

ĤUD will rate all of the applications based on the factors listed below. The points awarded for the factors total 100. After rating, all applications will be placed in the rank order of their final score for selection.

### Rating Factor 1: Capacity of the Applicant and Project Sponsors and Relevant Organizational Experience (30 Points)

You will be rated on the extent to which you and any project sponsor have the organizational resources necessary to successfully implement the proposed project over the three years of the project. HUD will award up to 30 points based on your and any project sponsor's ability to operate the proposed program. These activities include providing rental assistance for HOPWA eligible persons with appropriate management oversight, and that will provide adequate coordination with the planned study by the CDC over the three-year time period of this grant. Identify all relevant experience in undertaking projects similar to the HOPWA funded activities involved in this study.

Rating Factor 2: Need/Extent of the Problem (20 Points)

Up to 20 points will be awarded for this factor. Applicants must assure HUD that there are documented unmet housing needs of at least 500 HOPWA eligible individuals for rental assistance in this area. Applicants must demonstrate that with the rental assistance provided in this demonstration project and other related resources, the area housing market can provide available units for at least 187 new HOPWA eligible persons to be enrolled in the study and that a waiting list or comparison group of at least an equal number of persons with unmet housing needs is likely to continue in the area during the study period.

To receive the maximum points, the applicant must demonstrate that substantial housing and related service needs of eligible persons targeted by the project you propose are not being met in your area of service and that reliable statistics and data sources (i.e. Census, health department statistics, research, scientific studies, along with Needs Analysis of Consolidated Plan and/or Continuum of Care documentation) show this unmet need.

# Rating Factor 3: Soundness of Approach (20 Points)

This factor addresses the method by which your plan for housing, client outreach and selection, project management and data collection is consistent with the identified elements of the study. HUD will award up to 20 points based on the extent to which your plan evidences a sound approach for conducting the HOPWA activities in a manner that is responsive to eligible persons, and that your plan for project coordination will ensure that the housing component of this study are implemented in a clear and sound manner when compared to other applications.

You will be rated based on how well you will conduct outreach to unmet homeless or unstably housed persons who have a severe risk of homelessness and are living with HIV/AIDS. You will be rated on the extent to which you have coordinated your activities and the activities of your sponsors with other organizations to provide rental assistance in connection with access to appropriate health care and other supportive services for likely participants in this study. The highest rated applications will define a clear collaborative effort that you and your sponsors have taken with related programs including coordination with eligible persons, advocates, HOPWA and/or Ryan White CARE Act planning bodies, AIDS Drug Assistance Programs, homeless assistance programs, or other mainstream housing, health and human services efforts that assist persons living with HIV/AIDS and their families.

You will be rated on how well your management plan for this study clearly defines how you would manage the rental assistance and any related activities and the outreach and placement of eligible persons for this study using some type of open enrollment method (e.g., lottery or random method). You will also be rated on how well you will mange your housing assistance program in coordination with the research efforts by the CDC to help achieve the objectives of this study. You will be rated on how your management oversight of project sponsors is conducted and how well your plan to ensures that the requirements established by HUD and the CDC are followed.

# Factor 4: Leveraging Resources (10 Points).

Up to 10 points will be awarded for this factor. You will be rated on the extent to which other resources will be committed for use in conjunction with these HOPWA funded demonstration activities, including cash resources and in-kind contributions, such as the value of services or materials provided by volunteers or by other individuals or organizations.

# Factor 5: Achieving Results and Program Evaluation (20 Points).

Under this factor, HUD will award 20 points based on how well your application demonstrates a commitment to ensuring that your goals and your performance will be assessed in a clear and effective manner. HUD will analyze your plan to implement and manage the HUD/CDC demonstration project goals. These goals include: Facilitating and supporting the collection of outcome evaluation data; facilitating periodic client health assessments done by CDC research staff; participation in a multisite collaboration; and facilitation of the potential eligible persons awareness of the study and their option to participate. Identify benchmarks and interim activities or performance indicators of your program that will facilitate you and your sponsors in obtaining these goals for the demonstration project. HUD will award the highest points to applications that demonstrate an evaluation plan that will objectively measure actual achievements against anticipated achievements and a model that provides for the dissemination of information from the lessons learned from your effort on this project.

### VI. Selection

HUD reserves the right to select the highest rated applicants in ranking order. HUD may consult the CDC to determine the rating of applications. In the event of a tie between applications in a category of assistance, HUD reserves the right to break the tie based on the criteria found in Section V(C) of Part D of this NOFA. In the event that a selected applicant is unable to provide the required number of eligible households to participate in the CDC study within one year from the date of grant agreement execution, HUD reserves the right to deobligate any remaining grant funds.

### VII. Application

To apply for funding you must submit the following:

(A) Application for Federal Assistance (Form HUD-424). You should complete Items 1 through 23 with the following additions:

(1) Item 12—The applicable letters are "A" for state; "B, C, or D" for a unit of local government;

(2) Item 14—Enter U.S. Department of Housing and Urban Development or HUD if not preprinted;

(3) Item 15—Enter 14–241 and the title "Housing Opportunities for Persons With AIDS Program" or "HOPWA" for the Catalog of Federal Domestic Assistance;

(4) Item 20—You must complete the budget Funding Matrix on page 2.

(5) Item 21—Check "No"

(B) *Narrative of Rating Factors.* Your response to the five (5) rating factors must be doubled-spaced, typed pages no more than approximately twenty-five pages in length.

(C) Executive Summary and Synopsis. On no more than three (3) doublespaced pages, please provide an Executive Summary of your organization and provide the name of the grantee and any project sponsors, along with contact names, phone numbers, and e-mail address.

### **Part D: New and Continuing Projects**

### **I. Program Purpose**

Funds under this part are to be used to support the Department's national goal of increasing the availability of decent, safe, and affordable housing in American communities. The statutory purpose of the HOPWA program is meeting the housing needs of lowincome persons with HIV/AIDS and their families. Projects selected for HOPWA awards will be funded to provide housing and related supportive services for eligible persons under two categories of assistance:

(A) Grants for Special Projects of National Significance (SPNS) that, due to their innovative nature or their potential for replication, are likely to serve as effective models in addressing the housing and related supportive service needs of low-income persons living with HIV/AIDS and their families; and (B) Grants for projects that are part of Long-Term Comprehensive Strategies (Long-Term) which provide housing and related supportive services for lowincome persons living with HIV/AIDS and their families in areas that are not eligible for HOPWA FY 2003 formula allocations found in Appendix C of this Program Section of this SuperNOFA.

### **II. Eligible Applicants and Activities**

(A) Eligible Applicants and Project Sponsors

(1) States, units of general local government, and nonprofit organizations may apply for SPNS grants;

(2) States and units of general local government may apply for grants for projects under the Long-Term category of grants, if proposed activities will serve areas that were not eligible to receive HOPWA formula allocations in Fiscal Year 2003. Nonprofit organizations are not eligible to apply directly for the Long-Term grants, but may serve as a project sponsor for an eligible state or local government grantee.

(3) You must identify your project sponsors in your application. Project sponsors cannot be identified at a later date through such processes as an RFP or other selection process.

### (B) Eligible Activities

(1) *HOPWA Activities.* Eligible activities with their standards and limitations may be found in the HOPWA regulations at 24 CFR part 574. A copy of the regulations may be downloaded from the HUD Web site at *http://www.hud.gov.* You are encouraged to review the HOPWA regulations before seeking funding.

(2) Additional Guidance on Use of Program Funds.

(a) *Housing Assistance.* To receive the maximum points under the rating criteria, your project must clearly address the housing needs of eligible persons. If you are proposing emergency or transitional housing assistance, your plan should include linkages to or the provision of permanent supportive housing.

(b) *Supportive Services.* Many of the eligible persons who will be served by HOPWA may need services in addition to housing. It is important that you design programs which enhance access to those needed services, including access to health-care, AIDS drug assistance, and other services funded through the Ryan White CARE Act or other federal, state, local or private funds. While HUD recognizes that there are many ways to ensure that eligible

persons receive the services they need, to the extent possible, HUD encourages you to develop housing programs which do not require participation in services as a part of your or your project sponsor's tenancy requirements. Further, to help ensure that selected projects address housing related purposes, no more than 35 percent of the proposed budget for program activities can be designated for supportive services costs.

(c) Resource identification. HUD will not select under this notice an application that is solely directed at providing resource identification activities, since national HOPWA technical assistance funds are being made available under the Community Development Technical Assistance (CDTA) part of this Program Section for this purpose. You may propose a resource identification or technical assistance component in your application, if the amount of funds designated for these activities are less than 20 percent of the proposed program activity costs.

(d) Other Activities. As authorized by statute, you may propose other activities in your application, if approved by HUD. HUD will not approve proposals that depend on future decisions on how funds are to be used, for example, a proposal to establish a local request-forproposal process to select activities or project sponsors.

(e) *Project Outcome Funding.* You must request funding to conduct data collection on project outcomes. The budget provides that up to \$50,000 may be added to collect information and report to HUD on the outcomes of your service delivery model. You must propose data collection activities in your application. Project outcome activities include:

(i) Defining monitoring questions that will be addressed and examined during the project period;

(ii) Specifying outcome measures;

(iii) Developing instruments to assess project outcomes and systems outcomes;

(iv) Training project staff in the collection of data, including the preparation of the standard HOPWA Annual Progress Report to HUD;

(v) Monitoring data collection activities to assure that submissions are complete and accurate, including data coding and entry;

(vi) Summarizing data collected; and (vii) Participating in HUD-sponsored collaborations and HUD-designated training events in order to prepare and disseminate the findings of reports on project accomplishments and lessons learned. Applicants may include an expert third-party to conduct project outcome activities, but grantees are encouraged to train staff internally. Such training will increase the internal capacity of your organization and your partner organizations by learning how to make use of project outcome data in operating and adjusting assistance provided to eligible persons.

(3) Maximum Grant Amounts. The maximum amount that you may receive is \$1,200,000 for program activities (*e.g.*, activities that directly benefit eligible persons), irrespective of the number of applications that you submit. You may also add-on up to 3 percent of this program activities amount for grantee administrative costs and, if your program involves project sponsors, addon up to 7 percent of the amount they receive for their administrative costs. In addition, you must add up to \$50,000 for project outcome activities.

### **III. Policy Priorities**

(A) Departmental Policy Priorities. As outlined in Section II of the General Section of the SuperNOFA, HUD has identified policy priorities that applicants are encouraged to address through the proposed plans. HUD has identified two Departmental policy priorities as being applicable to the HOPWA program. Applications for HOPWA funding will receive a rating point for each applicable Departmental policy priority initiative addressed through the proposed program activities and performance goals and objectives. Applicants must demonstrate how these priorities will be addressed through the Soundness of Approach Section of the application as outlined under Rating Factor 3. One Rating Point will be awarded to each of the following addressed priorities:

(1) In accordance with Section II (C) of the General Section of the SuperNOFA, for applicants seeking HOPWA funds for capital development activities, including rehabilitation or new construction, you are encouraged to:

(a) Institute visitability standards in these activities undertaken with HOPWA funds. Visitability standards allow a person with mobility impairments access into the home, but do not require that all features be made accessible.

(b) Incorporate universal design in the construction or rehabilitation of housing undertaken with HOPWA funds. Universal design provides housing that is usable by all without the need for adaptation or specialized design.

(2) For applications in which the grantee, project sponsor(s), or other

collaborating organizations meets the definition of a faith-based, other community-based, or grassroots organization as defined in Section II (D) of the General Section of the SuperNOFA.

(B) Program Policies—Target Populations. The Department has been advised by persons living with HIV/ AIDS, HIV/AIDS housing providers, and national organizations, of the continuing disparity in accessing housing, healthcare, and HIV/AIDS treatment among underserved populations, as well as health-related disparities that result from limited access to health-care, treatment and other support for persons living with HIV/AIDS. Applications seeking to provide housing assistance and related supportive services to one or more of the following underserved populations will receive one point for each priority addressed in the application. To receive this consideration, you must demonstrate the need of the special population in your area under the Need/Extent of the Problem section of your application as outlined under Rating Factor 2, as well as, demonstrate your response to this need under the Soundness of Approach section of your application as outlined under Rating Factor 3.

HUD reserves the right to select the highest rated application (but not one that is rated at less than 75 points) that demonstrates that the planned HOPWA activities and activities supported by leveraged funds, will serve one of the following special populations of HOPWA eligible persons. If funds are insufficient to select one of each of these two special demonstration grants, HUD's selection priority will be in the order listed:

(1) Persons with HIV/AIDS and their families who are living in the Colonias. Primarily the southwest border area of the United States, the Colonias are home to persons living in extreme poverty and poor housing conditions. With the limited access to HIV/AIDS housing, services, healthcare, and treatment, persons living with HIV in the Colonias do not receive the necessary care and treatment. HUD is encouraging applications that strive to meet the needs of eligible persons living in the Colonias. Applicants seeking funding to serve persons with HIV/AIDS within the Colonias must propose a service area which meets the definition of Colonias found in the General Section II (E) of the SuperNOFA.

(2) Persons with HIV/AIDS experiencing chronic homelessness. A chronically homeless person is defined as: "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least 4 episodes of homelessness in the past 3 years." Persons who are infected with HIV are more likely to be able to follow complex treatment regimens if they have a reliable address where they can be reached by care providers, a safe place to keep medications, refrigeration for drugs that require it, and other necessities that many of us take for granted. HUD is encouraging applications that strive to create additional permanent housing for persons living with HIV/AIDS that are experiencing chronic homelessness. Applicants should work with their local Continuum of Care Plans to create this permanent housing for persons living with HIV/AIDS and their families.

### **IV. Program Requirements**

(A) Performance Measures and Project Goals and Objectives. You must use HUD's required performance measures, as detailed below, that will show your accomplishments in using HOPWA funds to expand the housing options that benefit eligible persons. You must also establish individual goals and objectives for your proposal. They should be specific, achievable and measured within set time periods. Your individual goals and objectives should result in possible findings on the successes and lessons learned in undertaking your activities that would be shared with other communities. In designing your proposal, please use the following:

(1) Required HOPWA national performance goal. Your proposed activities must increase the amount of housing assistance available to eligible persons to enable them to achieve housing stability and access to healthcare and related supportive services. Your activities should also address the challenge of homelessness for person living with HIV/AIDS and their families by helping them move into permanent housing and strengthen community linkages for HOPWA eligible persons and their families to keep them from slipping back into homelessness (one extra priority point will be awarded see above—Section III (B)).

(2) Measurements of Performance. After each year of operation, you must report on the number of housing units that were provided with HOPWA and other funding, and the number of additional persons served with related supportive services. HUD will measure your progress and achievements in evaluating your performance on your HOPWA grant.

(B) *Descriptive Budget*. You must provide a description of each of your

requested budget items and how the funds will be used, including each amount of requested funding for you and your project sponsors, and a description of how each line item will relate to eligible HOPWA activities as defined in Part D, Section II (B) of this Program Section. You are expected to match requested funds to specific goals and objectives in your project. See Appendix D.

### V. Application Selection Process

(A) HOPWA Application Threshold Reviews. HUD will review your HOPWA application to ensure that:

(1) Your application meets the threshold requirements found in Section V (B) of the General Section of the SuperNOFA.

(2) Your application contains all required certifications as outlined in Part A, Section VI (A) of this Program Section: *Forms, Certifications, and Assurances.* 

(B) *Procedures for the Rating of Applications.* HUD will rate all HOPWA applications based on the factors listed below.

The points awarded for the factors total 100. In addition, bonus points for projects in RC/EZ/EC areas may be available under Section VI (C) of the General Section of this SuperNOFA. After rating, all applications will be placed in the rank order of their final score for selection within the appropriate category of assistance.

### Rating Factor 1: Capacity of the Applicant and Project Sponsors and Relevant Organizational Experience (20 Points)

Address the following factor on not more than five (5) double-spaced, typed pages. For each project sponsor, you may add two additional pages. This factor addresses the extent to which you and any project sponsor have the organizational resources necessary to successfully implement your proposed activities in a timely manner. If you will be using project sponsor(s) in your project, you must identify each project sponsor in your application. HUD will award up to 20 points based on your and any project sponsor's ability to develop and operate your proposed program in relation to which entity is carrying out an activity.

(a) With regard to both you and any project sponsor(s), HUD will consider:

(i) Past experience and knowledge in serving persons with HIV/AIDS and their families;

(ii) Past experience and knowledge in programs similar to those proposed in your application; (iii) Experience and knowledge in monitoring and evaluating program performance and disseminating information on project outcomes; and

(iv) Past experience as measured by expenditures and measurable progress in achieving the purpose for which funds were provided.

(b) In reviewing the elements of paragraph (1), HUD will consider:

(i) The knowledge and experience of the proposed project director and staff, including the day-to-day program manager, consultants, and contractors in planning and managing the kind of activities for which you are requesting funds. You and any project sponsor will be judged in terms of recent, relevant, and successful experience of staff in undertaking eligible program activities;

(ii) Your and/or the project sponsor's experience in managing complex interdisciplinary programs, especially those involving housing and community development programs directly relevant to the work activities proposed and carrying out grant management responsibilities.

(iii) If you and/or the project sponsor received funding in previous years in the program area for which you are currently seeking funding, you and your project sponsor's past experience will be evaluated in terms of the ability to attain demonstrated measurable progress in the implementation of your grant awards. Measurable progress is defined as:

(1) Meeting applicable performance benchmarks in program development and operation;

(2) Meeting project goals and objectives, such as, that the number of persons assisted was comparable to the number that was planned at the time of application;

(3) Submitting timely performance reports; and

(4) Expending prior funding as outlined in the prior proposal with no outstanding audit or monitoring issues.

# Rating Factor 2: Need/Extent of the Problem (20 Points)

Address this factor on not more than five (5) double-spaced, typed pages. Up to 20 points will be awarded for this factor.

(a) AIDS Cases. (5 Points) Up to five points will be determined by the relative numbers of AIDS cases and per capita AIDS incidence within your service area, in metropolitan areas of over 500,000 population and in areas of a state outside of these metropolitan areas, in the state for proposals involving state-wide activities, and in the nation for proposals involving nation-wide activities. Your application must define a planned service area. To determine these points, HUD will obtain AIDS surveillance information from the Director of the Centers for Disease Control and Prevention.

(b) Description of Unmet Need. (5 Points) Up to five points will be awarded based on demonstration of need for funding eligible activities in the area to be served. To receive the maximum points, demonstrate that substantial housing and related service needs of eligible persons and/or the target population, as outlined in Part D, Section III (B), are not being met in the project area and that reliable statistics and data sources (*i.e.* Census, health department statistics, research, scientific studies, and Needs Analysis of Consolidated Plan and/or Continuum of Care documentation) show this unmet need. To receive the maximum points, show that your jurisdiction's Consolidated Plan and Analysis of Impediments to Fair Housing Choice, Continuum of Care Homeless Assistance plans (if homeless persons are to be served), and comprehensive HIV/AIDS housing plans are applicable to your project and identify the level of the problem and the urgency of the need.

(i) If you apply for a SPNS grant, you must describe a need that is not currently addressed by other projects or programs in the area. Also describe any unresolved or emerging issues and the need to provide new or alternative forms of assistance that, if provided, would enhance your area's programs for housing and related care for persons living with HIV/AIDS and their families; or

(ii) If you apply for a project that is part of a Long-Term Comprehensive Strategy in an area that does not receive a HOPWA formula allocation, you must describe the need that is not currently addressed by other projects or programs in the area. You must also describe any unresolved or emerging issues and/or the need to provide forms of assistance that enhance the community's strategy for providing housing and related services to eligible persons.

(iii) HUD will evaluate your presentation of statistics and data sources based on soundness, reliability, and the specificity of information to the target population and the area to be served. If you propose to serve a subpopulation of eligible persons on the basis that these persons have been traditionally and are currently underserved (*e.g.*, persons with multiple disabilities including AIDS), your application must document the need for this targeted effort through statistics and data sources that support the need of this population in your service area. (c) Need in Non-Formula Areas and Need for Renewals. (5 Points)

Under this criterion, HUD will award points under the following two circumstances:

(i) Five points will be awarded if your SPNS application proposes to serve eligible persons in an area that does not qualify for HOPWA formula allocation; or

(ii) Up to five points will be awarded, if you propose to continue the operations of HOPWA funded activities that have been supported by HOPWA competitive funds in years immediately prior to this application and that have operated with measurable success. To receive the maximum points, you must describe what unmet need would result if funding for the project was not renewed from this federal funding and describe your efforts to secure other sources of funding to continue this project. You must also show that you operated with measurable progress and your previous HOPWA-funded activities have been carried out and are nearing completion of the planned activities in a timely manner. Measurable progress is defined as:

(1) Meeting performance benchmarks, as appropriate, in program development and operation;

(2) Meeting project goals and objectives, such as, that the number of persons assisted is comparable to the number that was planned at the time of application;

(*3*) Submitting timely performance reports; and

(4) Expending 50% of prior funding by the application due date of this Program Section of the SuperNOFA.

(ď) Highest Rated in a State or the Nation (for nationwide activities).

(5 Points) After rating of all other factors, HUD will award five points to help achieve greater geographic diversity in funding activities within a variety of states. Under this criterion, five points will be awarded to the highest rated SPNS and Long-Term applications in each state and to the highest rated SPNS application among the applications that propose nationwide activities.

Rating Factor 3: Soundness of Approach: Model Qualities and Responsiveness/Coordination/ Sustainability (40 Points)

Address this factor on not more than twenty (20) double-spaced, typed pages. Include the HOPWA Budget Forms found in Appendix D. This factor addresses the method by which your plan meets your identified needs. HUD will award up to 40 points based on the extent to which your plan evidences a sound approach for conducting the HOPWA activities in a manner that is responsive to the needs of eligible persons and that your plan for project coordination, and its sustainability after the period of the award, will offer model qualities in providing supportive housing opportunities for eligible persons, when compared to other applications and projects funded under previous HOPWA competitions.

(a) Responsiveness/Coordination/ Sustainability (20 Points). HUD will award up to 20 points (Responsiveness-10 Points, Coordination-5 Points, and Sustainability-5 Points) based on how well your project plans respond to the unmet needs in housing and related supportive services for the eligible population, including target populations outlined under Part D, Section III. You should demonstrate the extent to which you have coordinated your activities and the activities of your project sponsors with other organizations that are not directly participating in your proposed work activities. This involves organizations with which you share common goals and objectives in assisting eligible persons. You must demonstrate the extent to which your program exhibits the potential to be financially self-sustaining by decreasing dependence on federal funding and relying more on state, local, and private funding so your activities can be continued after your grant award period is completed. In order to ensure that resources are used to their maximum effect within the community, it is important that you demonstrate involvement in other state, local, and private funding arenas.

(i) *Responsiveness (10 Points).* To receive the highest ratings in this element your application must address:

• The projected number of persons to be served through each activity for each year of your program;

• The projected number of housing units, by type, to be provided through your project, by year, over a 3-year period; and

• The specific organizations that will provide housing, supportive services, or other activities either through an agreement with your organization or through funding from your project.

Include a description of the roles, and responsibilities of your project sponsors and/or other organizations within your project plan and how these will be coordinated in conducting eligible activities. To receive the maximum points for your project plan, you must explain and describe the eligible activities you or your project sponsor intend to conduct, where these activities will take place (either on site or at another location), and how those activities will benefit eligible persons. Please describe:

(1) *Housing Activities.* You must demonstrate how the housing needs of eligible persons will be addressed through one or more of the HOPWA eligible activities or through other resources and how such activities are coordinated with other housing assistance. Your plan for housing assistance must include:

(a) Linkage to or the provision of permanent supportive housing. You must describe how eligible persons will access permanent housing options through your project or through specific commitments or other sustainable linkages with other community housing providers, even if the focus of your project is emergency or transitional assistance.

(b) Description of housing site. You must describe any appropriate site features, including accessibility, visitability, and access to other community amenities associated with your project.

(c) A development and operations plan. You must describe a development and/or operations plan for the housing assistance you are proposing to provide. For rental assistance programs, this will include your plan for providing rental assistance, proposed housing sites, and length of stay. If you are proposing to use HOPWA funds for acquisition, rehabilitation, or new construction activities, your plan must also document that you have secured funding sources (if applicable), identified a site(s), and must provide rehabilitation/construction timelines.

(d) Operational Procedures. Describe your outreach, intake, and assessment procedures, as well as how eligible persons will receive housing support with access to medical care and other supportive services. Describe the use of housing being funded from other sources, and how your project provides for on-going assessments of the benefits received by eligible persons. Include a description of how a client moves through the housing program from outreach, intake, client assessment, the delivery of housing services, the use of emergency, transitional or permanent housing, and, if appropriate, the outplacement to more self-sufficient independent housing.

(2) Supportive Services Activities. You must describe how the supportive service needs of eligible persons will be addressed from HOPWA or other sources by describing the type of supportive services that will be offered directly by the program and/or how services will be accessed and coordinated from other sources. Explain the connection of these services in helping eligible persons obtain and/or maintain housing. You are reminded that supportive service costs may represent no more than 35 percent of your program activity costs. In describing your supportive services delivery plan explain:

(a) How eligible persons will have access to mainstream programs that offer healthcare and other supportive services, as discussed in Part A, Section VII (C);

(b) How eligible persons will participate in decision making in the project operations and management;

(c) Your plan for delivering supportive services through a comprehensive plan that shows how eligible persons access medical care and other supportive services to address their needs.

(3) Additional Activities. You must describe your plan for utilizing other requested HOPWA funds (described at 24 CFR 574.300(b)). Explain how these activities will be integrated into your overall plan in the provision of housing and related supportive services to eligible persons.

(4) Other Activities. As authorized by statute and in addition to the activities at 24 CFR 574.300(b), you may propose other activities in your application, if approved by HUD. You must describe the reason of the other activities and the benefits likely to occur if authorized.

(ii) *Coordination (5 Points).* You should demonstrate the extent to which you have coordinated your activities and the activities of your project sponsors with other organizations that are not directly participating in your proposed work activities. This involves organizations for which you share common goals and objectives. You will be rated on the extent to which you demonstrate you have:

(1) Coordinated your proposed activities with those of other groups or organizations within the community or region prior to submission, to best complement, support, and coordinate all housing and supportive service activities;

(2) Developed your project through consultation with other organizations, groups, or consumers involved with area HIV/AIDS housing and service planning, including planning under the Ryan White CARE Act and other federal planning. The highest rated applicant will demonstrate that the project is integrated with HUD's planning processes, such as the jurisdiction's Consolidated Planning process or the community's Continuum of Care Homeless Assistance planning process (if homeless persons are to be served by proposed activities);

(3) Coordination with other HUDfunded programs outside of the Consolidated Planning Process, for example accessing additional housing resources through a local public housing authority;

(4) Coordination with mainstream resources including private, other public, and mainstream services and housing programs. To achieve the maximum points, applicants must evidence explicit agency strategies to coordinate client assistance with mainstream health, social services and employment programs for which eligible persons may benefit.

(iii) Sustainability (5 Points). The goal of sustainability is to ensure that your activities can be continued after your grant award is complete. Demonstrate the extent to which your program exhibits the potential to be financially self-sustaining by decreasing dependence on federal funding and relying more on state, local and private funding so your activities can be continued after your grant award period is completed. In order to ensure that resources are used to their maximum effect within the community, it is important that you demonstrate involvement in other state, local, and private funding arenas. In evaluating this factor, HUD will consider the extent to which you have:

(1) Developed linkages, or described specific steps you will take to develop linkages with other activities, programs or projects through meetings, information networks, planning processes, letters of participation or coordination, or other mechanisms, to coordinate your activities so solutions are holistic and comprehensively involved with other state, local, or private entities;

(2) Demonstrated how planned activities may be sustained through other resources in order to provide a comprehensive and responsive range of housing and related supportive services to meet the changing needs of persons with HIV/AIDS.

(b) Model Qualities (20 Points). HUD will award up to 20 points based on your service delivery plan and how well it will serve as a model with exemplary qualities to address the ongoing housing and supportive service needs of eligible persons within a replicable operational framework. To receive the maximum points, you must offer a housing plan that describes the following:

(i) *Policy Priorities.* If applicable to your application, describe how you will meet the Departmental policy priorities emphasized in Part D, Section III of this Program Section.

(ii) Project Management and Oversight. Describe your method for managing and overseeing activities, including those of your organization, your project sponsor, and any other organization. Identify staff members who are responsible for management and oversight of the project and activity implementation.

(iii) Evaluation Plan. Your evaluation plan should identify what you are going to measure, how you are going to measure it, the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes, and how you plan to share successes and lessons learned in undertaking your activities with other communities.

(iv) Innovative Qualities. If you propose a new program, or an alternative method of meeting the needs of your eligible persons, describe how the innovative qualities of your activities will become a benchmark for achieving greater housing opportunities and supportive services for persons living with HIV/AIDS. HUD will rate your applications higher if you provide strong evidence that your methods will yield qualities that will benefit or expand knowledge in serving eligible persons, when compared to other applications and HÔPWA projects. In order to learn about innovative qualities of previously funded and on-going HOPWA projects, please review the HOPWA Executive Summaries for all HOPWA formula and competitive grantees at http://www.hud.gov.

(v) Other Exemplary Qualities. Demonstrate what exemplary qualities your project contains that will be beneficial to other projects in your area or in other areas across the country. Describe what activities you have undertaken that have been outstanding and that if duplicated would achieve greater housing opportunities for persons living with HIV/AIDS and their families.

(vi) *Descriptive Budget*. HUD will review your budget in describing:

(1) How each amount of requested funding for you and your project sponsors will be used;

(2) How each line item will relate to eligible HOPWA activities as defined in Part D, Section II (B), of this Program Section of the SuperNOFA; and

(3) A clear and complete statement of the planned activities for your project and demonstrate how these activities are matched with line items for both the grantee and sponsors. You must complete the HOPWA Project Budget Form as described in Part B, Section VI (E). Please note that only the forms are required and an additional narrative under the Model Qualities Section is not required.

# **Rating Factor 4: Leveraging Resources** (10 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's funds to achieve program purposes. HUD will award up to 10 points based on the extent to which resources from other public or private sources have been committed at the time of application, to support your project. To receive the maximum points, you must provide evidence of commitments of leveraged resources that match or exceed the amount of HOPWA funds that are requested, but not including funds designated for data collection.

(a) In establishing leveraging, HUD will not consider other HOPWA-funded activities, entitlement benefits inuring to eligible persons, or conditioned commitments that depend on future fund-raising or actions. In assessing the use of acceptable leveraged resources, HUD will consider the likelihood that state and local resources will be available and continue during the operating period of your grant. In evaluating this factor, HUD will also consider:

(i) The extent to which you document leveraged resources, such as funding and/or in-kind services from governmental entities, private organizations, resident management organizations, educational institutions, or other entities to achieve the purposes of the project for which you are requesting HOPWA funds;

(ii) The extent to which the documented resources evidence that you have partnered with other entities to make more effective use of available public or private resources. Partnership arrangements may include funding or in-kind services from local governments or government agencies, nonprofit or for-profit entities, private organizations, educational institutions, or other entities that are willing to partner with you on proposed activities, or partnering with other program funding recipients to make more effective use of resources within the geographic area covered by your award.

(b) To receive highest leveraging points, you must document the cash value of leveraged resources pledged to your project(s). The commitment of resources will be evidenced by use of the appropriate language as described below:

(i) Applicant or Third Party Cash Resources. If this proposal is funded, (applicant name or third party name) commits \$(amount) (of its own funds, if applicant, or to applicant name, if third party) for (type of activity) to be made available to the HOPWA program. These funds will be available from (date) to (date). (Signature and Title of authorized representative and date.)

(ii) Non-Cash Resources. If this proposal is funded, (organization's name) commits to make available (type of resource) valued at \$(amount) to the HOPWA program proposed by (applicant name). These resources will be made available to the HOPWA program from (date) to (date). (Signature and Title of authorized representative and date.) The donation of a third party professional service should be valued at the professional's customary charge. The value of materials to be contributed to the project by a third party or by the applicant may also be counted as leveraging.

(iii) Volunteer Time. If this proposal is funded, (name of the organization or of self), commits to provide (number of hours) of volunteer time from (date) to (date) to provide (type of activity) to the HOPWA program proposed by (applicant name). The total value of these services, based on \$10.00 per hour, is \$(amount). (Signature and Title, and date.) Time to be contributed to the project by volunteers should be valued at \$10.00 per hour. In the case of individuals volunteering their time directly to the applicant, the applicant should list itself as the organization.

(iv) Contribution of a Building. If this proposal is funded, (applicant name) pledges the building at (site address) to the HOPWA program. The building has a fair market value of \$(amount). A licensed independent real estate appraiser made this appraisal, which is based on comparable properties in the area. (Signature of applicant's authorized representative and date.) Ownership of a building or portion of a building to be used in the project may be counted as leveraging. The fair market value of the building or portion of the building being contributed may be counted. Do not send an appraisal to HUD, but keep documentation of fair market value on file. The contribution of land (as a leveraged resource for new construction) should be treated the same as contribution of a building. You will need to keep documentation of the fair market value on file, particularly if it is improved land and you wish to include the value of the improvements in the contribution.

(v) Contribution of a Building to be Acquired with HOPWA Funds. If this proposal is funded, (applicant name) commits the building at (site address) for the HOPWA program. The building has a fair market value of \$(amount). A licensed independent real estate appraiser made this appraisal, which is based on comparable properties in the area. The HOPWA request for the building is \$(amount). Therefore, the contribution is the difference between the fair market value and the HOPWA request, or \$(amount). (Signature of applicant's authorized representative and date.) The difference between the documented fair market value and the portion paid for with HOPWA funds may be counted as leveraging. Maintain documentation of fair rental value on file.

(vi) Contribution of Leasehold Interest. If this proposal is funded, (applicant name) commits the leasehold interest at (site address) for the HOPWA program. The fair rental value of this site is \$(amount) annually, and at constant value will amount to \$(amount) over (term of the lease, up to three years). An appropriate independent third party made this appraisal, which is based on comparable properties in the area. The total leasing cost over the term of the lease to be paid with HOPWA funds is \$(amount). Therefore, the contribution is the difference between the HOPWA leasing cost and the fair rental value, or \$(amount). (Signature of applicant's authorized representative and date.) The difference between the fair rental value (for a term up to three years) and the cost of the lease to be paid for with HOPWA funds may be counted as leveraging.

### Factor 5: Achieving Results and Program Evaluation (Maximum 10 Points)

Address this factor on not more than five (5) double-spaced, typed pages. Under this factor, HUD will award 10 points based on how well your application demonstrates a commitment to ensuring that the goals that you set forth and your performance will be assessed in a clear and effective manner. HUD will analyze how well you have clearly implemented the HOPWA program goals and identified the benefits or outcomes of your program including your activities, benchmarks, and interim activities or performance indicators. HUD will award the highest points to applications that demonstrate an evaluation plan that will objectively measure actual achievements against anticipated achievements.

Benchmarks or outputs that are identified in your application should be measurable indicators of actual achievements that help achieve the program outcome goals for the HOPWA Program. These outcome goals should include but are not limited to:

(a) Increase the amount of housing assistance and related supportive services to eligible persons, to establish or maintain housing stability and reduce the risks of homelessness for eligible persons,

(b) Increase the access to permanent housing for low-income eligible persons, to enable these households to become more self-sufficient,

(c) Improve the housing conditions in which low-income and homeless eligible persons and their families live, to increase the number of persons living in housing that is safe, decent, and sanitary, and (d) Address the challenge of homelessness for persons living with HIV/AIDS and their families by helping them move to permanent housing with appropriate support, with coordinated homeless assistance effort.

Program output measures for your application for the HOPWA Program must include but are not limited to:

(a) The projected numbers of persons to be served through each activity during each project operating year, and

(b) The projected number of housing units by type, to be provided to eligible households through your project during each project operating year,

Your application should also address your evaluation plan. Evaluation is defined as your method for collecting data on HUD program measures to evidence achievement of your project's goals and objectives. HUD will assess your method for reviewing this data and your basis for making relative adjustments in project implementation based on outcomes and lessons learned. Your evaluation plan must include how you propose to utilize the project outcome funding. HUD will award a greater number of points for projects that also provide for a plan for the dissemination of information from the lessons learned from your proposed activities. Three Program Evaluation Logic Models are given as examples on the following pages to illustrate planning for the use of resources, project activities, outputs, outcomes, and goals. Please use the Logic Model (Form HUD-96010-1) in the General Section of this notice to respond to this factor. In addition to using the required HOPWA output measures, applicants may create their own set of activities, other outputs, and project outcomes. BILLING CODE 4210-32-P

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# **EXAMPLE: Rental Assistance**

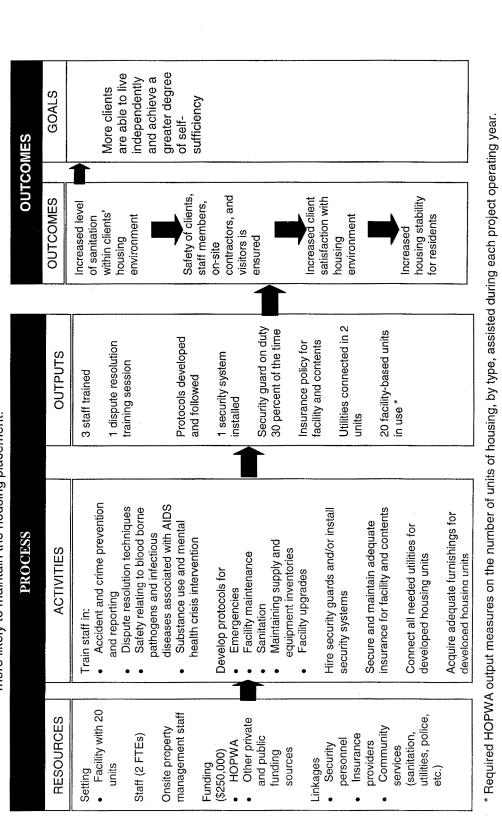
Target Population: HIV/AIDS eligible persons and their families who live in project-based or scattered site housing units funded by HOPWA and who are in need of financial assistance in order to maintain housing.

Providing direct financial resources will assist eligible persons in stabilizing their living situation's and will increase the chances of their maintaining and achieving self-sufficiency, ultimately preventing homelessness. Program Theory:

| RESOURCES                                        | ACTIVITIES                                    | OUTPUTS                                                                               | OUTCOMES                                | GOALS                            |
|--------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|
| Staff (2 FTEs)                                   | Develop project-based rental assistance units | 450 clients assessed                                                                  | Increased capacity<br>of clients to pav | More clients are<br>able to live |
| Facilities:                                      |                                               | 20 clients assisted through                                                           | housing-related                         | independently                    |
| Office space                                     |                                               | project-based rental                                                                  | expenses                                | and achieve a                    |
| <ul> <li>zu project-<br/>based rental</li> </ul> | Assess client eligibility for<br>assistance   | assistance units*                                                                     |                                         | greater degree                   |
| assistance                                       |                                               | 75 clients assisted through                                                           |                                         | sufficiency                      |
| units                                            |                                               | tenant-based rental payments                                                          |                                         | 6                                |
| Network of                                       | Place clients in project-based                | (avg. Subsidy of \$320/mo. for                                                        | •                                       |                                  |
| scattered site                                   | rental assistance units with                  | 5 mos.)*                                                                              | Increased supply of                     |                                  |
|                                                  | Iedses                                        |                                                                                       | sate, decent, and                       |                                  |
| Eunding                                          |                                               | 15 short-term mortgage                                                                | sanitary housing                        |                                  |
| (\$675.000)                                      | Provide tenant-based rental                   | subsidy payments made (avg.                                                           | available to HOPWA                      |                                  |
| • HOPWA                                          | assistance payments to                        |                                                                                       | CIIGUIS                                 |                                  |
| Other public                                     | landlords                                     |                                                                                       |                                         |                                  |
| and private                                      | Provide short-term rent.                      | 100 short-term utility subsidy                                                        |                                         |                                  |
| sources                                          | mortgage, and utility payment                 | payments made (avg. subsidy                                                           |                                         |                                  |
|                                                  | assistance to clients                         | of \$50/mo. for 3 mos.)*                                                              |                                         |                                  |
|                                                  |                                               | 240 households received                                                               | Increased housing                       |                                  |
|                                                  | Make referrals to other                       | short-term rental payments                                                            | stability for recipient                 |                                  |
|                                                  | needed services                               | made (avg. subsidy of                                                                 | households                              |                                  |
|                                                  |                                               | \$320/mo. for 4 mos.)*                                                                |                                         |                                  |
|                                                  |                                               |                                                                                       |                                         |                                  |
|                                                  |                                               |                                                                                       |                                         |                                  |
| Required HOPWA output measures on                | putput measures on the number of un           | the number of units of housing, by type, assisted during each project operating year. | l each project operating year.          |                                  |
|                                                  |                                               |                                                                                       |                                         |                                  |

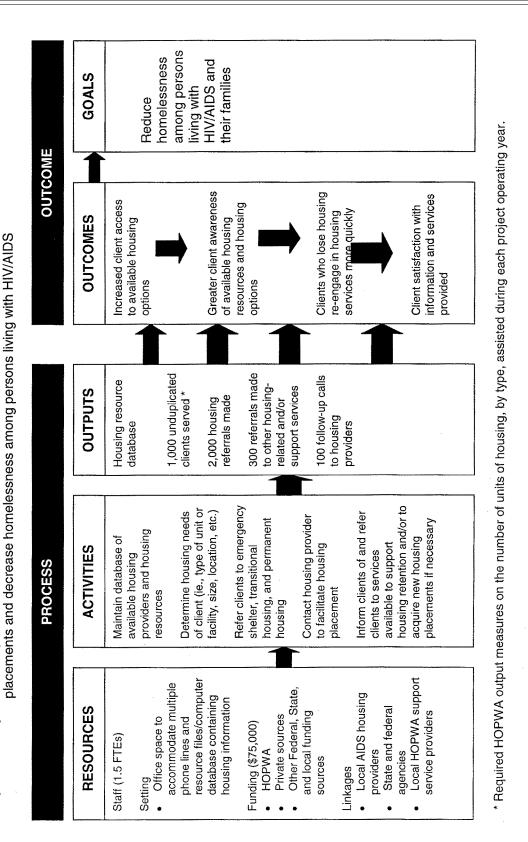
......

persons; eligible persons who are satisfied with the safety, sanitation, and management of the housing facility are A safe and sanitary housing environment helps to protect the physical and mental health of HIV/AIDS eligible Larget Population: Residents of HOPWA-funded housing facility, as well as those who work in and visit the facility more likely to maintain the housing placement. Program Theory:





Providing information about available housing and timely referrals to AIDS housing providers will facilitate housing Larget Population: Homeless persons living with HIV/AIDS in the community and their families. Program Theory:



BILLING CODE 4210-32-C

(C) *Selection of HOPWA Awards.* Whether your HOPWA application is

conditionally selected will depend on your overall ranking compared to other applications within each of the two categories of assistance. HUD will select applications in rank order in each category of assistance to the extent that funds are available, except as outlined in Part D, Section III (B): Policy Priorities, where HUD reserves the right to select applications that target the priority eligible populations. In allocating amounts to the categories of assistance, HUD reserves the right to ensure that sufficient funds are available for the selection of at least one application with the highest ranking under each category of assistance. HUD will not select an application that is rated below 75 points.

In the event of a tie between applications in a category of assistance, HUD reserves the right to break the tie by selecting the proposal that was scored higher on a rating criterion in the following order: Soundness of Approach: Responsiveness and Model Qualities (Rating Factor 3); Comprehensiveness and Coordination (Rating Factor 5); the Capacity of the Applicant and Relevant Organizational Experience (Rating Factor 1); the Need/ Extent of the Problem (Rating Factor 2); and Leveraging Resources (Rating Factor 4).

HUD will notify you in writing if you are conditionally selected. You may be notified subsequently of any modification made by HUD, the additional project information necessary for grant award, and the date of deadline for submission of the required information. In the event that a conditionally-selected applicant is unable to meet any conditions for fund award within the specified time, HUD reserves the right not to award funds to the applicant and to use those funds to make awards to the next highest rated applications in this competition; to restore amounts to a funding request that had been reduced in this competition; or to add amounts to funds available for the next competition.

#### VI. Application Submission Requirements

Your HOPWA application must contain the following items in the order shown below. The standard forms can be found in Appendix B to the General Section of the SuperNOFA. The remaining application items that are forms (*i.e.*, excluding such items as narratives, letters) can be found as Appendix D to this Program Section of the SuperNOFA. The items are as follows:

(A) Application for Federal Assistance (Form HUD-424). You should complete Items 1 through 23 with the following additions:

(1) Item 12—The applicable letters are "A" for state; "B, C, or D" for a unit of local government;

(2) Item 14—Enter U.S. Department of Housing and Urban Development or HUD if not preprinted;

(3) Item 15—Enter 14–241 and the title "Housing Opportunities for Persons With AIDS Program" or "HOPWA" for the Catalog of Federal Domestic Assistance;

(4) Item 20—You must complete the budget Funding Matrix on page 2 and the HOPWA Project Budget Form. Please make sure that both the Total Amount on HUD–424 and the "Total Budget" section on the HOPWA Project Budget Form are the same. In the event that the total budgets are in conflict, HUD will refer to the HOPWA Project Budget form.

(5) Item 21—Check "No".

(B) Executive Summary and Synopsis. Please provide a two to three sentence synopsis of the main focus or features of your proposed program, followed by an Executive Summary of the proposed project on no more than two doublespaced, typed pages. HUD will use this as a summary if your project is chosen for funding. In your abstract, include your organization's name and the name of any project sponsor. Also include the name, telephone number, and e-mail address of the person within your organization and within any project sponsor that is responsible for this application.

(C) Narrative Statements. Your application must include narrative statements that address each of the Factors for Award found at Part D, Section V (B) of this Program Section of the SuperNOFA. Respond to each factor within the stated page limits and do not use a font size smaller than 12 point. Applications failing to submit any of the narrative statements will be rated as zero during the rating process.

(D) Proposed HOPWA Project Information Form. See Appendix D in Program Section of SuperNOFA. Complete the form including the following:

(1) *Project Sponsors.* You must identify any organization that will receive HOPWA funds as a project sponsor and the amount of funds to be received.

(2) *Non-profit Status.* Non-profit grantees or project sponsors must submit documentation verifying your non-profit status, as outlined in Part A, Section VI (A).

(3) *Service Areas.* Your application must identify the area(s) in which you are proposing to offer housing and other assistance.

(E) *Budget.* You must complete the HOPWA Project Budget Form found in Appendix D of this Program Section of the SuperNOFA, which lists the amount of requested HOPWA funds designated for each type of HOPWA-eligible activity. For more information, please see Part D, Section IV (B) and Rating Factor 3, *Soundness of Approach.* 

(F) *Statutory Certifications*. You must complete the statutory certifications as outlined in Part A, Section VI section of this Program Section.

After your entire application is assembled, please mark each exhibit with an appropriately numbered tab and number every page of the application sequentially. Complete the HOPWA Application Checklist found in Appendix D to this Program Section of the SuperNOFA. Attach the HOPWA Application Checklist to the front of your application. BILLING CODE 4210-32-P

Appendix A

OMB Approval No. 2506-0133 Expiration Date 11/30/2003

# HOPWA Renewal Application Checklist

### **Checklist of Exhibits**

Please insert page numbers

- Transmittal Letter (that identifies HOPWA and amount requested)
- Application for Federal Assistance (form HUD-424) and (HUD-424B)
- Project Synopsis and Executive Summary
- Organizational Capacity Narrative (if applicable)

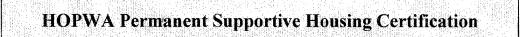
Provision of Permanent Supportive Housing Narrative

- HOPWA Permanent Supportive Housing Certification
- HOPWA Permanent Supportive Housing Worksheet
- Need for Renewal Narrative
- HOPWA Need for Renewal Chart
- HOPWA Renewal Budget Form
- HOPWA Renewal Project Form
- Statutory Certifications (Required by law)
- Acknowledgement of Application Receipt (Optional) (HUD-2993)
- Client Comments and Suggestions (Optional) (HUD-2994)

Please include this page in your application. Page

Appendix A

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The Applicant, in order to induce HUD to renew the Applicant's Grant with HUD for HOPWA Project Number \_\_\_\_\_\_\_, pursuant to HUD's authority under the FY 2003 Appropriations Act, hereby assures and certifies HUD that no less than 51 percent of the HOPWA funds awarded to the Project were and continue to be used to provide permanent supportive housing to low income persons with HIV/AIDS and their families. Permanent housing is defined as housing in which the resident has a lease for a term of at least one year, which is renewable by the tenant and which may be terminated by the landlord for cause. Permanent supportive housing is permanent housing, which provides the tenant with on-going supportive services through qualified providers.

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code.

#### **HOPWA Applicant Certifications**

Name of Applicant

Signature of Authorized Certifying Official & Date

Typed Name of Signatory

Title of Signatory

Date

Please include this page in your application. Page

Appendix A

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# HOPWA Need for Renewal Chart

Please complete the following chart and submit it with your Need for Renewal Narrative. HUD will review this chart and determine your eligibility for renewal funding based on financial records for reimbursement of expenditures that are filed under HUD's financial system (PAS).

To be eligible, the HOPWA grant must be an expiring grant, defined as a grant that will not have sufficient funds to continue activities until September 30, 2004, if not awarded additional Federal funds. The applicant must demonstrate to HUD that all funds awarded in the grant it seeks to renew will be expended before September 30, 2004 (as measured by reimbursements filed with HUD under the financial system, PAS). HUD may deobligate funding of HOPWA grants that have been renewed on this basis and fail to expend funding by the September 30, 2004.

In addition, if the grant expired in the Federal Fiscal Year 2002 or earlier, i.e. all funds were expended (as measured by PAS) by 9-30-02 or only a residual amount that is less than one percent of the amount of the prior grant remains, you are **not eligible** to apply for renewal funding under this notice.

| Line 1 | Indicated the amount of the prior HOPWA award.                           | \$ |
|--------|--------------------------------------------------------------------------|----|
| Line 2 | Indicate the amount expended as of 9-30-02.                              | \$ |
| Line 3 | Subtotal: subtract Line 2 from Line 1. (See Item 1 below.)               | \$ |
| Line 4 | Indicate the amount to be expended in FY2003.<br>(By September 30, 2003) | \$ |
| Line 5 | Indicate the amount to be expended in FY2004.<br>(By September 30, 2004) | \$ |
| Line 6 | Subtotal: Subtract Lines 4 and 5 from Line 3. (See Item 2 below)         | \$ |

1. If the subtotal on Line 3 is zero or a residual amount that is less than one percent of the amount on Line 1, you are not eligible to apply for renewal funding under this notice.

2. If the subtotal on Line 6 is greater than zero, you are **not eligible** to apply for renewal funding under the HOPWA Renewal Section of HUD's SuperNOFA. Also note that continued use of prior funds may require that you file an extension request with the area CPD Field Office.

Public reporting burden for the collection of information is estimated to average one (1) hour per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

Please include this page in your application. Page Form HUD-40110-B (3/03)

21763

| HOPWA Application |
|-------------------|
| Part B - Forms    |

Appendix A

OMB Approval No. 2506-0133 Expiration Date 11/30/2003

# HOPWA Renewal Project Information Form

#### A. Grant Number

| Please provide the | he grant number of the HOPWA grant for which you are seeking renewal. |              |  |  |  |
|--------------------|-----------------------------------------------------------------------|--------------|--|--|--|
| Grant Number       |                                                                       | Year Funded: |  |  |  |
|                    |                                                                       |              |  |  |  |

**B.** Service Area. Please identify the intended service area, i.e., the name of the community or metropolitan area, or, if activities are planned for a state-wide or nation-wide basis:

**C. Project Sponsors and Sites**. On a separate page, if needed, identify all the project sponsors that are involved in your proposed project, the sponsor's mailing address, telephone, email address, fax number, and the name of a contact person.

Are new project sponsor(s) being added to the renewal project? Yes // No // Please note you must provide an Organizational Capacity Narrative if a new project sponsor is added to your renewal project.

Sites. For projects involving sites, for example, a structure where HOPWA funds will be used for operating costs, and/or project-based rental assistance, please attach or provide the address of the project site.

**Confidentiality.** Please indicate if the site location is confidential or a public site by checking the appropriate box below.

Confidential Site.

project.)

Public Site.

(The address may be released to inform clients and the public.)

Photo. Please attach a photograph of the structure.

Please include this page in your application Page

(Do not release the street location of this

Appendix A

OMB Approval No. 2506-0133 Expiration Date 11/30/2003

**T** T

# D. Summary of Proposed Accomplishments.

**Summary of Housing Assistance:** Please provide best estimates in the following table. Enter number of units of housing served if renewal project is funded and is fully implement and operational.

|                                               |                                  |                                               | Accomp | olishment | by Year |
|-----------------------------------------------|----------------------------------|-----------------------------------------------|--------|-----------|---------|
| 1.                                            | Facility-based Housing: En       | nter total units to be provided.              | Year 1 | Year 2    | Year 3  |
|                                               | Short-term facility              |                                               |        |           |         |
|                                               | Single room occupancy dwelling   | Permanent Non-Permanent                       |        |           |         |
|                                               | Community residence              | Permanent Non-Permanent                       |        |           |         |
|                                               | Other housing facility (specify) | Permanent<br>Non-Permanent                    |        |           |         |
| 2.                                            | Scattered-site Payments          |                                               | Year 1 | Year 2    | Year 3  |
|                                               | Tenant-based rental assistan     | ce                                            |        |           |         |
| <u>, , , , , , , , , , , , , , , , , , , </u> | Short-term rent, mortgage, a     | nd utility payments                           |        |           |         |
|                                               | Total Units                      | а чала на |        |           |         |
|                                               |                                  |                                               |        |           |         |

**Example:** If your four-unit community residence will be funded and operational in each of the next three years, enter 4 in each of the 3 boxes after community residences.

Summary of Persons Assisted. Please provide best estimates in the following table:

|    |                                                             | Accomplishment by Year |        |        |
|----|-------------------------------------------------------------|------------------------|--------|--------|
|    |                                                             | Year 1                 | Year 2 | Year 3 |
| 1. | Number of persons with HIV/AIDS who will receive some       |                        |        |        |
|    | form of housing assistance                                  |                        |        |        |
| 2. | Number of family members of the above who will be residing  |                        |        |        |
|    | with the person receiving housing assistance                |                        |        |        |
| 3. | Number of persons with HIV/AIDS who will only be receiving  |                        |        |        |
|    | some form of supportive services (persons receiving both    |                        |        |        |
|    | services and housing are reported in item 1 above)          |                        |        |        |
| 4. | Number of other family members who will only be receiving   |                        |        |        |
|    | some form of supportive services (persons receiving both    |                        |        |        |
|    | services and housing are reported in item 2 above).         |                        |        |        |
| 5. | Number of persons who will be receiving housing information |                        |        |        |
|    | services.                                                   |                        |        |        |
|    |                                                             |                        |        |        |

**Example:** If some clients transition out of your 4 unit community residence each year and new clients enter the project, enter your best estimate of all the persons projected to be served for each year.

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|-------------------|------------|----------------------------|
| Part B - Forms    |            | Expiration Date 11/30/2003 |
|                   |            |                            |

#### **E. Additional Information**

The Department of Housing and Urban Development needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

| 1. | Which of the following su | bpopulations will your project serve? | (Check all that apply) |
|----|---------------------------|---------------------------------------|------------------------|
|    | Severely Mentally Ill     | Chronic Substance Abuse               | Veterans               |

\_\_\_\_ Multiply-Diagnosed

Victims of Domestic Violence

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project either (1) is in an area outside of Metropolitan Areas, or (2) is outside of the urbanized areas within a Metropolitan Area.)

Yes No

Public reporting burden for the collection of information is estimated to average one (1) hour per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

Please include this page in your application Page

Appendix A

OMB Approval No. 2506-0133 Expiration Date 11/31/2003

# **HOPWA Renewal Project Budget Form**

A. Renewal Project Summary Budget. In column A, enter the amount of HOPWA funding that was awarded under the prior HOPWA award (including any change approved by HUD). In column B, enter the total amount of new HOPWA funds being requested as outlined below in Section B: "Annual Summary Budget" – Column D. In column C, enter any other funds (i.e. private, local, or state resources) that will be used in conjunction with the requested HOPWA renewal funds to undertake the project. Enter the sum total of requested *HOPWA funds* and *Other funds* (sum of columns B and C) in column D. Enter the totals of each column in line 13 of the budget form.

| Eligible Activity                                                                                   | HOPWA Pr         | oject Funding       |          |          |
|-----------------------------------------------------------------------------------------------------|------------------|---------------------|----------|----------|
|                                                                                                     | A. Original/Amd. | B. Renewal<br>Amt.* | C. Other | D. Total |
| 1. Lease                                                                                            | \$               | \$                  | \$       | \$       |
| 2. Operating Costs                                                                                  | \$               | \$                  | \$       | \$       |
| 3. Supportive Services                                                                              | \$               | \$                  | \$       | \$       |
| 4. Housing Information                                                                              | \$               | \$                  | \$       | \$       |
| 5. Technical Assistance & Resource Identification                                                   | \$               | \$                  | \$       | \$       |
| 6. Rental Assistance                                                                                | \$               | \$                  | \$       | \$       |
| 7. Short-term Rent, Mortgage, and<br>Utility Payments to Prevent<br>Homelessness                    | \$               | \$                  | \$       | \$       |
| 8. Other (please indicate the activity)                                                             | \$               | \$                  | \$       | \$       |
| 9. Subtotal of Activity Costs<br>(not to exceed \$1,200,000)                                        | \$               | \$                  | \$       | \$       |
| 10. Grantee's Administrative Costs<br>(not to exceed 3% of Subtotal)                                | \$               | \$                  | \$       | \$       |
| 11. Project Sponsor's Administrative<br>Costs (not to exceed 7% of amounts<br>received by sponsors) | \$               | \$                  | \$       | \$       |
| 12. Collect data on Project Outcomes<br>(not to exceed \$50,000)                                    | \$               | \$                  | \$       | \$       |
| 13. Total                                                                                           | \$               | \$                  | \$       | \$       |

\*Note: Column B should reflect the total of funding requested for all years as outlined in Section B.

Appendix A

HOPWA Application Part B - Forms

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**B.** Annual Summary Budget. In columns A through C enter the requested amount of HOPWA funds by year. The term of the grant may be up to 3 years. You may request up to 20 percent more than the original award for renewal by activity, but the total requested funds must not exceed \$1,200,000. For additional details on eligible activities and limitations, consult the program regulations at 24 CFR 574.300-340. One-time capital development costs are not eligible for renewal. In column D, enter the total amount of requested HOPWA funds for each year by summing columns A through C. The totals in Column D should equal the totals in Column B in Section A-"Renewal Project Summary Budget" and should represent your total request for HOPWA funds. Enter the totals of each column in line 13 of the budget form.

| Eligible Activity                                                                                   | HOPWA Project Funding |           |           |            |
|-----------------------------------------------------------------------------------------------------|-----------------------|-----------|-----------|------------|
|                                                                                                     | A. Year 1             | B. Year 2 | C. Year 3 | D. Total * |
| 1. Lease                                                                                            | \$                    | \$        | \$        | \$         |
| 2. Operating Costs                                                                                  | \$                    | \$        | \$        | \$         |
| 3. Supportive Services                                                                              | \$                    | \$        | \$        | \$         |
| 4. Housing Information                                                                              | \$                    | \$        | \$        | \$         |
| 5. Technical Assistance & Resource<br>Identification                                                | \$                    | \$        | \$        | \$         |
| 6. Rental Assistance                                                                                | \$                    | \$        | \$        | \$         |
| 7. Short-term Rent, Mortgage, and<br>Utility Payments to Prevent<br>Homelessness                    | \$                    | \$        | \$        | \$         |
| 8. Other (please indicate the activity)                                                             | \$                    | \$        | \$        | \$         |
| 9. Subtotal of Activity Costs<br>(not to exceed \$1,200,000)                                        | \$                    | \$        | \$        | \$         |
| 10. Grantee's Administrative Costs<br>(not to exceed 3% of Subtotal)                                | \$                    | \$ .      | \$        | \$         |
| 11. Project Sponsor's Administrative<br>Costs (not to exceed 7% of amounts<br>received by sponsors) | \$                    | \$        | \$        | \$         |
| 12. Collect data on Project Outcomes<br>(not to exceed \$50,000)                                    | \$                    | \$        | \$        | \$         |
| 13. Total                                                                                           | \$                    | \$        | \$        | \$         |

Indicate the number of years you are requesting renewal funding (1-3 years).

\*Note: Totals in this column should equal the totals in Column B, Section A - "Renewal Project Summary Budget".

Appendix A

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### C. Renewal Project Descriptive Budget.

#### Instructions:

- **A.** For the grantee and each project sponsor receiving HOPWA renewal funds under this application, please complete the Renewal Project Descriptive Budget Form. The first form should be completed for the grantee, followed by one form for each project sponsor. In the form number boxes enter the number of the form followed by the total numbers of forms submitted. For example, if you are the grantee and have two project sponsors, you will complete three forms. The first form should be for the grantee and will be numbered as (1 of 3). You will then complete two additional forms for each project sponsor. The first project sponsor form will be numbered as (2 of 3), and the second (3 of 3).
- **B.** Enter the name of the organization (grantee or project sponsor).
- C. As applicable, mark if you are completing this form for the grantee or project sponsor.
- **D.** For each HOPWA Eligible Activity that you are requesting HOPWA renewal funding, give a brief description of the activity. This description should be a 1-2 line summary of the activity.

#### **EXAMPLE 1:**

| HOPWA Request |
|---------------|
| \$100,000     |
|               |
|               |

Provide long-term, tenant-based rental assistance through the "Rent Project" to 25 individuals and 10 families per year over a three-year grant period.

#### EXAMPLE 2:

| Eligible Activity and Description                                        | HOPWA Request |
|--------------------------------------------------------------------------|---------------|
| Supportive Services                                                      | \$30,000      |
| Description:                                                             |               |
| Provide case management, nutritional services, and mental health count   | seling to 45  |
| individuals in the "AIDS Housing" facility each year for the three years |               |

E. For each HOPWA Eligible Activity (lines 1-10), enter the amount of requested HOPWA renewal funds. NOTE: A sum of each HOPWA request completed on the Project Descriptive Budget for the grantee and each project sponsor should equal the totals entered in Section A- Column B of the Renewal Project Summary Budget.

| 217 | 769 |
|-----|-----|
|-----|-----|

| HOPWA Application<br>Part B - Forms                                                                                                                                                                                | Appendix A                                                                         | OMB Approval No. 2506-0133<br>Expiration Date 11/31/2003      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------|
| A. HOPWA Renewal Project Description B<br>B. Name of Grantee/Project Sponsor:                                                                                                                                      | udget Form Form                                                                    | of                                                            |
| C. Mark one of the following:<br>Grantee Project Sponsor                                                                                                                                                           |                                                                                    |                                                               |
| Is the organization a religious organization,<br>characterization of religious is broader than<br>religious" for purposes of applying HUD's<br>considered "primarily religious" under applie<br>motivated entity.) | the standards used for defining a religi<br>church/state limitations. For example, | ous organization as "primarily<br>while the YMCA is often not |
| D.<br>Eligible Activity and Description                                                                                                                                                                            |                                                                                    | E.<br>HOPWA Renewal<br>Request                                |
| 1. Lease                                                                                                                                                                                                           |                                                                                    | \$                                                            |
| Description:                                                                                                                                                                                                       |                                                                                    |                                                               |
| 2. Operating Costs                                                                                                                                                                                                 |                                                                                    | \$                                                            |
| Description:                                                                                                                                                                                                       |                                                                                    |                                                               |
| 3. Supportive Services                                                                                                                                                                                             |                                                                                    | \$                                                            |
| Description:                                                                                                                                                                                                       |                                                                                    |                                                               |
| 4. Housing Information                                                                                                                                                                                             |                                                                                    | \$                                                            |
| Description:                                                                                                                                                                                                       |                                                                                    |                                                               |
| 5. Technical Assistance and Resource Ident                                                                                                                                                                         | ification                                                                          | \$                                                            |
| Description:                                                                                                                                                                                                       |                                                                                    |                                                               |
| 6. Rental Assistance                                                                                                                                                                                               |                                                                                    | \$                                                            |
| Description:                                                                                                                                                                                                       |                                                                                    | · · · · · · · · · · · · · · · · · · ·                         |
| 7. Short-term Rent, Mortgage & Utility Pa                                                                                                                                                                          | yment to Prevent Homelessness                                                      | \$                                                            |
| Description:                                                                                                                                                                                                       |                                                                                    |                                                               |

Please include this page in your application. Page

\_\_\_\_

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# Form, page 2

| 8. Other (please indicate the activity)                       | \$ |
|---------------------------------------------------------------|----|
| Description:                                                  |    |
|                                                               |    |
| 9. Administrative Costs (Grantee or Project Sponsor)          | \$ |
| Description:                                                  |    |
|                                                               |    |
|                                                               |    |
| 10. Collect data on Project Outcomes (not to exceed \$50,000) | \$ |

Public reporting burden for the collection of information is estimated to average one (1) hour per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

Please include this page in your application. Page Form HUD-40110-B (3/03)

Appendix B Persons with hearing or speech challenges may access the numbers below via TTY (text telephone) by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

# U.S. Department of Housing and Urban Development Office of Community Planning and Development Local Field Office Contact List

| NEW ENGLAND                                                                                                        | CPD DIRECTOR         | PHONE        |
|--------------------------------------------------------------------------------------------------------------------|----------------------|--------------|
| CONNECTICUT STATE OFFICE<br>ONE CORPORATE CENTER, 19 <sup>TH</sup><br>FLOOR<br>HARTFORD, CT 06103-3220             | MARY ELLEN MORGAN    | 860-240-4800 |
| <b>MANCHESTER AREA OFFICE</b><br>275 CHESTNUT ST.<br>NORRIS COTTON BLDG.<br>MANCHESTER, NH 03101-2487              | RICHARD HATIN        | 603-666-7610 |
| MASSACHUSETTS STATE OFFICE<br>10 CAUSEWAY STREET, ROOM 301<br>BOSTON, MA 02222-1092                                | BOB PAQUIN           | 617-994-8357 |
| <u>NEW YORK/ NEW JERSEY</u>                                                                                        |                      |              |
| <b>BUFFALO AREA OFFICE</b><br>465 MAIN STREET, FIFTH FLOOR<br>BUFFALO, NY 14203-1780                               | MICHAEL F. MERRILL   | 716-551-5755 |
| NEW JERSEY STATE OFFICE<br>ONE NEWARK CENTER, 13 <sup>TH</sup> FLOOR<br>NEWARK, NJ 07102-5260                      | KATHLEEN NAYMOLA     | 973-622-7900 |
| NEW YORK STATE OFFICE<br>26 FEDERAL PLAZA<br>NEW YORK, NY 10278-0068                                               | KATHY MULLINS, ACT'G | 212-264-0771 |
| MID-ATLANIC                                                                                                        |                      |              |
| MARYLANDSTATE OFFICE<br>10 S. HOWARD ST., 5 <sup>TH</sup> FLOOR<br>CITY CRESCENT BLDG.<br>BALTIMORE, MD 21201-2505 | JOSEPH O'CONNOR      | 410-962-2520 |
| <b>PENNSYLVANIA STATE OFFICE</b><br>WANAMAKER BLDG.<br>100 PENN SQUARE EAST<br>PHILADELPHIA, PA 19107-3390         | JOYCE GASKINS        | 215-656-0624 |
|                                                                                                                    |                      |              |

Appendix B

Persons with hearing or speech challenges may access the numbers below via TTY (text telephone) by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

| <b>PITTSBURGH STATE OFFICE</b><br>339 6 <sup>TH</sup> AVENUE, 6 <sup>TH</sup> FLOOR<br>PITTSBURG, PA 15222-2515          | LYNN DANIELS                    | 412-644-2999 |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------|
| VIRGINIA STATE OFFICE<br>600 EAST BROAD STREET<br>RICHMOND, VA 23230-4920                                                | CARLOS RENTERIA                 | 804-771-2100 |
| <b>DISTRICT OF COLUMBIA OFFICE</b><br>820 1 <sup>ST</sup> ST., N.E., STE. 450<br>WASHINGTON, DC 20002-4205               | RONALD HERBERT                  | 202-275-0994 |
| SOUTHEAST/CARIBBEAN                                                                                                      |                                 |              |
| ALABAMA STATE OFFICE<br>MEDICAL FORUM BUILDING<br>SUITE 900<br>950 22 <sup>ND</sup> STREET NORTH<br>BIRMINGHAM, AL 35203 | HAROLD COLE                     | 205-731-2630 |
| <b>CARIBBEAN OFFICE</b><br>159 CARLOS E. CHARDON AVENUE<br>SAN JUAN, PR 00918-1804                                       | CARMEN R. CABRERA               | 787-766-5400 |
| FLORIDA STATE OFFICE<br>909 SOUTHEAST 1 <sup>ST</sup> AVE., RM 500<br>MIAMI, FL 33131                                    | JACK JOHNSON                    | 305-536-4431 |
| <b>GEORGIA STATE OFFICE</b><br>40 MARIETTA STREET<br>FIVE POINTS PLAZA -15 <sup>TH</sup> FLOOR<br>ATLANTA, GA 30303-3388 | JOHN PERRY                      | 404-331-5001 |
| JACKSONVILLE AREA OFFICE<br>SOUTHERN BELL TOWER<br>301 WEST BAY STREET, STE. 2200<br>JACKSONVILLE, FL 32202-5121         | GARY CAUSEY,<br>ACTING DIRECTOR | 904-232-1777 |
| KENTUCKY STATE OFFICE<br>601 W. BROADWAY<br>LOUISVILLE, KY 40202                                                         | VIRGINIA PECK                   | 502-582-6163 |
| MISSISSIPPI STATE OFFICE<br>100 WEST CAPITOL STREET, RM 910<br>JACKSON, MS 39269-1096                                    | EMILY EBERHARDT                 | 601-965-4700 |
|                                                                                                                          |                                 |              |

HOPWA Supporting Information Appendix B Persons with hearing or speech challenges may access the numbers below via TTY (text telephone) by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number). NORTH CAROLINA STATE OFFICE **TOM FEREBEE** 336-547-4005 KOGER BLDG. 2306 W. MEADOWVIEW RD. GREENSBORO, NC 27407-3707 SOUTH CAROLINA STATE OFFICE 803-765-5564 LOUIS E. BRADLEY S. THURMON FED. BLDG. 1835 ASSEMBLY STREET COLUMBIA, SC 29201-2480 **TENNESSEE STATE OFFICE** MARY WILSON, 865-545-4394 710 LOCUST STREET, 3<sup>RD</sup> FLOOR **ACTING DIRECTOR** KNOXVILLE, TN 37902-2526 MIDWEST **ILLINOIS STATE OFFICE RAY WILLIS.** 312-353-6236 77 WEST JACKSON BOULEVARD **ACTING DIRECTOR** RALPH METCALFE BLDG. CHICAGO, IL 60604-3507 **INDIANA STATE OFFICE** ROBERT POFFENBERGER 317-226-6303 **151 NORTH DELAWARE STREET** INDIANAPOLIS, IN 46204-2526 MICHIGAN STATE OFFICE JEANETTE HARRIS 313-226-4343 PATRICK MCNAMARA BUILDING **477 MICHIGAN AVENUE** DETROIT, MI 48226-2592 **MINNESOTA STATE OFFICE** ALAN JOLES 612-370-3019 920 SECOND AVENUE, SOUTH MINNEAPOLIS, MN 55401-2195 **OHIO STATE OFFICE** LANA VACHA 614-469-5737 200 NORTH HIGH STREET COLUMBUS, OH 43215-2499 WISCONSIN STATE OFFICE **ROBERT BERLAN** 414-297-3214 310 W. WISCONSIN AVENUE, STE 1380 MILWAUKEE, WI 53203-2289 SOUTHWEST **ARKANSAS STATE OFFICE** JAMES SLATER 501-324-6375 **425 WEST CAPITAL AVENUE** TCBY TOWER, STE. 900 LITTLE ROCK, AR 72201-3488

Appendix B

Persons with hearing or speech challenges may access the numbers below via TTY (text telephone) by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

| LOUISIANA STATE OFFICE<br>501 MAGAZINE STREET,<br>HALE BOGGS, 9 <sup>TH</sup> FLOOR<br>NEW ORLEANS, LA 70130-3099                                                                                                                                             | GREG HAMILTON                       | 504-589-7212                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------|
| NEW MEXICO STATE OFFICE<br>625 SILVER AVENUE, SW, STE. 100<br>ALBUGUERQUE, NM 87110-6472                                                                                                                                                                      | FRANK PADILLA                       | 505-346-7361                 |
| OKLAHOMA STATE OFFICE<br>500 WEST MAIN STREET, STE. 40<br>OKLAHOMA CITY, OK 73102                                                                                                                                                                             | DAVID H. LONG                       | 405-553-7569                 |
| SAN ANTONIO STATE OFFICE<br>WASHINGTON SQUARE<br>800 DELOROSA STREET<br>SAN ANTONIO, TX 78207-4563                                                                                                                                                            | JOHN T. MALDONADO                   | 210-475-6820                 |
| <b>TEXAS STATE OFFICE</b><br>801 N. CHERRY STREET, 6T1<br>25 <sup>th</sup> FLOOR<br>FORT WORTH, TX 76102                                                                                                                                                      | KATIE WORSHAM                       | 817-978-5934                 |
|                                                                                                                                                                                                                                                               |                                     |                              |
| GREAT PLAINS                                                                                                                                                                                                                                                  |                                     |                              |
| GREAT PLAINS<br>KANSAS/MISSOURI STATE OFFICE<br>GATEWAY TOWER II<br>400 STATE AVENUE, RM 200<br>KANSAS CITY, KS 66101-2406                                                                                                                                    | WILLIAM ROTERT                      | 913-551-5485                 |
| KANSAS/MISSOURI STATE OFFICE<br>GATEWAY TOWER II<br>400 STATE AVENUE, RM 200                                                                                                                                                                                  | WILLIAM ROTERT<br>GREGORY A. BEVIRT | 913-551-5485<br>402-492-3181 |
| KANSAS/MISSOURI STATE OFFICEGATEWAY TOWER II400 STATE AVENUE, RM 200KANSAS CITY, KS 66101-2406NEBRASKA STATE OFFICE10909 MILL VALLEY ROAD                                                                                                                     |                                     |                              |
| KANSAS/MISSOURI STATE OFFICEGATEWAY TOWER II400 STATE AVENUE, RM 200KANSAS CITY, KS 66101-2406NEBRASKA STATE OFFICE10909 MILL VALLEY ROADOMAHA, NE 68154-3955ST. LOUIS AREA OFFICE1222 SPRUCE STREET, 3 <sup>RD</sup> FLOORSUITE 1200                         | GREGORY A. BEVIRT                   | 402-492-3181                 |
| KANSAS/MISSOURI STATE OFFICEGATEWAY TOWER II400 STATE AVENUE, RM 200KANSAS CITY, KS 66101-2406NEBRASKA STATE OFFICE10909 MILL VALLEY ROADOMAHA, NE 68154-3955ST. LOUIS AREA OFFICE1222 SPRUCE STREET, 3 <sup>RD</sup> FLOORSUITE 1200ST. LOUIS, MO 63103-2836 | GREGORY A. BEVIRT                   | 402-492-3181                 |

HOPWA Supporting Information

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Persons with hearing or speech challenges may access the numbers below via TTY (text telephone) by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

# PACIFIC / HAWAII

| CALIFORNIA STATE OFFICE<br>450 GOLDEN GATE AVENUE                                                               | STEVE SACHS                            | 415-436-6597 |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------|
| SAN FRANCISCO, CA 94102-3448                                                                                    | JIMMY PRATER<br>DEPUTY DIRECTOR        | 415-436-6592 |
| HAWAII STATE OFFICE<br>500 ALA MOANA BLVD. , STE 3A<br>HONOLULU, HI 96813-4918                                  | MARK CHANDLER                          | 808-522-8180 |
| LOS ANGELES AREA OFFICE<br>AT&T CENTER<br>611 W. 6 <sup>TH</sup> STREET, STE. 800<br>LOS ANGELES, CA 90015-3801 | JAMES BARNES,<br>ACTING DIRECTOR       | 213-894-8000 |
| PHOENIX AREA OFFICE<br>400 NORTH 5 <sup>TH</sup> STREET, STE. 1600<br>PHOENIX, AZ 85004                         | MARTIN H. MITCHELL,<br>PROGRAM MANAGER | 602-379-7175 |
| NORTHWEST/ALASKA                                                                                                |                                        |              |
| ALASKA STATE OFFICE<br>949 EAST 36 <sup>TH</sup> AVENUE, STE. 401<br>ANCHORAGE, AK 99508-4135                   | ANDREW "GUS" SMITH,                    | 907-271-3669 |
| OREGON STATE OFFICE<br>400 SOUTHWEST 6 <sup>TH</sup> AVE.<br>STE. 700<br>PORTLAND, OR 97204-1632                | DOUGLAS CARLSON                        | 503-326-7018 |
| <b>WASHINGTON STATE OFFIC</b><br>909 1 <sup>ST</sup> AVENUE, STE. 200                                           | JACK PETERS                            | 206-220-5150 |
| SEATTLE, WA 98104-1000                                                                                          | DON PHILLIPS, DEPUTY<br>DIRECTOR       | ,            |

Appendix C

# FY 2003 HOPWA Formula Allocations Including Non-Eligible Areas

On (date), HUD announced that \$259.292 million, or 90 percent of the total FY2003 HOPWA appropriation of \$290.102 million, was allocated under the statutory formula to 111 HOPWA grantees, including 75 cities for Eligible Metropolitan Statistical Areas (EMSA's) and 36 States. The grantee for these amounts is the State or, for the EMSA, the most populous city in that area, which is the jurisdiction noted below. The State of New Jersey will administer funds for the four New Jersey Counties that are in the Philadelphia Metropolitan Area. Each of the allocations are made available under the jurisdiction's consolidated plan.

Three new FY2003 grantees are noted as (\*) in following metropolitan areas: Sarasota, Florida, and the states of Kansas and Colorado. In addition Wake County, NC was given authorization to administer the grant to the Raleigh Metropolitan Area.

For further information regarding HOPWA formula grantees visit the HOPWA website at http://www.hud.gov/offices/cpd/aidshousing.

| STA | NAME                      | 2002 Amount  |
|-----|---------------------------|--------------|
| AL  | BIRMINGHAM                | \$486,000    |
| AL  | ALABAMA STATE PROGRAM     | \$1,137,000  |
| AZ  | PHOENIX                   | \$1,377,000  |
| AZ  | TUCSON*                   | \$399,000    |
| AZ  | ARIZONA STATE PROGRAM     | \$128,000    |
| AR  | ARKANSAS STATE PROGRAM    | \$741,000    |
| CA  | LOS ANGELES               | \$10,489,000 |
| CA  | OAKLAND                   | \$2,019,000  |
| CA  | RIVERSIDE                 | \$1,766,000  |
| CA  | SACRAMENTO                | \$810,000    |
| CA  | SAN DIEGO                 | \$2,671,000  |
| CA  | SAN FRANCISCO             | \$8,160,000  |
| CA  | SAN JOSE                  | \$787,000    |
| CA  | SANTA ANA                 | \$1,429,000  |
| CA  | CALIFORNIA STATE PROGRAM  | \$3,049,000  |
| CO  | COLORADO STATE PROGRAM    | \$368,000    |
| CO  | DENVER                    | \$1,412,000  |
| CT  | HARTFORD                  | \$1,034,000  |
| CT  | NEW HAVEN                 | \$1,115,000  |
| CT  | CONNECTICUT STATE PROGRAM | \$1,181,000  |
| DE  | WILMINGTON                | \$1,077,000  |
| DE  | DELAWARE STATE PROGRAM    | \$162,000    |
| DC  | WASHINGTON                | \$9,862,000  |
| FL  | FT LAUDERDALE             | \$5,515,000  |
| FL  | MIAMI                     | \$10,617,000 |
| FL  | ORLANDO                   | \$2,520,000  |

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| FL   | SARASOTA                    | \$500,000    |
|------|-----------------------------|--------------|
| FL   | TAMPA                       | \$2,993,000  |
| FL.  | WEST PALM BEACH             | \$4,045,000  |
| FL   | JACKSONVILLE-DUVAL          | \$1,518,000  |
| FL   | FLORIDA STATE PROGRAM       | \$3,985,000  |
| GA   | ATLANTA                     | \$7,506,000  |
| GA   | GEORGIA STATE PROGRAM       | \$1,807,000  |
| HI   | HONOLULU                    | \$445,000    |
| HI   | HAWAII STATE PROGRAM        | \$176,000    |
| IL   | CHICAGO                     | \$5,514,000  |
| IL   | ILLINOIS STATE PROGRAM      | \$732,000    |
| IN   | INDIANAPOLIS                | \$744,000    |
| IN . | INDIANA STATE PROGRAM       | \$792,000    |
| KS   | KANSAS STATE PROGRAM        | \$369,000    |
| KY   | LOUISVILLE                  | \$433,000    |
| KY   | KENTUCKY STATE PROGRAM      | \$425,000    |
| LA   | BATON ROUGE                 | \$1,137,000  |
| LA   | NEW ORLEANS                 | \$2,180,000  |
| LA   | LOUISIANA STATE PROGRAM     | \$997,000    |
| MD   | BALTIMORE                   | \$9,476,000  |
| MA   | BOSTON                      | \$2,477,000  |
| MA   | SPRINGFIELD                 | \$444,000    |
| MA   | MASSACHUSETTS STATE PROGRAM | \$1,119,000  |
| MI   | DETROIT                     | \$1,980,000  |
| MI   | MICHIGAN STATE PROGRAM      | \$884,000    |
| MN   | MINNEAPOLIS                 | \$839,000    |
| MN   | MINNESOTA STATE PROGRAM     | \$109,000    |
| MS   | MISSISSIPPI STATE PROGRAM   | \$1,172,000  |
| MO   | KANSAS CITY                 | \$983,000    |
| MO   | ST LOUIS                    | \$1,198,000  |
| MO   | MISSOURI STATE PROGRAM      | \$503,000    |
| NV   | LAS VEGAS                   | \$933,000    |
| NV   | NEVADA STATE PROGRAM        | \$234,000    |
| NJ   | DOVER TOWNSHIP              | \$725,000    |
| NJ   | JERSEY CITY                 | \$2,394,000  |
| NJ   | NEWARK                      | \$6,069,000  |
| NJ   | PATERSON                    | \$1,368,000  |
| NJ   | WOODBRIDGE                  | \$814,000    |
| NJ   | NEW JERSEY STATE PROGRAM    | \$1,874,000  |
| NM   | NEW MEXICO STATE PROGRAM    | \$525,000    |
| NY   | ALBANY CONTRACTOR           | \$440,000    |
| NY   | BUFFALO                     | \$473,000    |
| NY   | ISLIP TOWN                  | \$1,675,000  |
| NY   | NEW YORK CITY               | \$60,315,000 |
| NY   | ROCHESTER                   | \$597,000    |
| NY   | NEW YORK STATE PROGRAM      | \$2,327,000  |
| NC   | CHARLOTTE                   | \$562,000    |

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| NC                                       | GREENSBORO                                | \$438,000                                                                                                        |
|------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| NC                                       | WAKE COUNTY                               | \$533,000                                                                                                        |
| NC                                       | NORTH CAROLINA STATE PROGRAM              | \$1,293,000                                                                                                      |
| OH                                       | CINCINNATI                                | \$468,000                                                                                                        |
| OH                                       | CLEVELAND                                 | \$866,000                                                                                                        |
| OH                                       | COLUMBUS                                  | \$565,000                                                                                                        |
| OH                                       | OHIO STATE PROGRAM                        | \$1,071,000                                                                                                      |
| OK                                       | OKLAHOMA CITY                             | \$461,000                                                                                                        |
| OK                                       | OKLAHOMA STATE PROGRAM                    | \$514,000                                                                                                        |
| OR                                       | PORTLAND                                  | \$995,000                                                                                                        |
| PA                                       | PHILADELPHIA                              | \$5,643,000                                                                                                      |
| PA                                       | PITTSBURGH                                | \$607,000                                                                                                        |
| PA                                       | PENNSYLVANIA STATE PROGRAM                | \$1,535,000                                                                                                      |
| RI                                       | PROVIDENCE                                | \$542,000                                                                                                        |
| SC                                       | CHARLESTON                                | \$401,000                                                                                                        |
| SC                                       | COLUMBIA                                  | \$862,000                                                                                                        |
| SC                                       | GREENVILLE                                | \$390,000                                                                                                        |
| SC                                       | SOUTH CAROLINA STATE PROGRAM              | \$1,117,000                                                                                                      |
| TN                                       | MEMPHIS                                   | \$1,242,000                                                                                                      |
| TN                                       | NASHVILLE-DAVIDSON                        | \$707,000                                                                                                        |
| TN                                       | TENNESSEE STATE PROGRAM                   | \$731,000                                                                                                        |
| ΤX                                       | AUSTIN                                    | \$988,000                                                                                                        |
| ТΧ                                       | DALLAS                                    | \$3,869,000                                                                                                      |
| ТΧ                                       | FORT WORTH                                | \$820,000                                                                                                        |
| ТΧ                                       | HOUSTON                                   | \$5,069,000                                                                                                      |
| ТΧ                                       | SAN ANTONIO                               | \$1,006,000                                                                                                      |
| ТΧ                                       | TEXAS STATE PROGRAM                       | \$2,927,000                                                                                                      |
| UT                                       | SALT LAKE CITY                            | \$438,000                                                                                                        |
| UT                                       | UTAH STATE PROGRAM                        | \$67,000                                                                                                         |
| VA                                       | RICHMOND                                  | \$667,000                                                                                                        |
| VA                                       | VIRGINIA BEACH                            | \$1,206,000                                                                                                      |
| VA                                       | VIRGINIA STATE PROGRAM                    | \$646,000                                                                                                        |
| WA                                       | SEATTLE                                   | \$1,700,000                                                                                                      |
| WA                                       | WASHINGTON STATE PROGRAM                  | \$637,000                                                                                                        |
| WI                                       | MILWAUKEE                                 | \$508,000                                                                                                        |
| WI                                       | WISCONSIN STATE PROGRAM                   | \$400,000                                                                                                        |
| PR                                       | SAN JUAN MUNICIPIO                        | \$5,901,000                                                                                                      |
| PR                                       | PUERTO RICO STATE PROGRAM                 | \$2,356,000                                                                                                      |
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#### Appendix C

#### **Non-Eligible Areas:**

The following areas are not eligible for HOPWA FY 2003 formula allocations. State and units of general local government from these areas may apply for HOPWA projects under the Long-Term category of grants as detailed in the HOPWA program section of the SuperNOFA.

| STATE | NON-ELIGIBLE AREAS                                                           |
|-------|------------------------------------------------------------------------------|
| AK    | State of Alaska                                                              |
| IA    | State of Iowa                                                                |
| ID    | State of Idaho                                                               |
| ME    | State of Maine                                                               |
| MD    | State of Maryland (outside of Baltimore, Washington DC, and Wilmington EMSA) |
| MT    | State of Montana                                                             |
| ND    | State of North Dakota                                                        |
| NE    | State of Nebraska                                                            |
| NH    | State of New Hampshire (outside of Boston, EMSA)                             |
| OR    | State of Oregon (outside of Portland, EMSA)                                  |
| RI    | State of Rhode Island (outside of Providence, EMSA)                          |
| SD    | State of South Dakota                                                        |
| VT    | State of Vermont                                                             |
| WV    | State of West Virginia (outside of Washington DC, EMSA)                      |
| WY    | State of Wyoming                                                             |
|       | Virgin Islands                                                               |
|       | Pacific Islands                                                              |

**HOPWA Applicant Certifications** 

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Form HUD-40110-B (3/03)

**HOPWA Applicant Certifications** These certified statements are required

by law.

The Applicant hereby assures and certifies that:

1. Within the HOPWA eligible population, it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR Part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, the transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is another purpose extended or for involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 Part 100. which prohibit CFR discrimination in housing on the basis of race, color, religion, sex, handicap, familial status or national origin, and

Please include this page in your application. Page administer its programs and activities relating to housing in a manner to affirmatively further fair housing. For Indian tribes, it will comply with the Indian Civil Rights Act (25 U.S.C. 1301

seq.), instead of Title VI and the Fair Housing Act and their implementing regulations.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment The applicant will opportunity. incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the

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HOPWA Applicant Certifications

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greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to per-sons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on handicap in Federally-assisted programs and activities.

It will comply with the accessibility requirements of Section 504 of the Rehabilitation Act of 1973, and where applicable, the design and construction requirements of the Fair Housing Act.

with It will comply the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), amended. as and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color religion, sex, age, national origin, familial status, or handicap who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

2. It will comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and the implementing regulations at 49 CFR Part 24.

3. It will not acquire, rehabilitate, convert, lease, repair or construct property to provide housing or commit HUD, State, local or other funds to these program activities with respect to any eligible property until it has obtained HUD approval of form HUD-7015.15, "Request for the Release of Funds and Certification" of compliance with the National Environmental Policy Act and implementing regulations at 24 CFR part 58 (Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities) or, in cases where HUD has performed the environmental review, the Applicant has obtained HUD approval of the site following HUD's completion of form HUD-4128.

4. Any building or structure assisted with amounts under this part will be maintained as a facility to provide assistance for eligible persons: (i) for not less than 10 years in the case of assistance involving new construction, substantial rehabilitation or acquisition of a building or structure; and (ii) for not less than three years in cases involving non-substantial rehabilitation or repair of a building or structure.

5. It and its principals (see 24 CFR 24.105(p)):

(a) are not presently debarred, suspended, proposed for debarment,

#### HOPWA Applicant Certifications

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declared ineligible, or voluntarily excluded from covered transactions (see 24 CFR 24.110) by any Federal department or agency;

(b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted for or other-wise criminally or civilly charged by a govern-mental entity Page 3 of 3

(Federal, State or local) with commission of any of the offenses enumerated in (b) of this certification; and

(d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

#### **HOPWA Applicant Certifications**

Signature of Authorized Certifying Official & Date

X Title

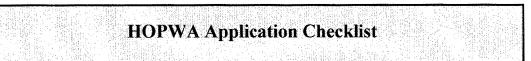
Name of Applicant

21782

Please include this page in your application. Page

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# **Checklist of Exhibits**

Please insert page numbers

- Transmittal Letter (that identifies HOPWA and amount requested)
- Application for Federal Assistance (HUD-424)
- Project Synopsis and Executive Summary
- Exhibit 1 Applicant and Sponsor Information
- Exhibit 2 Need/Extent of Problem
- HOPWA Project Information Form
- Exhibit 3 Soundness of Approach
- HOPWA Project Budget Form
- Exhibit 4 Leveraging

Exhibit 5 Achieving Results and Program Evaluation

- Statutory Certifications (Required by law)
- Acknowledgement of Application Receipt (Optional) (HUD-2993)
  - Evaluation by Customer (Optional) (HUD-2994)

| HOPWA Application |
|-------------------|
| Part D -Forms     |

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# **HOPWA Project Information Form**

#### Exhibit 3: Proposed HOPWA Project / Soundness of Approach

Please complete form and place before the Soundness of Approach narrative section of your application.

A. Category of Assistance. Check only one of the following two boxes.

Category 1: Special Projects of National Significance.

**Category 2: Projects which are part of long-term comprehensive strategies for providing housing and related services** in an area that did not qualify for a HOPWA formula award.

**B. Duplication of Assistance Requested.** Please indicate if you or your project sponsor is seeking funding under this HOPWA competition for an activity that is duplicated in an application under the HUD Continuum of Care Homeless Assistance 2003 competition as follows:

A proposed HOPWA activity is identical and *duplicates funding* requested in an application for HUD continuum of care funding;

A proposed activity is related but *not identical* to the requested funding.

No related assistance is being requested.

**D. Service Area.** Please identify the intended service area, i.e., the name of the community or metropolitan area, or, if activities are planned for a state-wide or nation-wide basis:

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#### C. Summary of Proposed Accomplishments.

Summary of Housing Assistance: Please provide best estimates in the following table. Enter number of units of housing served if project is funded and is fully implement and operational.

|    | Facility-based Housing: Enter total units to be provided. |                            | Accomplishment by Year |        |        |  |
|----|-----------------------------------------------------------|----------------------------|------------------------|--------|--------|--|
| 1. |                                                           |                            | Year 1                 | Year 2 | Year 3 |  |
|    | Short-term facility                                       |                            |                        |        |        |  |
|    | Single room occupancy<br>dwelling                         | Permanent Non-permanent    |                        |        |        |  |
|    | Community residence                                       | Permanent Non-permanent    |                        |        |        |  |
|    | Other housing facility (specify)                          | Permanent<br>Non-permanent |                        |        |        |  |
| 2. | Scattered-site Payments                                   |                            | Year 1                 | Year 2 | Year 3 |  |
|    | Tenant-based rental assistance                            | 9                          |                        |        |        |  |
|    | Short-term rent, mortgage, and utility payments           |                            |                        |        |        |  |
|    | Total Units                                               |                            |                        |        |        |  |

**Example:** If your four-unit community residence will be funded and operational in each of the next three years, enter 4 in each of the 3 boxes after community residences.

Summary of Persons Assisted. Please provide best estimates in the following table:

|    |                                                             | Accomplishment by Year |        | by Year |
|----|-------------------------------------------------------------|------------------------|--------|---------|
|    |                                                             | Year 1                 | Year 2 | Year 3  |
| 1. | Number of persons with HIV/AIDS who will receive some       |                        |        |         |
|    | form of housing assistance                                  |                        |        |         |
| 2. | Number of family members of the above who will be residing  |                        |        |         |
|    | with the person receiving housing assistance                |                        |        |         |
| 3. | Number of persons with HIV/AIDS who will only be receiving  |                        |        |         |
|    | some form of supportive services (persons receiving both    |                        |        |         |
|    | services and housing are reported in item 1 above)          |                        |        |         |
| 4. | Number of other family members who will only be receiving   |                        |        |         |
|    | some form of supportive services (persons receiving both    |                        |        |         |
|    | services and housing are reported in item 2 above).         |                        |        |         |
| 5. | Number of persons who will be receiving housing information |                        |        |         |
|    | services.                                                   |                        |        |         |

**Example:** If some clients transition out of your four unit community residence each year and new clients enter the project, enter you best estimate of all the persons projected to be served for each year.

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**E. Project Sponsors and Sites**. Below or on a separate page, if needed, identify all the project sponsors that are involved in your proposed project, including the amount of funds each will utilize; and the sponsor's mailing address, telephone, email address, fax number, and the name of a contact person. Your narrative on the proposed program activities should also specify which activities each sponsor will be carrying out.

**Sites.** For projects involving sites, for example, a structure where HOPWA funds will be used for new construction, acquisition, rehabilitation, operating costs, and/ or project-based rental assistance, please attach or provide the address of the project site.

#### Confidentiality.

Confidential Site. (Do not release the street location of this project.)

Public Site. (The address may be released to inform clients and the public.)

Photo. Please attach a photograph of the structure (except for new constructions).

Please include this page in your application. Page

| HOPWA Application | Appendix D | OMB Approval No. 2506-0133 |
|-------------------|------------|----------------------------|
| Part D -Forms     |            | Expiration Date 11/30/2003 |

#### **F.** Additional Information

2.

The Department of Housing and Urban Development needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)

|      | Severely Mentally Ill                                                                                                                                                                                                                         |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      | Chronic Substance Abuse                                                                                                                                                                                                                       |
|      | Multiply-Diagnosed                                                                                                                                                                                                                            |
|      | Victims of Domestic Violence                                                                                                                                                                                                                  |
|      | Veterans                                                                                                                                                                                                                                      |
| area | I the proposed project be located in a rural area? (A project is considered to be in a rural<br>when the project either (1) is in an area outside of Metropolitan Areas, or (2) is outside<br>he urbanized areas within a Metropolitan Area.) |
|      | Yes                                                                                                                                                                                                                                           |
|      | No                                                                                                                                                                                                                                            |

Public reporting burden for the collection of information is estimated to average two (2) hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

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# **HOPWA Project Budget Form**

**A. Project Summary Budget.** In columns A & B, enter the appropriate amount of funding that will be utilized for the HOPWA eligible activity for all years requested. For example, in column A enter the amount of HOPWA funds being requested for each eligible activity. In column B, enter the amount of other funds, if any, (i.e. private, local, or state resources) that will be used in conjunction with the requested HOPWA funds to complete the project. Enter the sum total of requested *HOPWA funds* and *Other funds* (sum of columns A & B) in column C. Enter the totals of each column in line 16 of the budget form. For additional details on eligible activities and limitations, consult the program regulations at 24 CGR 574.300-340.

| Eligible Activity                                                                                   | Project Funding |          |          |
|-----------------------------------------------------------------------------------------------------|-----------------|----------|----------|
|                                                                                                     | A. HOPWA        | B. Other | C. Total |
| 1. Acquisition                                                                                      | \$              | \$       | \$       |
| 2. Rehabilitation, Repair, & Conversion*                                                            | \$              | \$       | \$       |
| 3. New Construction*                                                                                | \$              | \$       | \$       |
| 4. Lease                                                                                            | \$              | \$       | \$       |
| 5. Operating Costs                                                                                  | \$              | \$       | \$       |
| 6. Supportive Services<br>(May not exceed 35% of activity costs.)                                   | \$              | \$       | \$       |
| 7. Housing Information                                                                              | \$              | \$       | \$       |
| 8. Technical Assist. & Resource Identification<br>(May not exceed 20% of activity costs.)           | \$              | \$       | \$       |
| 9. Rental Assistance                                                                                | \$              | \$       | \$       |
| 10. Short-term Rent, Mortgage, and Utility<br>Payments to Prevent Homelessness                      | \$              | \$       | \$       |
| 11. Other (name the type of alternative activity that is also described in exhibit 3)               | \$              | \$       | \$       |
| 12. Subtotal of Activity Costs<br>(not to exceed \$1,200,000)                                       | \$              | \$       | \$       |
| 13. Grantee's Administrative Costs<br>(not to exceed 3% of Subtotal)                                | \$              | \$       | \$       |
| 14. Project Sponsor's Administrative Costs<br>(not to exceed 7% of amounts received by<br>sponsors) | \$              | \$       | S        |
| 15. Collect data on Project Outcomes<br>(not to exceed \$50,000)                                    | \$              | \$       | \$       |
| 16. Total                                                                                           | \$              | \$       | \$       |

\*If over \$200,000, the project would be subject to Sec. 3 requirements, if selected, pertaining to economic opportunities for low and very low-income persons.

Please include this page in your application. Page

HOPWA Application Appendix D Part D -Forms

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**B.** Annual Summary Budget. In columns A through C enter the requested amount of HOPWA funds by year. The term of the grant may be up to 3 years. In column D, enter the total amount of requested HOPWA funds for each year by summing columns A through C. The totals in Column D should equal the totals in Column A in Section A-"Project Summary Budget" and should represent your total request for HOPWA funds. Enter the totals of each column in line 16 of the budget form.

| Eligible Activity                                                                                      | Project Fundin | g         |           |          |
|--------------------------------------------------------------------------------------------------------|----------------|-----------|-----------|----------|
|                                                                                                        | A. Year 1      | B. Year 2 | C. Year 3 | D. Total |
| 1. Acquisition                                                                                         | \$             | \$        | \$        | \$       |
| 2. Rehabilitation, Repair, &                                                                           | \$             | \$        | \$.       | \$       |
| Conversion*                                                                                            |                |           |           |          |
| 3. New Construction*                                                                                   | \$             | \$        | \$        | \$       |
| 4. Lease                                                                                               | \$             | \$        | \$        | \$       |
| 5. Operating Costs                                                                                     | \$             | \$        | \$        | \$       |
| 6. Supportive Services<br>(May not exceed 35% of activity costs)                                       | \$             | \$        | \$        | \$       |
| 7. Housing Information                                                                                 | \$             | \$        | \$        | \$       |
| 8. Technical Assist. & Resource<br>Identification (May not exceed<br>20% of activity costs.)           | \$             | \$        | \$        | \$       |
| 9. Rental Assistance                                                                                   | \$             | \$        | \$        | \$       |
| 10. Short-term Rent, Mortgage,<br>and Utility Payments to Prevent<br>Homelessness                      | \$             | \$        | \$        | \$       |
| 11. Other (name the type of alternative activity that is also described in exhibit 3)                  | \$             | \$        | S         | \$       |
| 12. Subtotal of Activity Costs<br>(not to exceed \$1,200,000)                                          | \$             | \$        | \$        | \$       |
| 13. Grantee's Administrative<br>Costs<br>(not to exceed 3% of Subtotal)                                | \$             | \$        | \$        | \$       |
| 14. Project Sponsor's<br>Administrative Costs (not to<br>exceed 7% of amounts received<br>by sponsors) | \$             | \$        | \$        | \$       |
| 15. Collect data on Project<br>Outcomes<br>(not to exceed \$50,000)                                    | \$             | \$        | \$        | \$       |
| 16. Total                                                                                              | \$             | \$        | \$        | \$       |

Indicate the number of years you are requesting renewal funding (1-3 years).

\*If over \$200,000, the project would be subject to Sec. 3 requirements, if selected, pertaining to economic opportunities for low and very low-income persons.

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### C. Project Descriptive Budget.

#### Instructions:

- **A.** For the grantee and each project sponsor receiving HOPWA funds under this application, please complete the Project Descriptive Budget Form. The first form should be completed for the grantee, followed by one form for each project sponsor. In the form number boxes enter the number of the form followed the total numbers of forms submitted. For example, if you are the grantee and have two project sponsors, you will complete three forms. The first form should be for the grantee and will be number as (1 of 3). You will then complete two additional forms for each project sponsor. The first project sponsor form will be numbered as (2 of 3), and the second (3 of 3).
- **B.** Enter the name of the organization (grantee or project sponsor).
- C. As applicable, mark if you are completing this form for the grantee or project sponsor.
- **D.** For each HOPWA Eligible Activity that you are requesting HOPWA funding, give a brief description of the activity. This description should be a 1-2 line summary of the activity as presented in your application. In addition, reference the project goal or objective which corresponds to the described activity. See the below examples:

#### EXAMPLE 1:

| HOPWA Eligible Activity and Description                                                                                                                                               | HOPWA Request |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Rental Assistance                                                                                                                                                                     | \$100,000     |
| Description:<br>Provide long-term, tenant-based rental assistance through the<br>individuals and 10 families per year over a three-year grant per<br>Goals/Objectives, Goal 1 pg. 23) |               |

#### **EXAMPLE 2:**

| Eligible Activity and Description | HOPWA Request |
|-----------------------------------|---------------|
| Supportive Services               | \$30,000      |
| Description:                      |               |

Provide case management, nutritional services, and mental health counseling to 45 individuals in the "AIDS Housing" facility each year for the three years of the grant term. (See Project Goals/Objectives, Goal 3, pg. 21)

**E.** For each HOPWA Eligible Activity (lines 1-13), enter the amount of requested HOPWA funds. NOTE: A sum of each HOPWA request completed on the Project Descriptive Budget for the grantee and each project sponsor, should equal the totals entered in Section A - Column A of the Project Summary Budget.

Please include this page in your application. Page

| Federal Register/Vol. 68,                                                                                                                                                                                             | No. 80/Friday, April 25, 20                                                         | 03 / Notices                                                  | 21791 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|-------|
| HOPWA Application<br>Part D -Forms                                                                                                                                                                                    | Appendix D                                                                          | OMB Approval No. 2506-0133<br>Expiration Date 11/30/2003      |       |
| A. HOPWA Project Description Budget For                                                                                                                                                                               | m Form                                                                              | of                                                            |       |
| B. Name of Grantee/Project Sponsor:                                                                                                                                                                                   |                                                                                     |                                                               |       |
| C. Mark one of the following:<br>Grantee Project Sponsor                                                                                                                                                              |                                                                                     |                                                               |       |
| Is the organization a religious organization, characterization of religious is broader than the religious" for purposes of applying HUD's characterization (primarily religious) under application motivated entity.) | e standards used for defining a religion<br>nurch/state limitations. For example, v | ous organization as "primarily<br>while the YMCA is often not |       |
| D.<br>Eligible Activity and Description                                                                                                                                                                               |                                                                                     | E.<br>HOPWA Request                                           |       |

| D.<br>Eligible Activity and Description | E.<br>HOPWA Request                   |
|-----------------------------------------|---------------------------------------|
| 1. Acquisition                          | \$                                    |
| Description:                            | · · · · · · · · · · · · · · · · · · · |
| 2. Rehabilitation, Repair & Conversion  | \$                                    |
| Description:                            |                                       |
| 3. New Construction                     | \$                                    |
| Description:                            |                                       |
| 4. Lease                                | \$                                    |
| Description:                            |                                       |
| 5. Operating Costs                      | \$                                    |
| Description:                            |                                       |
| 6. Supportive Services                  | \$                                    |
| Description:                            |                                       |
| 7. Housing Information                  | \$                                    |
| Description:                            |                                       |

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#### Form, Page 2

| D.<br>Eligible Activity and Description                                            | E.<br>HOPWA Request |
|------------------------------------------------------------------------------------|---------------------|
| 8. Technical Assistance and Resource Identification                                | \$                  |
| Description:                                                                       |                     |
| 9. Rental Assistance                                                               | \$                  |
| Description:                                                                       |                     |
| 10. Short-term Rent, Mortgage & Utility Payment to Prevent Homelessness            | \$                  |
| Description:                                                                       |                     |
| 11. Other (name the type of alternative activity that is also described exhibit 3) | \$                  |
| Description:                                                                       |                     |
| 12. Administrative Costs (Grantee or Project Sponsor)                              | \$                  |
| Description:                                                                       |                     |
| 13. Collect data on Project Outcomes (not to exceed \$50,000)                      | \$                  |
| Description:                                                                       |                     |
|                                                                                    |                     |

Public reporting burden for the collection of information is estimated to average two (2) hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. 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.

Please include this page in your application. Page

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# ASSISTED LIVING CONVERSION PROGRAM (ALCP) FOR ELIGIBLE MULTIFAMILY HOUSING PROJECTS

Billing Code 4210-32-C

## Funding Availability for the Assisted Living Conversion Program (ALCP) for Eligible Multifamily Housing Projects

## **Program Overview**

Purpose of the Program. The purpose of this program is to provide grants for the conversion of some or all of the dwelling units in an eligible project into assisted living facilities (ALFs) for frail elderly persons.

Available Funds. Approximately \$64 million are available for the conversion of eligible multifamily projects to ALFs (\$25 million under the Fiscal Year 2003 Consolidated Appropriations Resolution and \$39 million in carryover funds).

*Eligible Applicants.* Only private nonprofit project owners of eligible developments (as described in Section III of this NOFA) may apply for and become the recipient of a grant.

Application Due Dates. July 10, 2003. Match. None required.

#### Additional Information

# I. Application Due Date, Application, and Technical Assistance

Application Due Date. Your completed application (one original and four copies) is due on July 3, 2003, at the address shown below.

Application Submission Procedures. New Mailing and Receipt Procedures. HUD has implemented new procedures that impact application submission procedures:

(1) You may not hand deliver your application. HUD will reject any hand delivered application.

(2) You must submit your application to the Multifamily Hub Office that has jurisdiction for the housing development included in your application.

(3) You may submit your application via any mail delivery service; however, HUD recommends that ALCP applications be sent via the United States Postal Service (USPS) as access by other delivery services is not guaranteed.

(4) If you mail your application to the wrong HUD Office and it is not received by the Office designated for receipt by the due date and time, it will be deemed late and will not be considered for funding. HUD is not responsible for directing it to the appropriate office.

See the General Section of the SuperNOFA for specific procedures governing the mailing of applications.

Addresses for Submitting Applications. The official place for receipt of your application is ONLY in the appropriate HUD Multifamily Hub Office. Submit an original and four copies of the ALCP application to the Director of the appropriate HUD Multifamily Hub Office, as listed in Appendix A of this NOFA, with jurisdiction over your development. (To facilitate applicants knowing the correct location to send the application, Appendix B to this NOFA lists the 18 Multifamily Hubs with the Program Centers under each Hub.) Your application will be considered timely filed if your application is received by the designated HUD Office no later than 3:30 pm on the application due date.

For Further Information and Technical Assistance. You should contact the Multifamily Hub where you will be mailing your ALCP Application. (Please refer to Hub telephone numbers in Appendix A.)

You also may contact Faye Norman, Housing Project Manager at (202) 708– 3000 x2482 or Aretha Williams, Director, Grant Policy and Management Division, Room 6138 at (202) 708–3000 x2480 for questions regarding the ALF grant award process. This is not a toll free number. Ms. Norman can be reached by e-mail at

*faye\_l.\_norman@hud.gov* and Ms. Williams at

aretha\_m.\_williams@hud.gov. Both Ms. Norman and Ms. Williams are located at the Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410.

If you have a hearing or speech impairment, you may access the telephone number via TTY by calling the Federal Information Relay Service at 1–800–877–8339.

Application. All information for the submission of your application is included in this NOFA and the General Section of the SuperNOFA. However, for your convenience and ease of submission, an application is being provided as Appendix C of this NOFA. You may also obtain an ALCP application by calling the SuperNOFA Information Center at (voice) 1–800– HUD-8929 (1-800-483-8929). Persons with hearing or speech impairment may call the Center's TTY number at 1-800-HUD-2209. Please be sure to provide your name, address (including zip code), and telephone number (including area code). The application is also available on the Internet through the HUD Web site at http://www.hud.gov/ grants.

**Note:** There is a separate application for service coordinator funds (which is necessary for those needing to enhance or add service coordination per Section IV (D)(13) of this NOFA).

#### **II. Amount Allocated**

This NOFA makes available approximately \$64 million

(approximately \$54 million for the physical conversion of eligible multifamily assisted housing projects or portions of projects to ALFs and approximately \$10 million for the conversion of up to 2 unused or underutilized commercial properties to ALFs). The Fiscal Year (FY) 2003 funding of \$25 million is in the **Consolidated Appropriations** Resolution, 2003, Pub. L. 108-7, approved February 20, 2003. The \$64 million includes \$39 million in carryover funds. The allocation formula used for the ALCP to fair share the \$64,000,000 reflects demographic characteristics of age and incidence of frailty that would be expected for program participants. The FY 2003 formula consists of one data element from the 2000 decennial census: The number of non-institutional elderly population aged 75 years or older with a disability,

A fair share factor for each state was developed by taking the sum of the persons aged 75 or older with a disability within each state as a percentage of the sum of the same number of persons for the total United States. The resulting percentage for each state was then adjusted to reflect the relative difference in the cost of providing housing among the states. The total of the grant funds available (\$54 million) was multiplied by the adjusted fair share percentage for each state, and the resulting funds for each state were totaled for each Hub.

The ALCP grant funds fair share allocations, based on the formula above, to the 18 multifamily Hubs are as shown on the following chart:

# FISCAL YEAR ALLOCATION 2003 FOR THE ASSISTED LIVING CONVERSION PROGRAM (ALCP) OF ELIGIBLE AS-SISTED MULTIFAMILY PROJECTS

| HUB           | Grant authority |
|---------------|-----------------|
| Boston        | 3,268,998       |
| Buffalo       | 1,296,581       |
| New York      | 4,366,033       |
| Philadelphia  | 5,422,739       |
| Baltimore     | 2,502,497       |
| Greensboro    | 3,140,895       |
| Atlanta       | 5,052,490       |
| Jacksonville  | 4,921,568       |
| Chicago       | 4,157,759       |
| Columbus      | 2,129,329       |
| Detroit       | 2,035,287       |
| Minneapolis   | 1,864,837       |
| Fort Worth    | 5,922,712       |
| Kansas City   | 2,998,763       |
| Denver        | 1,533,734       |
| Los Angeles   | 5,524,003       |
| San Francisco | 5,437,398       |
| Seattle       | 2,424,377       |
|               |                 |

FISCAL YEAR ALLOCATION 2003 FOR THE ASSISTED LIVING CONVERSION PROGRAM (ALCP) OF ELIGIBLE AS-SISTED MULTIFAMILY PROJECTS— Continued

| HUB   | Grant authority |  |
|-------|-----------------|--|
| Total | 64,000,000      |  |

#### III. Program Description: Eligible and Ineligible Applicants, Developments, and Activities

(A) Program Description. Assisted living facilities (ALFs) are designed to accommodate frail elderly persons and people with disabilities who need certain support services (e.g., assistance with eating, bathing, grooming, dressing and home management activities). ALFs must provide support services such as personal care, transportation, meals, housekeeping, and laundry. Frail elderly person means an individual 62 years of age or older who is unable to perform at least three activities of daily living (ADLs) as defined by the regulations for HUD's Section 202 Program (Supportive Housing for the Elderly) at 24 CFR 891.205. Assisted living is defined in section 232(b)(6) of the National Housing Act (12 U.S.C. 1715w).

The ALCP provides funding for the physical costs of converting some or all of the units of an eligible multifamily development into an ALF, including unit configuration, common and services space and any necessary remodeling, consistent with HUD or the State's statute/regulations (whichever is more stringent). Typical funding will cover basic physical conversion of existing project units, as well as common and services space. There must be sufficient community space to accommodate a central kitchen or dining facility, lounges, recreation and other multiple-areas available to all residents of the project, or office/staff spaces in the ALF. When food is prepared at an off-site location, the preparation area of the facility must be of sufficient size to allow for the installation of a full kitchen, if necessary. You must provide supportive services for the residents either directly or through a third party. Your application must include a firm commitment for the supportive services to be offered within the ALF as part of the application. You may charge assisted living residents for meals and/ or service fees. Residents may contract with third party agencies directly for nursing, therapy or other services not offered by the ALF.

(B) Eligible Applicants. Only private nonprofit owners of eligible multifamily assisted housing developments specified in section 683(2) (B), (C), (D), (E), and (F) of the Housing and Community Development Act of 1992 (Pub. L.102–550, approved October 28, 1992) and private nonprofit owners of an unused or underutilized commercial property are eligible for funding. To be eligible, project owners must meet the following criteria where applicable:

(1) Must be in compliance with your Loan Agreement, Capital Advance Agreement, Regulatory Agreement, Housing Assistance Payment contract, Project Rental Assistance Contract, Rent Supplement or LMSA contract, or any other HUD grant or contract document.

(2) Must be in compliance with all fair housing and civil rights laws, statutes, regulations, and executive orders as enumerated in 24 CFR 5.105(a). See Section V(B) (2) of the General Section of the SuperNOFA for further explanation.

Note: If your eligibility status changes during the course of the grant term, making it ineligible to receive the grant (*e.g.*, prepayment of mortgage, sale/TPA of property, or opting out of a Section 8 Housing Assistance Payment (HAP) contract), HUD retains the right to terminate the grant and recover funds made available through this NOFA.

(C) Ineligible Applicants.

(1) Owners of developments designed specifically for people with disabilities.

(2) Owners of Section 232 developments.

(3) Property management companies and agents of property management companies.

(4) Limited dividend partnerships.

(5) Nonprofit Public Agencies.

(6) Owners of unused/underutilized hospitals or other health-related facility which are considered to be eleemosynary institutions rather than commercial enterprises.

(D) Eligible Developments.

(1) Eligible projects must be owned by a private, nonprofit entity and designated primarily for occupancy by elderly persons. Projects must have been in occupancy for at least 5 years from the date the HUD Form 92485, Permission to Occupy Project Mortgage, was approved by HUD's Construction Manager as Chief Architect, and have completed final closing. Additionally, eligible projects must meet one of the following criteria:

• Section 202 direct loan projects with or without Section 8 rental assistance,

• Section 202 capital advance projects receiving rental assistance under 202(C)(2),

• Section 515 rural housing receiving Section 8 rental assistance,

• Other projects receiving Section 8 project-based rental assistance,

• Projects subsidized with Section 221(d)(3) below-market interest mortgage,

• Projects assisted under Section 236 of the National Housing Act.

Your project must:

(a) Meet HUD's Uniform Physical Conditions Standards at 24 CFR part 5, subpart G. Meeting these standards as described, means that the project, based on the most recent Real Estate Assessment Center (REAC) physical inspection report and responses thereto, must have a "satisfactory" rating as evidenced by a score of 60 or better or a HUD-approved and on schedule repair plan for developments scoring less than 60. Additionally, the project must have no uncorrected and outstanding Exigent Health and Safety violations. Finally, the project must not have on file a management review with a rating of "minimally satisfactory" or "unsatisfactory" with open and unresolved findings.

(b) Have a residual receipts account separate from the Reserve for Replacement account, or agree to establish this account as a condition for getting the award(s).

(2) Unused and underutilized commercial properties.

(E) *Eligible Conversion Activities*. Eligible activities are:

(1) Retrofitting to meet Section 504 accessibility requirements, minimum property standards for accessibility and/ or building codes and health and safety standards for ALFs in that jurisdiction. Examples are items such as addition of:

(a) Šprinkler systems;

(b) An elevator or upgrades thereto;

(c) Lighting upgrades;(d) Major physical or mechanical

systems of projects necessary to meet local code or assisted living requirements;

(e) Upgrading to accessible units for the ALF with moveable cabinetry, accessible appliances, sinks, bathroom and kitchen fixtures, closets, hardware and grab bars, widening of doors, etc.;

(f) Upgrades to safety and emergency alert systems;

(g) Åddition of hallway railings; and, (h) Medication storage and work

stations; (2) Retrofitting to add, modify and/or outfit common space, office or related space for ALF staff including a service coordinator and file security, and/or a central kitchen/dining facility to support the ALF function (*e.g.*, outfit lounge/common space/dining furniture, kitchen equipment for cooking/serving and dishware). (3) Retrofitting to upgrade a regular unit to an accessible unit for a person/ family with disabilities who is being displaced from an accessible unit in the portion of the project that is being converted to the ALF, where another accessible unit is not available.

(4) Temporary relocation (not applicable to commercial property).

(5) Consultant, architectural and legal fees.

(6) Vacancy payments not more than 30 days after conversion to an ALF.

(F) *Ineligible Activities.* You may not use funds available through this NOFA to:

(1) Add additional dwelling units to the existing project (not applicable to commercial property);

(2) Pay the costs of any of the necessary direct supportive services needed to operate the ALF;

(3) Purchase or lease additional land; (4) Rehabilitate (see definition at 24 CFR 891.105) the project for needs unrelated directly to the conversion of units and common space for assisted living;

(5) Use the ALCP to reduce the number of accessible units in the project that are not part of the ALF (not applicable to commercial property);

(6) Permanently relocate any resident out of the project; and,

(7) Increase the management fee.

#### **IV. Program Requirements**

In addition to the statutory, regulatory, threshold and public policy requirements listed in Section V of the General Section of this SuperNOFA, each applicant must comply with the following requirements:

(A) Statutory, Regulatory, and Other Program Requirements. You must comply with all applicable statutory requirements to the projects specified in Section 202(b) and statutory requirements under Section 232(b)(6). Please note that all ALCP projects must conform to the 500-year flood plain limitation (See Section VII of this NOFA.) Construction of ALCP units is considered a "critical action" for purposes of the flood plain requirement.

Excess Residual Receipts (over \$500/ unit) and Reserve for Replacement (R4R) funds (over \$1000/unit) in Project Accounts that are not approved for another use at the time of application to HUD under this NOFA are considered available funds and must be applied towards the cost of conversion activities. Before making this determination, however, HUD staff will consider the extent of repair/ replacement needs indicated in the most recent REAC physical inspection and not yet approved and any ongoing commitments such as non-grant-based service coordinator or other funding, where existing, deduct the estimated costs of such items from the R4R and residual receipts balances to determine the extent of available residual receipts and R4R funds for the ALCP. (This paragraph is not applicable to commercial properties.)

If funded, you must also file a HUD Form-2530 for all construction contractors, architects, consultants, and service provider organizations under direct contract with you that will be engaged under this NOFA and comply with all State and local licensing, zoning and building code requirements.

(B) Meals and Supportive Services. You must develop and submit a Supportive Services Plan (SSP) for the services and coordination of the supportive services which will be offered in the ALF to the appropriate state or local organization(s) which are expected to fund those supportive services. (See Section VI(B)(8) of this NOFA below, for the information which must be in the SSP.) You must submit one copy of your SSP to each appropriate State or local service funding organizations well in advance of the application deadline, for appropriate review. The State or local funding organization(s) must return the SSP to you with appropriate comments and an indication of the funding commitment, which you will then include with the application you submit to HUD.

You must ALSO submit the SSP to the appropriate organization(s) which license ALFs in your jurisdiction. The licensing agency(ies) must approve your plan, and must also certify that the ALF and the proposed supportive services identified in your SSP, are consistent with local statute and regulations and well designed to serve the needs of the frail elderly and people with disabilities who will reside in the ALF portion of your project.

Finally, you must also submit an agreement to pursue appropriate ALF licensing in a timely manner.

(C) *Minimum Size Limits for an ALF.* An ALF must be economically feasible. Consistent with HUD Handbook 4600.1, CHG-1, the minimum size for an ALF is five units.

(D) *Program Requirements.* The following program requirements apply: (**Note:** Program Requirements described in paragraphs 3, (8)(a) and (b), and (12) below are not applicable to applicants requesting funding to convert commercial facilities):

(1) Your ALF facility must be licensed and regulated by the state (or if there is no state law providing such licensing and regulation, by the municipality or other subdivision in which the facility is located). Each assisted living unit must include its own kitchen, bathroom, bedroom, living/dining area (1 bedroom unit) or kitchen, bathroom, bedroom/ living/dining area (efficiency unit) and must meet the state and/or local licensing, building, zoning and other requirements for an ALF.

(2) Your ALF must be available to qualified elderly persons and persons with disabilities, consistent with the rules and payment plans of the State, who need and want the supportive services in order to remain independent and avoid premature institutionalization.

(3) Your ALF's residents must be tenants or residents of the multifamily project and must comply with the requirements applicable to the project. Thus, you cannot charge additional rent over what is charged to residents in the non-ALF portion of the project. All admissions to the ALF must be through the applicable project admissions office. However, persons accepted into the ALF also must sign an ALF admissions agreement which shall be an addendum to the applicable project lease.

(4) At a minimum, your ALF must provide room, board (as defined in Section IV(B)(6)(below) and continuous protective oversight (CPO). CPO involves a range of activities and services that may include such things as awareness by management and staff of the occupant's condition and location as well as an ability to intervene in a crisis for dependent and relatively independent occupants on a 24-hour basis. The two occupant groups in an ALF are:

(a) *Independent Occupants:* Awareness by management and staff of the occupant's condition and whereabouts as well as the availability of assistance for the occupants as needed.

(b) *Dependent occupants:* Supervision of nutrition, assistance with medication and continuous responsibility for the occupants' welfare.

(5) Anyone moving into an ALF unit must agree to accept as a condition of occupancy the board and services required for the purpose of complying with state and local law and regulation. However, occupancy in an ALF unit may not be conditioned on receipt of other services or board not required by state or local requirements.

(6) Your ALF must offer three meals per day to each resident.

(a) Residents whose apartments have kitchens must take at least the number of meals a day provided by the facility, per their mandatory meals requirement, or as required by state or local rules, if more stringent. If the facility does not have a mandatory meals plan, then state and local rules govern.

(b) Residents in projects which were originally constructed without kitchens in their units must take such meals as required by their mandatory meals agreement, or by the state's mandated requirements if more stringent (*e.g.*, 2 meals, 2 snacks daily).

In either case, ALF management must coordinate meals requirements with the needs of residents who are out part of the day (*e.g.*, in day care). The meals program may not be operated at a profit by the project owner.

(7) Your ALF's operation must be part of the project owner's management organization. Some or all of its functions may be contracted out. The ALF must predicate its budget on a two-tiered structure under which board and supportive service income and expenses must be maintained separately and independently from the regular income and expenses of the applicable project. The two components of ALF costs are:

(a) Charges/payment for board, which may be on a sliding scale or any other equitable fee system; and

(b) Charges/payment for necessary supportive services, which may include a combination of resident fees, Medicaid and/or other third party payments.

(8) Priority admissions for ALF units are as follows:

(a) Current residents desiring an ALF unit and meeting the program requirements (no resident can be required to accept an ALF unit).

(b) Qualified individuals or families needing ALF services who are already on the project's waiting list;

(c) Qualified individuals or families in the community needing ALF services wanting to be added to the project's waiting list; and

**Note:** Qualified disabled non-elderly persons needing assisted living services are eligible to occupy these units on the same basis as elderly persons, except for section 202 project rental assistance contracts (PRAC) projects and unused/underutilized commercial properties.

(9) The management of the project must set up a separate waiting list for ALF units. ALF units must be for eligible residents who meet the admissions/discharge requirements as established for assisted living by State and local licensing, or HUD frailty requirements under 24 CFR 891.205 if more stringent.

(10) Costs of meals and supportive services are not covered by this HUD grant. These items must be paid for through other sources (*e.g.*, a mix of resident fees and/or third party

providers). Evidence of third party commitment(s) must be included as part of the application. (See Section VI B(6) of this NOFA.) The assisted living supportive services program must promote independence and provide personal care assistance based on individual needs in a home-like environment. In accordance with Section 504 of the Rehabilitation Act of 1973 and HUD's regulations at 24 CFR 8.4(d), the project must deliver services in the most integrated setting appropriate to the needs of qualified individuals with disabilities (see Section VI(B)(8)(b) through (c) of this NOFA).

(11) Upon receipt of a grant under this program, all project owners participating in the ALCP must provide a Declaration of Restrictive Covenants (DRC), which will be recorded with the land, to retain the low income character of the housing, and to maintain the project (including the ALF), as a moderate, low, or very low income facility (as appropriate) for at least 20 years beyond the current 40-to-50 year term of the mortgage loan or capital advance. Recipients of grant funds to convert unused or underutilized commercial property must provide a DRC for at least 20 years or for the term of the mortgage on the property whichever is longer.

(12) This program does not allow permanent displacement of any resident living in the project at the time the application was submitted to HUD. (HUD will only provide temporary relocation costs for current tenants if they must vacate their unit while conversion work is underway (normal temporary relocation costs include increases in rent, reconnection of telephones, moving costs and appropriate out-of-pocket expenses)).

(13) The ALCP requires service coordination responsible for linking the ALF to services in the community which are available to low-income persons. All projects funded under this NOFA must have sufficient service coordination in place, or request additional funds, if appropriate, to ensure that services meeting licensing requirements are available to ALF residents on an ongoing basis. Service coordination must be described in the application (see Section VI(B)(8)(b) through (c) of this NOFA). If you need to enhance an existing service coordination program or add one where it does not exist, you may apply for funding through the Service Coordinator NOFA, published elsewhere in this SuperNOFA, and attach a copy of the Form HUD 424 so indicating the request to the ALCP application. Alternatively,

you may show evidence that funding for the enhanced service coordination is provided by other sources and indicate such funding on the HUD Form 424 which is exhibit 10(a) of your ALF application. If you are funded under this NOFA and requested new or enhanced service coordination you will be funded first under the service coordinator NOFA.

**Note:** If you are a Section 202 PRAC project owner or an owner with unused or underutilized commercial properties, you are NOT eligible to request funding under the service coordinator NOFA. Section 202 PRAC owners can pay for the service coordinator out of PRAC funds.

In addition to above requirements, the following applicable guidelines are stated:

(a) The ALF must be staffed either directly or through coordination with local agencies, depending on state regulations or local requirements. These may also serve non-ALF residents of the project on a time available and appropriate fee basis.

(b) The ALF may cater to the special needs of residents depending on their condition or diagnosis, such as Alzheimer's disease. If it does so, the design/environment of such facilities must accommodate those needs, *e.g.*, dementia special care unit. However, the ALF cannot provide a service it is not licensed by the State or locality to provide.

Note 1: Owners of section 202/PRAC projects are reminded that they may include a PRAC payment of up to \$15/unit/month not to exceed 15% of the total program cost, consistent with 24 CFR 891.225(b)(2) to cover part of the cost of meals and/or supportive services for frail elderly residents, including residents of the ALF.

**Note 2:** Training for ALF staff is an eligible project cost under existing operating procedures.

For further information on ALFs, please refer to Handbook 4600.1, CHG– 1, "Mortgage Insurance for Residential Care Facilities," Chapter 13. This Handbook and recent ALF program Notices are accessible through HUDCLIPS on HUD's web site. The URL for the HUDCLIPS Database Selection Screen is http://www.hudclips.org/ subscriber/cgi/legis.cgi. These notices are in the Handbooks and Notices— Housing Notices database. Enter only the number without the letter prefix (*e.g.*, 99–16) in the "Document number" to retrieve the program notice.

For further guidance on service coordinators, please refer to Handbook 4381.5 REV–2, CHANGE–2, Chapter 8, "The Management Agent's Handbook," which is also available through the HUDCLIPS database.

(E) Compliance with Other Program Requirements: By the submission of the application for grant funds, the Owner is certifying to comply with the following program requirements:

(1) Establish a residual receipt account as soon as there is surplus cash available, if applicable.

(2) Apply for an ALF license with due diligence and in a timely fashion.

(3) Comply with the requirements of the Fair Housing Act, Title VI of the Civil Rights Act, the Age Discrimination Act of 1975, Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and the implementing regulations at 24 CFR part 135, the affirmative fair housing marketing requirements of 24 CFR part 200, subpart M and the implementing regulations at 24 CFR part 108, which requires that the project be marketed to those least likely to apply including those who are not generally served by the agency administering the program, and other applicable Federal, State and local laws prohibiting discrimination and promoting equal opportunity including affirmatively furthering fair housing, and other certifications listed in the application.

(4) Comply with section 232 of the National Housing Act, as applicable, the Uniform Federal Accessibility Standards (24 CFR 40.7), section 504 of the Rehabilitation Act of 1973 and HUD's implementing regulations at 24 CFR part 8, and the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100, and the Americans with Disabilities Act of 1990 for all portions of the development physically affected by this proposal;

(5) Comply with the Davis-Bacon requirements and the Contract Work Hours and Safety Standards Act as applied to this program. While it has been determined that Davis-Bacon does not apply statutorily to the ALCP, the Department has administratively determined that Davis-Bacon standards and overtime rates in accordance with the Contract Work Hours and Safety Standards Act will be adhered to in any ALCP conversion grant in which the total cost of the physical conversion to an ALF (and including any additional renovation work undertaken at the same time) is \$500,000 or more (this includes ALCP grant funds, owner funds, or any third party funds loaned or granted in support of the conversion or other renovation for the project associated with this grant), and in which the ALF portion of the project is 12 units or more.

#### V. Application Selection Process

(A) *Review for Curable Deficiencies.* You should ensure that your application is complete before submitting it to HUD.

HUD will screen all applications received by the deadline for curable deficiencies. With respect to correction of deficient applications, HUD may not, after the application due date and consistent with HUD's regulations in 24 CFR part 4, subpart B, consider any unsolicited information an applicant may want to provide. HUD may contact an applicant to clarify an item in the application or to correct technical deficiencies. Please note, however, that HUD may not seek clarification of items or responses that improve the substantive quality of a response to any selection factors. In order not to unreasonably exclude applications from being rated and ranked, HUD may contact applicants to ensure proper completion of the application and will do so on a uniform basis for all applicants. Examples of curable (correctable) technical deficiencies include failure to submit the proper certifications or failure to submit an application that contains an original signature by an authorized official. In each case, under this NOFA, the appropriate HUD Multifamily Hub Office will notify you in writing by describing the clarification or technical deficiency. You must submit clarifications or corrections of technical deficiencies in accordance with the information provided by the Hub Office within 14 calendar days of the date of receipt of the HUD notification. (If the due date falls on a Saturday, Sunday, or Federal holiday, your correction must be received by HUD on the next day that is not a Saturday, Sunday, or Federal holiday.) If the deficiency is not corrected within this time period, HUD will reject the application as incomplete, and it will not be considered for funding. The following is a list of the deficiencies that will be considered curable in ALCP applications:

#### Exhibits

- \*(a) Articles of Incorporation, or certification of Articles of Incorporation.
- \*(b) By-laws, or certification of by-laws.
- (3) Evidence of occupancy for at least five years (not applicable to
- commercial facilities).
- (5) (c) Original project plans. (h) Relocation (not applicable to
- commercial property).
- (7) Evidence of Permissive Zoning.
- (10) Certifications and Forms
- (a) HUD Form 424, Application for Federal Assistance, including Federal

Assistance Funding Matrix, and Compliance with Executive Order 12372.

(b) HUD Form 424B, Applicant Assurances and Certifications, Certification of a Drug-free Workplace, Certification to Influence Federal Transaction and Standard Form LLL, Disclosure of Lobbying Activities and Certification Regarding Debarment and Suspension.

(c) Form HUD 2880, Applicant/ Recipient Disclosure/Update Report including Social Security and Employment Identification numbers.

(d) Form HUD–2991, Certification of Consistency with the Consolidated Plan (Plan), for the Jurisdiction in which the Proposed ALF will be located.

The appropriate Hub Office will notify you in writing if your application is missing any of the exhibits listed above and you will be given 14 days from the date of receipt of the HUD notification to submit the information required to cure the noted deficiencies. The exhibits identified by an asterisk (\*) must be dated on or before the application deadline date. If not so dated the application will be rejected.

After the completeness review, HUD staff will review your application to determine whether the application meets the threshold requirements listed below. Only if your application meets all the threshold requirements is it eligible to be rated and ranked. Applications that do not pass threshold will be rejected.

(B) *Threshold Review.* In order to pass threshold, you must:

(1) Be in compliance with all fair housing and civil rights laws, statutes, regulations, and executive orders as enumerated in 24 CFR 5.105(a), and as noted earlier in this NOFA under Sections III(B)(2) and IV(E).

(2) Be an eligible applicant.

(3) Not request more funds than advertised.

(4) Additionally, HUD will also reject your application if the SSP and/or commitment and support letter(s) from the appropriate funding organizations and the appropriate licensing agency(ies):

(i) Are not submitted with your application;

(ii) Indicate that the ALF units, facilities, meals and supportive services to be provided are not designed to meet the special needs of the residents who will reside in the ALF as defined in this NOFA,

(iii) Do not show commitment for funding the meals and supportive services proposed; or

(iv) Indicate that the project as proposed will not meet the licensing

requirements of the appropriate State/ local agency(ies).

(C) Review Panels. The Office of Housing's Multifamily Hubs will establish panels to review all eligible applications that have passed threshold. The panels may include knowledgeable persons not currently employed by HUD.

(D) Rating of Applications (See paragraph below for selection of applications for commercial properties).

HUD staff teams will review and rate ALCP applications in accordance with the Ranking and Selection procedures (see Section V(F) of this NOFA). All applications will be either rated or technically rejected at the end of technical review. If your application meets all program eligibility requirements after completion of technical review, it will be rated according to the rating selection factors in Section V(G) of this NOFA. HUD reserves the right to reduce the amount requested in the application if any proposed components are ineligible or if the cost of items is not deemed reasonable. HUD will not reject an ALCP application based on technical review without notifying you of that rejection with all the reasons for the rejection, and providing you an opportunity to appeal. As discussed above, you will have 14 calendar days from the date of HUD's written notice to appeal a technical rejection to the Multifamily Hub where the applications were sent originally. HUD staff will make a determination on an appeal before finalizing selection recommendations.

(E) Applicant Debriefing. All requests for debriefing must be made in writing and submitted to the local Hub in which you applied for assistance. Materials provided to you during your debriefing will include the final scores you received for each rating factor, final evaluator comments for each rating factor, and the final assessment indicating the basis upon which assistance was provided or denied. Information regarding this procedure may be found in the General Section of the SuperNOFA.

(F) Ranking and Selection Procedures. (Paragraphs (F)(1)–(4) are not applicable to applicants of commercial properties.)

Applications submitted in response to this NOFA that are eligible, pass threshold and have a total score of 75 points (or more) are eligible for ranking and selection. (Applications for the conversion of commercial properties with a score of at least 75 points will not be ranked but will be submitted to HUD Headquarters for selection.) (1) Hub staff teams will be established for ALCP review in each Hub to do the application ratings (see Section V(D) above). See list of Hubs in Appendix A of this NOFA.

(2) From within rank order, Hub staff teams in each of the 18 Hubs will select the highest ranked applications from within that Hub in rank order, that can be funded from within the dollars available. Each Hub will select applications based on rank order up to and including the last application that can be funded out of each Hub's allocation. Hubs must not skip over any applications in order to select one based on the funds remaining.

(3) After making the initial selections, however, Hubs may use any residual funds to select the next rank-ordered application by reducing the dollars requested by no more than 10 percent (10%) and reducing the number of units proposed, but in no case reducing the number of units below the financial threshold feasibility of five ALF units.

(4) Funds remaining after these processes are completed will be returned to HUD Headquarters. HUD will use these funds first to fund Prentis Jewish Federation of the HUD Detroit Hub, whose Fiscal Year 2002 ALCP application was not funded due to HUD error. Second, HUD Headquarters will use these funds to restore units to any project reduced as a result of using the residual grant funds in a Hub. Finally, HUD will use these funds for selecting one or more additional applications based on the Hubs rating and rankings, beginning with the highest rated application within the 18 Hubs. Only one application will be selected per Hub from the national residual amount. If there are no approvable applications in other Hubs, the process will begin again with the selection of the next highest rated application within the remaining Hubs. This process will continue until all approvable applications are selected using the available remaining funds. If there is a tie score between two or more applications, and there are insufficient residual funds to cover all tied applications, HUD Headquarters staff will choose the winning application(s) by lottery and/or reduction of grant requests consistent with the instructions above.

(5) Up to 2 applications will be selected using the \$10 million set-aside to provide grant funds to nonprofit applicants proposing to convert unused or underutilized commercial properties into assisted living. HUD Multifamily Hubs will review applications for commercial properties for completeness and compliance with the eligibility criteria set forth in Section III of this NOFA. Hub staff will forward applications to Headquarters providing the application was received by the deadline date, meets all eligibility criteria, proposes reasonable costs for eligible activities, includes all technical corrections by the designated deadline date and must have received a score of 75 points or more. Headquarters will select no more than 2 applications on a first-come, first-served basis that can be funded within the \$10,000,000 available.

**Note:** Only applications that can be fully funded will be selected. Any remaining funds after this selection process will be returned to the funds allocated for eligible multifamily assisted projects.

(G) Factors For Award Used To Evaluate and Rate Applications.

HUD will rate ALCP applications that successfully complete technical processing using the Rating Factors set forth below and in accordance with the application submission requirements identified in Section VI(B) of this NOFA, below. The maximum number of points an application may receive under this program is 100.

The Department encourages applicants to partner, fund or subcontract with grassroots organizations, including faith-based and other community-based organizations in conducting their work programs. (See the General Section of the SuperNOFA for the definition of "grassroots organizations").

#### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (20 Points)

This factor addresses your capacity to carry out the conversion in a timely, cost-conscious and effective manner. It also reviews your experience with the supportive services which the ALF intends to provide to elderly residents, especially in such areas as meals, 24hour staffing and on-site health care. Submit information responding to this factor in accordance with Application Submission Requirements in Sections VI(B)(5)(a), (8)(h), and of this NOFA.

In rating this factor, HUD will consider the extent to which your application demonstrates your ability to carry out a successful conversion of the project and to implement the plan to deliver the supportive services on a long-term basis, considering the following:

(1) (9 points). The practicality of your plan and timetable to carry out the physical conversion of the development to the ALF.

(2) (10 points). Your past experience in providing or arranging for supportive

services either on or off site for those who are frail. (If you are applying to convert an unused or underutilized commercial facility to assisted living and you do not own or operate a project with frail elderly residents, you must provide information on any past experience in providing or arranging supportive services for those who are frail.) Examples are: Meals delivered to apartment of resident or in a congregate setting (2 points), arranging for or providing personal care (3 points), providing 24-hour staffing (1 point), providing or making available on-site preventive health care (2 points) and other support services (2 points).

(3) (1 point). Your organization is a "grassroots" organization as defined in the General Section of the SuperNOFA.

#### **Rating Factor 2: Need/Extent of the Problem (20 Points)**

This factor addresses the extent to which the conversion is needed by the categories of elderly persons and persons with disabilities that the ALF is intended to serve (very low income elderly persons and persons with disabilities who have limitations in three or more activities of daily living). The application must provide evidence of current needs among project residents (not applicable to applications proposing to convert unused or underutilized commercial facilities) and needs of potential residents in the housing market area for such persons including economic and demographic information on very-low income frail elderly and persons with disabilities and information on current assisted living resources in the market area.

The factor also addresses your inability to fund the repairs or conversion activities from existing financial resources. In making this determination, HUD will consider project financial information or the organization's financial information for unused or underutilized commercial facilities. Submit information responding to this factor in accordance with Application Submission Requirements in Section VI(B)(4)(a) through (d), (2)(c) and (9)(a) through (c) of the NOFA. In evaluating this factor, HUD will consider:

(1) (7 points). The need for assisted living among the elderly and disabled residents of the project taking into consideration those currently in need and the depth of future needs given aging in place. (Not applicable to applications to convert unused or underutilized commercial facilities to assisted living.)

(2) (3 points (10 points for applications to convert unused or

underutilized commercial facilities to assisted living.)). The need for assisted living among very-low income elderly persons and persons with disabilities in the housing market area.

(3) (9 points). Insufficient funding for any needed conversion work, as evidenced by the project's financial statements and specifically the lack of excess reserve for replacement dollars (R4R) and residual receipts. If the available R4R and residual receipts are less than 10% of the total funds needed = 9 points; if the available R4R and residual receipts are 10-50% of need = 5 points; and, if the available R4R and residual receipts are 51% or more of the total funds needed = 0 points). For commercial properties, if the available working capital exceeds 10 percent of the total conversion = 5 points; if the working capital is less than 10 percent of the total conversion = 9 points.

(4) (1 point). The Department will provide one (1) point to those applications which establish a connection between the proposed ALF and the community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization.

#### Rating Factor 3: Soundness of Approach (40 Points)

This factor addresses the quality and effectiveness of your proposal in addressing the proposed conversion, effectiveness of service coordination and management planning and the meals and supportive services which the ALF intends to provide and the extent to which you have evidenced general support for conversion by participating in your community's Consolidated Planning Process, involving the residents in the planning process (not applicable to applications proposing to convert unused or underutilized commercial facilities). There must also be a relationship between the proposed activities, the project's and the community's needs and purposes of the program funding for your application to receive points for this factor. Submit information responding to this factor in accordance with Application Submission Requirements in Sections VI(B)(2)(a) through (c), VI(B)(5)(b) through (e) and (h) and (7 and VI(B)(8))(a) through (e) and (g) and (h) of this NOFA. In evaluating this factor, HUD will consider the following:

(1) (12 points). The extent to which the proposed ALF design will meet the special physical needs of frail elderly persons or persons with disabilities expected to be served at reasonable cost (consider the ALF design: meets needs = 12 points; ALF design partially meets needs = 6 points; and ALF design does not meet needs = 0 points).

(2) (12 points). The extent to which the ALF's proposed management and operational plan ensures that the provision of both meals and supportive services planned will be accomplished over time. (Consider ALF design/management plan: meets needs of management operations = 12 points; ALF design/management plan partially meets needs of management operations = 6 points; and ALF design/management plan does not meet needs of management operations = 0 points.)

(3) (7 points). The extent to which the proposed supportive services meet the anticipated needs of the frail elderly and disabled residents (does meet = 7 points; partially meets needs = 4 points; and, does not meet needs = 0 points); and

(4) (7 points). The extent to which the service coordination function is addressed and explained as onsite and sufficient, onsite and augmented or new, and addresses the ongoing procurement of needed services for the residents of the ALF (does meet = 7 points, partially meets = 4 points, does not meet = 0 points).

(5) (2 points). The extent to which you demonstrated that you have been actively involved (or if not currently active, the steps you will take to become actively involved) in your community's Consolidated Planning/AI processes to identify and address a need/problem that is related in whole or part, directly or indirectly to the proposed project.

# **Rating Factor 4: Leveraging Resources** (10 Points)

This factor addresses your ability to secure other community resources which can be combined with HUD's grant funds to achieve program purposes. For the ALCP to succeed, you must generate local funding for the necessary supportive services to operate the ALF. HUD also encourages local funding for some of the necessary conversion work, or other work needed in the project (*e.g.*, general modernization) which is not specifically linked to the ALF).

Submit information responding to this factor in accordance with Application Submission Requirements in Section VI(B)(5)(f), (g), and (B)(6) and B(8)(f) of this NOFA.

(1) (5 points). The extent to which there are commitments for the funding needed for the meals and the supportive services planned for the ALF and that the total cost of the estimated budget of the ALF is covered. Consider 90% or more commitment for the total budget with no more than 10% general support = 5 points; 80–89.9% or more commitment for the total budget with no more than 20% general support = 4 points; 65–79.9% firm commitment with no more than 35% general support = 3 points; 40–64.9% firm commitment for the total budget with more than 60% general commitment = 2 points; less than 40% firm commitment for the total budget with no more than 60% general support = 0 points.

(2) (3 points). The extent of local organizations' support which is firmly committed to providing at least 50 percent of the total cost of ALF conversion (consider 50% or more = 3 points, 20-49.9% = 2 points, and under 20% = 0 points).

(3) (2 points). The extent of local organizational support which is firmly committed to providing funds for additional repair or retrofit necessary for the project NOT specifically directed to activities eligible under this NOFA (consider yes = 2 points, no = 0 points).

#### Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability. This factor emphasizes HUD's commitment to ensure that promises you made in the application are kept; and to ensure performance goals with outcomes are established and are met (see the General Section of this SuperNOFA for more detail). Outcomes may include the extent to which your project will implement practical solutions that will result in assisting residents in achieving independent living and an improved living environment, as well as the extent to which the project will be viable absent HUD funds but rely more on state, local and private funds. Submit information responding to this factor in accordance with Application Submission Requirements in Section VI(B)5(a)-(g)(2)(d), (B)(8)(a)-(e) of this NOFA.

(1) (4 points). The extent to which your conversion timeframe reflect the length of time it will take to convert the units describing how residents will benefit from the conversion of the units; and how the converted units will result in ALF residents being able to age in place;

(2) (2 points). The extent to which your assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment. (3) (2 points). The extent to which you demonstrate that the project will be viable absent HUD funds while relying more on state, local and private funds.

(4) (2 point). The extent to which there is an operating philosophy which promotes the autonomy and independence of the frail elderly persons it is intended to serve (is fully addressed = 2 points, no or not addressed = 0 points).

#### VI. Application Submission Requirements

(A) *Application—General.* Your application must include all of the information, materials, forms, and exhibits listed in Section VI(B). In cases where your (i) articles of incorporation and (ii) by-laws have NOT changed since the project was originally approved by HUD, self-certification to that effect—that the documents on file with HUD are current—is sufficient. Items in Section VI(B) for which self-certification of currency is possible are denoted by a "\*\*".

In addition to the relief of paperwork burden in preparing applications, you will not have to submit certain new/ recent information and exhibits you have previously prepared. See individual item descriptions, below to identify such items. An example of such an item may be the FY 2002 Annual Financial Statement.

(B) General Application Requirements. (1) Application Summary for the Assisted Living Conversion Program and Evidence that you are a private non-profit organization or nonprofit consumer cooperative and have the legal ability to operate an ALF program, per the following:

(a) Articles of Incorporation, constitution, or other organizational documents, or self-certification of these documents, if there has been no change in the Articles since they were originally filed with HUD;\*\* and

(b) By-laws, (for non-profits) or selfcertification of by-laws, if there has been no change in the by-laws since they were originally filed with HUD.\*\*

(2) A description of your community ties and established linkages:

(a) A description of your links to the community at large and to the minority and elderly communities in particular; and

(b) A description of your efforts to involve elderly persons, including minority elderly persons and persons with disabilities in:

(i) The development of the application;

(ii) The development of the ALF operating philosophy;

(iii) Review of the application prior to submission to HUD; and

(iv) Your intent to involve eligible ALF residents in the operation of the project or not.

Also, in communities that have significant numbers of persons with limited English proficiency, applicants should demonstrate that they have made the application available to the residents of the project (in their language(s)) AND requested and considered comments from them (in their language(s)). Applicants of converted commercial facilities should indicate that the application will be made available to the residents of the project in their language(s) and will request and consider comments from them in their language(s).

(č) A description of your involvement in your community's Consolidated Planning and Analysis of Impediments to Fair Housing (AI) processes including:

(i) An identification of the lead/ facilitating agency(ies) that organizes/ administers the processes;

(ii) A listing of the Consolidated Plan/ AI issue areas in which you participate; and

(iii) The level of your participation in the processes, including active involvement with any neighborhoodbased organizations, associations, or any committees that support programs and activities that enhance projects or the lives of residents of the projects, such as the one proposed in your application.

If you are not currently active, describe the specific steps you will take to become active in the Consolidated Planning and AI processes. (Consult the local HUD Office for the identification of the Consolidated Plan community process for the appropriate area.)

(d) A description of how the assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment. The description should include a discussion of performance goals with performance indicators (see the General Section of the SuperNOFA for further detail).

(3) Evidence of your project being in occupancy for at least five years as of the date of application to HUD. (Not applicable to commercial facilities.)

(4) A market analysis of the need for the proposed ALF units, including information from both the project and the housing market, containing:

(a) Evidence of need for the ALF by current project residents: (Not applicable to commercial facilities.)

(i) A description of the demographic characteristics of the elderly residents

currently living in the project, including the current number of residents, distribution of residents by age and sex, an estimate of the number of residents with frailties/limitations in activities of daily living and an estimate of the number of residents in need of assisted living services. (Not applicable to commercial facilities.)

(ii) A description of the services which are currently available to the residents and/or provided on or off-site and what services are lacking; (Not applicable to commercial facilities.)

(b) Evidence of the need for ALF units by very low income elderly and disabled households in the market area; a description of the trend in elderly and disabled population and household change; data on the demographic characteristics of the very low income elderly in need of assisted living services (age, race, sex, household size and tenure) and extent of residents with frailty/limitations in existing federallyassisted housing for the elderly (HUD and Rural Housing Service); and an estimate of the very low income elderly and disabled in need of assisted living taking into consideration any available State or local data.

(c) A description of the extent, types and availability and cost of alternate care and services locally, such as: home health care, adult day care, housekeeping services, meals programs, visiting nurses, on-call transportation services, health care and providers of supportive services who address the needs of the local low income population.

(d) A description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the ALF (covering items in Section VI(B)(4)(a) and (b) of this NOFA).

(5) A description of the physical ALF conversion, including the following:

(a) How you propose to carry out the physical conversion (including a timetable and relocation planning).

(b) A short narrative stating the number of units, special design features, community and office space/storage, dining and kitchen facility and staff space and the physical relationship to the rest of the project. Also, you must describe how this design will facilitate the delivery of services in an economical fashion in the most integrated setting appropriate to the needs of the participating residents with disabilities and accommodate the changing needs of the residents over at least the next 10 years.

(c) A copy of the original plans for all units and other areas of the development, which will be included in the conversion. (If you are applying to convert an unused or underutilized commercial facility to assisted living, provide a copy of the original plans of the facility as well as a copy of the plans of the facility as most recently operated, if different).

(d) A description of the conversion must clearly address the following accessibility issues: All door openings must have a minimum clear opening of 32 inches; and, all bathrooms and kitchens must be accessible to and functional for persons in wheelchairs, according to the "Uniform Federal Accessibility Standards."

(e) Architectural sketches of the conversion to a scale of 1/4 inch to one foot that indicate the following:(i) All doors being widened;

(ii) Typical kitchen and bathroom reconfiguration: show all wheelchair clearances, wall reinforcing, grab bars and elevations of counters and work surfaces:

(iii) Bedroom/living/dining area modification, if needed;

(iv) Any reconfigured common space;(v) Added/reconfigured office and storage space;

(vi) Monitoring stations, and

(vii) The kitchen and dining facility. All architectural modifications must meet section 504 and ADA requirements as appropriate.

(f) A budget showing at least estimated costs for materials, supplies, fixtures and labor for each of the items listed in Section VI(B)(5)(e), items i through vii, above.

(g) Include firm commitment letters with specific dollar amounts from appropriate organization(s) for conversion needs (within the scope of the ALF conversion NOFA) which will be supported by non-HUD funding.

(h) A description of any relocation of current tenants including a statement that: (Not applicable to commercial property applicants.)

(i) Indicates the estimated cost of temporary relocation payments and other related services;

(ii) Identifies the staff organization that will carry out the relocation activities; and

(iii) Identifies all tenants that will have to be temporarily moved to another unit within the development OR from the development during the period that the physical conversion of the project is under way.

Note: If any of the relocation costs will be funded from sources other than the ALCP grant, you must provide evidence of a firm commitment of these funds. When evaluating applications, HUD will consider the total cost of proposals (*i.e.*, cost of conversion, temporary relocation, service coordinator and other project costs). (6) A description of any retrofit or renovation which will be done at the project (with third party funds) that is separate and distinct from the ALF conversion. With such description, attach firm commitment letters from third party organizations in specific dollar amounts which will cover the cost of any work outside the scope of this NOFA.

(7) Evidence of permissive zoning, showing that the modifications to include the ALF into the project as proposed are permissible under applicable zoning ordinances or regulations, or a statement of the proposed action required to make the proposed project permissible and the basis for your belief that the proposed action will be completed successfully within six months of the date of grant award by HUD (e.g., a summary of the results of any requests for rezoning and/ or the procedures for obtaining special or conditional use permits on land in similar zoning classifications and the time required for such rezoning, or preliminary indications of acceptability from zoning bodies, etc.);

(8) A supportive services plan (SSP), a copy of which must be submitted to the appropriate state and/or local agency as instructed in Section IV(B) of this NOFA. For those applicants needing to contact state Medicaid offices, a list is provided on the Internet at www.hcfa.gov/medicaid/ medicaid.htm. The SSP must include:

(a) A description of the supportive services needed for the frail elderly the ALF is expected to serve. This must include at least (i) meals and such other supportive services required locally or by the State, and (ii) such optional services or care to be offered on an "as needed" basis.

Examples of both mandatory and optional services (which will vary from state to state) are: two meals and two snacks or three meals daily; 24-hour protective oversight; personal care; housekeeping services; personal counseling and transportation.

(b) A description of how you will provide the supportive services to those who are frail and have disabilities (*i.e.*, on or off-site or combination of on or off-site), including an explanation of how the service coordination role will facilitate the adequate provision of such services to ALF residents, and how the services will meet the identified needs of the residents. Also indicate how you intend to fund the service coordinator role.

(c) A description of how the operation of your ALF will work. Address: (i) General operating procedures; (ii) ALF philosophy and how it will promote the autonomy and independence of the frail elderly and persons with disabilities; (iii) what will the service coordination function do and the extent to which this function already exists, or will be augmented or new; (iv) ALF staff training plans; and (v) the degree to which and how the ALF will relate to the day-to-day operations of the rest of the project.

(d) The monthly individual rate for board and supportive services for the ALF listing the total fee and components of the total fee for the items required by state or local licensing AND list the appropriate rate for any optional services you plan to offer to the ALF residents. Provide an estimate of the total annual costs of the required board and supportive services you expect to provide and an estimate of the amount of optional services you expect to provide.

(e) List who will pay for the board and supportive services (*e.g.*, \$\_\_\_\_\_\_ for meals by sponsor, \$\_\_\_\_\_\_ for housekeeping services by city government; \$\_\_\_\_\_\_ for personal care by State Department of Health; \$\_\_\_\_\_\_ for \_\_\_\_\_ by state \_\_\_\_\_ program; \$\_\_\_\_\_\_ in fees by tenants; and, \$\_\_\_\_\_ by \_\_\_\_\_).

The amounts and commitments from both tenants and/or providers must equal the estimated amounts necessary to cover the monthly rates for the number of people expected to be 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) A support/commitment letter from each listed proposed funding source per paragraph (e), above, for the planned meals and supportive services listed in the application. 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. There must be a letter from EACH participating organization listed in Section VI(B)(8)(e) of this NOFA, above.

(g) A support letter from each governmental agency which provides licensing for ALFs in that jurisdiction.

(h) A description of your relevant experience in arranging for and/or delivering supportive services to frail residents. (If you are applying to convert an unused or underutilized commercial facility to assisted living, provide information on your relevant experience in arranging for and/or delivering supportive services to frail elderly persons). The description should include any supportive services facilities owned/operated; your past or current involvement in any projectbased programs that demonstrates your management capabilities. The description should 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 funds request for service coordination for the ALF and/or the whole project 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 whole service coordinator application.

(9) A description of your project's resources: (Items (9)(a)–(b) are not applicable to applicants of commercial property.)

(a) A copy of the most recent project Repair and Replacement (R4R) account statement, and an R4R analysis showing plans for its use over the next five years, and any approvals received from the HUD field office to date.

(b) A copy of the most recent Residual Receipts Account statement. Indicate any approvals for the use of such receipts from the field office for over \$500/unit.

(c) Annual Financial Statement (AFS). If your FY 2003 AFS was due to REAC more than 120 days BEFORE the due date for this application, in the interest of reducing work burden, only include the date that it was sent to REAC. If the AFS was due to REAC 120 days or less from the due date of this application, you MUST include a paper copy. For commercial properties, the most recent financial statement or annual report.

(10) *Forms and Certifications*. The following exhibits, forms, certifications and assurances are required:

(a) Form HUD-424, Application for Federal Assistance, including Federal Assistance Matrix, and compliance with Executive Order 12372 (a certification that you have submitted a copy of your application, if required, to the State agency (Single Point of Contact) for State review in accordance with Executive Order 12372 (see the General Section of the SuperNOFA for instructions in submitting this form).

(b) Form HUD-424B, Applicant Assurances and Certifications, Certification of a Drug-free Workplace, Certification to Influence Federal Transaction and Standard Form LLL, Disclosure of Lobbying Activities and Certification Regarding Debarment and Suspension.

(c) Form-HUD 2880, Applicant/ Recipient Disclosure/Update Report, including Social Security and Employment Identification numbers. A disclosure of assistance from other government sources received in connection with the project.

(d) Form HUD–2991, Certification of Consistency with the Consolidated Plan (Plan), for the jurisdiction in which the proposed ALF will be located. The certification must be made by the unit of general local government if it is required to have, or has, a complete Plan. Otherwise, the certification may be made by the State, or by the unit of general local government if the project will be located within the jurisdiction of the unit of general local government authorized to use an abbreviated strategy, and if it is willing to prepare such a Plan.

All certifications must be made by the public official responsible for submitting the plan to HUD. The certifications must be submitted as part of the application by the application submission deadline date set forth herein. The Plan regulations are published in 24 CFR part 91.

#### **VII. Environmental Requirements**

Your ALCP application is subject to the National Environmental Policy Act of 1969 and applicable related Federal environmental authorities. (See 24 CFR part 50, as applicable.) An environmental review will be completed by HUD before the award of any grant under this program. Pursuant to 24 CFR part 55, ALCP projects are critical actions for purposes of floodplain management review.

#### VIII. Authority

The Assisted Living Conversion Program is authorized by Section 202(b) of the Housing Act of 1959 (12 U.S.C. 1701q–2) and the Fiscal Year 2003 Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act.

#### Appendix A.—HUD Field Office List for Mailing Assisted Living Conversion Program Applications

## HUD—Boston Hub

Boston Office, Thomas P. O'Neill, Jr., Federal Building, 10 Causeway Street, Room 301, Boston, MA 02222–1092, (617) 565–5234, TTY Number: (617) 565–5453

#### HUD-New York Hub

New York Office, 26 Federal Plaza—32nd Floor, New York, NY 10278–0068, (212) 264–8000, TTY Number: (212) 264–0927 HUD—Buffalo Hub Buffalo Office, Lafayette Court Building, 465 Main Street, 2nd Floor, Buffalo, NY 14203, (716) 551–5755 ext 5000, TTY Number: (716) 551–5787

## HUD—Philadelphia Hub

#### Philadelphia Office

The Wanamaker Building, 100 Penn Square East, Philadelphia, PA 19107–3380, (215) 656–0600, TTY Number: (215) 656–3452

#### HUD—Baltimore Hub

- Baltimore Office, City Crescent Building, 10 South Howard Street, 5th Floor, Baltimore, MD 21201–2505, (410) 962–2520, TTY Number: (410) 962–0106
- HUD-Greensboro Hub
- Greensboro Office, Koger Building, 2306 West Meadowview Road, Greensboro, NC 27407–3707, (336) 547–4069, TTY Number: (336) 547–4020

#### HUD-Atlanta Hub

Atlanta Office, 40 Marietta Street—Five Points Plaza, Atlanta, GA 30303–2806, (404) 331-4976, TTY Number: (404) 730– 2654

#### HUD—Jacksonville Hub

Jacksonville Office, Southern Bell Tower, 301 West Bay Street, Suite 2200, Jacksonville, FL 32202–5121, (904) 232–2626, TTY Number: (904) 232–2631

#### HUD-Chicago Hub

Chicago Office, Ralph H. Metcalfe Federal Building, 77 West Jackson Boulevard, Chicago, IL 60604–3507, (312) 353–5680, TTY Number: (312) 353–5944

#### HUD-Detroit Hub

Detroit Office, Patrick V. McNamara Federal Building, 477 Michigan Avenue—Suite 1635, Detroit, MI 48226–2592, (313) 226– 7900, TTY Number: (313) 226–6899

#### HUD-Columbus Hub

Columbus Office, 200 North High Street, 7th Floor, Columbus, OH 43215–2499, (614) 469–5737, TTY Number: (614) 469–6694

#### HUD—Minneapolis Hub

Minneapolis Office, 920 Second Avenue, South, Minneapolis, MN 55401–2195, (612) 370–3000, TTY Number: (612) 370– 3186

#### HUD-Ft. Worth Hub

Ft. Worth Office, 801 N. Cherry Street, P.O. Box 2905, Fort Worth, TX 76113–2905, (817) 978–9000, TTY Number: (817) 978– 9273

#### HUD—Kansas City Hub

Kansas City Office, Room 200, Gateway Tower II, 400 State Avenue, Kansas City, KS 66101–2406, (913) 551–5462, TTY Number: (913) 551–6972

#### HUD—Denver Hub

Denver Office, 633 17th Street, Denver, CO 80202–3607, (303) 672–5343, TTY Number: (303) 672–5248 HUD—San Francisco Hub, San Francisco Office, Philip Burton Federal Building and U.S. Courthouse, 450 Golden Gate Avenue, P.O. Box 36003, San Francisco, CA 94102– 3448, (415) 436–6550, TTY Number: (415) 436–6594

#### HUD—Los Angeles Hub

Los Angeles Office, 611 West 6th Street, Suite 800, Los Angeles, CA 90017–3106, (213) 894–8000, TTY Number: (213) 894– 8133

#### HUD—Seattle Hub

Seattle Office, Seattle Federal Office Building, 909 1st Avenue, Suite 200, Seattle, WA 98104–1000, (206) 220–5101, TTY Number: (206) 220–5185

**Note:** The first line of the mailing address for all offices is the U. S. Department of Housing and Urban Development. Telephone numbers listed are not toll free.

#### Appendix B

- HUD—Boston Hub
- Hartford Office, One Corporate Center, 19th Floor, Hartford, CT 06103–3220, (860) 240– 4800, TTY Number: (860) 240–4665
- Boston Office, Room 301, Thomas P. O'Neill, Jr., Federal Building, 10 Causeway Street, Boston, MA 02222–1092, (617) 565–5234, TTY Number: (617) 565–5453
- Manchester Office, Norris Cotton Federal Building, 275 Chestnut Street, Manchester, NH 03101–2487, (603) 666–7510, TTY Number: (603) 666–7518
- Providence Office, 10 Weybosset Street, Sixth Floor, Providence, RI 02903–2808, (401) 528–5230, TTY Number: (401) 528–5403

#### HUD—New York Hub

New York Office, 26 Federal Plaza, Room 3200, New York, NY 10278–0068, (212) 264–8000, TTY Number: (212) 264–0927

#### HUD-Buffalo Hub

Buffalo Office, Lafayette Court Building, 465 Main Street, 2nd Floor, Buffalo, NY 14203– 1780, (716) 551–5755 ext 5000, TTY Number: (716) 551–5787

#### HUD—Philadelphia Hub

- Philadelphia Office, The Wanamaker Building, 100 Penn Square East, Philadelphia, PA 19107–3380, (215) 656– 0600, TTY Number: (215) 656–3452
- Charleston Office, Suite 708, 405 Capitol Street, Charleston, WV 25301–1795, (304) 347–7000, TTY Number: (304) 347–5332
- Newark Office, Thirteenth Floor, One Newark Center, Newark, NJ 07102–5260, (973) 622–7900, TTY Number: (973) 645– 3298
- Pittsburgh Office, 339 Sixth Avenue, Sixth Floor, Pittsburgh, PA 15222–2515, (412) 644–6428, TTY Number: (412) 644–5747

#### HUD—Baltimore Hub

- Baltimore Office, Fifth Floor, City Crescent Building, 10 South Howard Street, Baltimore, MD 21201–2505, (410) 962– 2520, TTY Number: (410) 962–0106
- Washington, DC Office, 820 First Street, NE, Suite 300, Washington, DC 20002–4205, (202) 275–9200, TTY Number: (202) 275– 0772

Richmond Office, The 3600 Centre 600 East Broad Street, Richmond, VA 23219, (804) 771–2100 ext. 3839, TTY Number: (804) 771–2038

#### HUD—Greensboro Hub

- Greensboro Office, Koger Building, 2306 West Meadowview Road, Greensboro, NC 27407–3707, (336) 547–4069, TTY Number: (336) 547–4020
- Columbia Office, Strom Thurmond Federal Building, 1835–45 Assembly Street, Columbia, SC 29201–2480, (803) 765–5592, TTY Number: (803) 253–3209

#### HUD-Atlanta Hub

- Atlanta Office, Richard B. Russell Federal Building 75 Spring Street, S.W., Suite 600, 40 Marietta Street—Five Points Plaza, Atlanta, GA 30303–3388 2806, (404) 331– 4976, TTY Number: (404) 730–2654
- San Juan Office, Edificio Administracion de Terrenos 171 Carlos Chardon Avenue, Suite 301, San Juan, PR 00918–0903, (787) 766–5400, TTY Number: (787) 776–5609
- Louisville Office, 601 West Broadway, Louisville, KY 40202, (502) 582–5251, TTY Number: 1–800–648–6056
- Knoxville Office, Third Floor, John J. Duncan Federal Building 710 Locust Street, Knoxville, TN 37902–2526, (423) 545– 4384, TTY Number: (423) 545–4559
- Nashville Office, Suite 200, 251 Cumberland Bend, Nashville, TN 37228–1803, (615) 736–5213, TTY Number: (615) 736–2886

#### HUD—Jacksonville Hub

- Jacksonville Office, Southern Bell Tower, 301 West Bay Street, Suite 2200, Jacksonville, FL 32202–5121, (904) 232–2626, TTY Number: (904) 232–2631
- Birmingham Office, Medical Forum Building, 920 22nd Street, North, Suite 900, Birmingham, AL 35203–5301, (205) 731– 2624, TTY Number: (205) 731–2624
- Jackson Office, Doctor A.H. McCoy Federal Building, 100 West Capitol Street, Suite 910, Jackson, MS 39269–1096, (601) 965– 4700, TTY Number: (601) 965–4171

#### HUD—Chicago Hub

- Chicago Office, Ralph H. Metcalfe Federal Building, 77 West Jackson Boulevard, Chicago, IL 60604–3507, (312) 353–5680, TTY Number: (312) 353–5944
- Indianapolis Office, 151 North Delaware Street, Indianapolis, IN 46204–2526, (317) 226–6303, TTY Number: (317) 226–7081

#### HUD—Detroit Hub

- Detroit Office, Patrick V. McNamara Federal Building, 477 Michigan Avenue, Suite 1635, Detroit, MI 48226–2592, (313) 226– 7900, TTY Number: (313) 226–6899
- Grand Rapids Office, Trade Center Building, 50 Louis Street, NW, Third Floor, Grand Rapids, MI 49503–2648, (616) 456–2100, TTY Number: (616) 456–2159

#### HUD-Columbus Hub

- Columbus Office, 200 North High Street, 7th Floor, Columbus, OH 43215–2499, (614) 469–5737, TTY Number: (614) 469–6694
- Cleveland Office, US Bank Centre 1350 Euclid Avenue, Suite 500, Cleveland, OH 44115–1815, (216) 522–4058, TTY Number: (216) 522–2261

#### HUD-Minneapolis Hub

- Minneapolis Office, 920 Second Avenue, South, Minneapolis, MN 55401–2195, (612) 370–3000, TTY Number: (612) 370– 3186
- Milwaukee Office, Suite 1380, Henry S. Reuss Federal Plaza, 310 West Wisconsin Avenue, Suite 1380, Milwaukee, WI 53203–2289, (414) 297–3214 ext. 8673, TTY Number: (414) 297–1423

#### HUD-Ft. Worth Hub

- Little Rock Office, Suite 900, TCBY Tower, 425 West Capitol Avenue, Little Rock, AR 72201–3488, (501) 324–5931, TTY Number: (501) 324–5931
- New Orleans Office, Ninth Floor, Hale Boggs Federal Building, 501 Magazine Street, New Orleans, LA 70130–3099, (504) 589– 7200, TTY Number: (504) 589–7279
- Ft. Worth Office, 801 N. Cherry Street, P.O. Box 2905, Fort Worth, TX 76113–2905, (817) 978–9000, TTY Number: (817) 978– 9273
- Houston Office, Suite 200, Norfolk Tower, 2211 Norfolk, Houston, TX 77098–4096, (713) 313–2274, TTY Number: (713) 834– 3274
- San Antonio Office, 106 South St. Mary's, Suite 405, San Antonio, TX 78205, (210) 475–6800, TTY Number: (210) 475–6885

#### HUD—Great Plains

- Des Moines Office, Room 239, Federal Building, 210 Walnut Street, Des Moines, IA 50309–2155, (515) 284–4583, TTY Number: (515) 284–4728
- Kansas City Office, Room 200, Gateway Tower II, 400 State Avenue, Kansas City, KS 66101–2406, (913) 551–5462, TTY Number: (913) 551–6972
- Omaha Office, Executive Tower Centre, 10909 Mill Valley Road, Omaha, NE 68154–3955, (402) 492–3122, TTY Number: (402) 492–3183
- St. Louis Office, Third Floor, Robert A. Young Federal Building, 1222 Spruce Street, Room 3207, St. Louis, MO 63103– 2836, (314) 539–6583, TTY Number: (314) 539–6331
- Oklahoma City Office, 500 West Main Street, Suite 400, Oklahoma City, OK 73102–2233, (405) 553–7401, TTY Number: 1–800–877– 8339
- HUD—Denver Hub
- Denver Office, 633 17th Street, Denver, CO 80202–3607, (303) 672–5343, TTY Number: (303) 672–5248
- HUD—San Francisco Hub
- Phoenix Office, One North Central #600, Phoenix, AZ 85004, (602) 379–4434, TTY Number: (602) 379–4464

- San Francisco Office, Philip Burton Federal Building and U.S. Courthouse, 450 Golden Gate Avenue, P.O. Box 36003, San Francisco, CA 94102–3448, (415) 436– 8356, TTY Number: (415) 436–6594
- Honolulu Office, 500 Ala Moana Boulevard, Suite 3A, Honolulu, HI 96813, (808) 522– 8185, TTY Number: (808) 522–8193

#### HUD-Los Angeles Hub

Los Angeles Office, 611 West 6th Street, Suite 800, Los Angeles, CA 90017–3106, (213) 894–8000, TTY Number: (213) 894– 8133

#### HUD—Seattle Hub

- Portland Office, 400 Southwest 6th Avenue, Suite 700, Portland, OR 97204, (503) 326– 2561, TTY Number: (503) 326–3656
- Anchorage Office, 949 East 36th Avenue, Suite 401, Anchorage, AL 99508, (907) 271–4170
- Seattle Office, 909 First Avenue, Suite 200, Seattle, WA 98104–1000, (206) 220–5101, TTY Number: (206) 220–5185

**Note:** The first line of the mailing address for all offices is the U.S. Department of Housing and Urban Development. Telephone numbers listed are not toll free.

BILLING CODE 4210-32-P

# APPENDIX C

# Fiscal Year 2003 Assisted Living Conversion Program Application Application Due Date: July 10, 2003



U.S. Department of Housing and Urban Development Office of Housing Office of Multifamily Housing Programs

The public reporting burden for this collection of information for the Assisted Living Conversion Program (ALCP) is estimated to average 80 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, in the Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. 2502-0542 for the Assisted Living Conversion Program. HUD may not conduct, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The information submitted in response to the Notice of Funding Availability for the Assisted Living Conversion Program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545).

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

# SECTION I FISCAL YEAR 2003 ASSISTED LIVING CONVERSION PROGRAM FOR ELIGIBLE MULTIFAMILY PROJECTS APPLICATION

GENERAL PROGRAM REQUIREMENTS, FORMS AND CERTIFICATIONS

# APPLICATION ASSISTED LIVING CONVERSION PROGRAM

<u>INTRODUCTION</u>: This constitutes the Application to apply for a grant under the Assisted Living Conversion Program (ALCP). You MUST contact the HUD Multifamily Hub Office with jurisdiction over your development to obtain information about the submission of applications relevant to that Office. (NOTE: A list of the HUD Multifamily Hub Offices with Program Centers under each Hub is attached as Appendix B of the ALCP NOFA for you to use in determining the appropriate HUD Multifamily Hub Office to which you should submit your application.)

You must submit an original and four (4) copies of your application in response to a <u>Federal Register</u> Notice of Funding Availability (NOFA) to the HUD Multifamily Hub Office. Do not send the application to the HUD Multifamily Program Center with which you routinely interact. You may not hand-delivered your application. Applications for the Assisted Living Conversion Program should be sent via e United States Postal Service (USPS, as access by other services is not guaranteed. Applications must be received by the deadline date and time set forth in the NOFA. Applications by facsimile will not be accepted.

<u>CONTENTS OF THE APPLICATION</u>: The ALCP Application consists of six parts with a total of ten Exhibits. Included with the ten Exhibits are prescribed forms, and certifications. The components of the Application are:

- Part I Application Summary, Eligibility and Community Involvement (Exhibits 1, 2 and 3)
- Part II Evidence of Need for ALF Units (Exhibit 4)
- Part III Conversion and Retrofit Activities (Exhibits 5, 6 and 7)
- Part IV Supportive Services Plan (Exhibit 8)
- Part V Project Resources (Exhibit 9)
- Part VI General Application Requirements, and Certifications (Exhibit 10)

All required application exhibits are identified in the NOFA.

GENERAL INSTRUCTIONS FOR PREPARING APPLICATION: The application must be submitted using the attached Application format and <u>MUST</u> BE INDEXED AND TABBED ACCORDINGLY. The Application includes:

- 1. The <u>Table of Contents</u> which identifies the order in which the application is to be assembled. It also serves as the application checklist by providing you with a space for identifying the submission page for the exhibit or portion of the exhibit.
- 2. The <u>Rating Factors</u> which identify how your application will be rated.
- 3. The <u>Application Contents</u> identified by the Part of the application and the relevant exhibits. Parts I through V include exhibits related to the rating criteria. Part VI includes all the necessary forms and certifications.
- 4. The <u>Application Evaluation</u> for you to provide HUD with comments and suggestions about the Application Kit.
- 5. The <u>Acknowledgment of Application Receipt</u> you will receive with an indication of the date that HUD received your application and whether or not your application will receive further consideration.

NOTE: If you apply for any program under the Department's SuperNOFA, you need only submit one original signed Form HUD-424 and one set of original signatures for other standard forms and certifications; as long as you submit copies of these documents in any additional application you submit. Your application should identify the program for which you submitted the original signature for these standard forms and certifications.

If there is a discrepancy between the information provided in this kit and the information published in the SuperNOFA, the SuperNOFA prevails.

The application deadline date for the Assisted Living Conversion Program is July 10, 2003.

Before preparing your application, you should carefully review the requirements of the NOFA. <u>Note: Section 1001 of</u> <u>Title 18 of the United States Code (Criminal Code and Criminal</u> <u>Procedure, 72 Stat. 967 shall apply to all information supplied</u> <u>in the application submission</u>). (18 U.S.C. 1001, among other things, provides that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, -

fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.)

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|            |                                                               |                                                                                                                                                                                                                                           | PAGE    |
|------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| PART I -   | APPLICATION SUMMARY, ELIGIBILITY AND<br>COMMUNITY INVOLVEMENT |                                                                                                                                                                                                                                           |         |
| EXHIBIT 1: | Applicat                                                      | ion Summary and Your Legal Status:                                                                                                                                                                                                        |         |
|            | othe                                                          | cles of Incorporation (or<br>r organizational documents), or<br>-certification                                                                                                                                                            |         |
|            | (b) By-1                                                      | aws, or self-certification                                                                                                                                                                                                                | -<br>   |
| EXHIBIT 2: |                                                               | ion of your community ties<br>blished linkages:                                                                                                                                                                                           |         |
|            | lar                                                           | s/links to the community at<br>ge and to the minority and<br>erly population                                                                                                                                                              |         |
|            | (b) Eff                                                       | orts to involve elderly persons                                                                                                                                                                                                           |         |
|            | (i)                                                           | in the development of the application                                                                                                                                                                                                     |         |
|            | (ii                                                           | ) in the development of the ALF<br>operating philosophy                                                                                                                                                                                   | <u></u> |
|            | (ii                                                           | i) in the review of the application                                                                                                                                                                                                       |         |
|            | (iv                                                           | your intent to involve eligible<br>ALF residents in the operation<br>of the project.                                                                                                                                                      |         |
|            |                                                               | Also, in communities that have<br>significant number of persons<br>with limited English proficiency,<br>applicants should demonstrate<br>that the application was made<br>available to residents of the<br>project (in their language(s)) |         |

EXHIBIT 2 (CONT'D)

EXHIBIT 3:

AND that you requested and considered comments from them (in their language(s)). Applicants of converted commercial facilities should indicate the application will be made available to the residents of the project in their language(s) and will request and consider comments in their language(s).

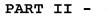
- (c) Involvement in the community's Consolidated Planning process including:
  - (i) Agency that organizes/ administers the process
  - (ii) Consolidated Plan issue areas in which you participate
  - (iii) Level of your participation in the process including your involvement with any faith-based organizations, associations or committees

#### OR

Specific steps you will take to become active in the process

(d) The assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment (including a discussion of performance goals with performance indicators

Evidence of your project being in occupancy for at least five years as of the date of the application to HUD (Not required by nonprofit applicants of unused and underutilized commercial facilities) Page



## EVIDENCE OF NEED FOR ALF UNITS

EXHIBIT 4:

A market analysis of the need for the proposed ALF units, including information from the project and the housing market:

- (a) Evidence of need for ALF by current residents (Not required by nonprofit applicants of unused and underutilized commercial facilities)
  - (i) Description of demographic characteristics of current elderly residents
  - (ii) Description of services currently available to residents
- (b) Evidence of need for ALF by very low income elderly and disabled households in market area
- (c) Description of local alternate care and services
- (d) Description of how Analysis of Impediments to Fair Housing Choice was used in documenting need

#### PART III - CONVERSION AND RETROFIT ACTIVITIES

# EXHIBIT 5: A Description of the Physical ALF Conversion

- (a) Description of how the physical conversion will be carried out, including time-table and relocation planning
- (b) Narrative including number of units being converted, design features, community and office space, storage, dining/kitchen facility and staff space and physical relationship to rest of project; and, how design will facilitate service delivery and changing needs of residents

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-

| EXHIBIT 5 | 5 (CON | T'D) |                                                                                          | Page        |
|-----------|--------|------|------------------------------------------------------------------------------------------|-------------|
|           |        | (C)  | Original plans for all units and spaces involved in conversion                           |             |
|           |        | (d)  | Description of accessibility features                                                    |             |
|           |        | (e)  | Architectural sketches of conversion including:                                          |             |
|           |        |      | (i) All doors being widened                                                              | <del></del> |
|           |        |      | (ii) Kitchen/bathroom reconfiguration                                                    |             |
|           |        |      | (iii) Bedroom/living/dining area<br>modification, if needed                              |             |
|           | ×      |      | (iv) Reconfigured common space                                                           |             |
|           |        |      | <pre>(v) Added/reconfigured office/    storage space</pre>                               |             |
|           |        |      | (vi) Monitoring stations                                                                 |             |
|           |        |      | (vii) Kitchen and dining facility                                                        |             |
|           |        | (f)  | Budget for all costs of items in (e)<br>above                                            |             |
|           |        | (g)  | Firm Commitment Letters for non-<br>HUD funding                                          |             |
|           |        | (h)  | Description of relocation: (not<br>applicable to applicants of<br>commercial properties) |             |
|           |        |      | (i) Cost of temporary relocation payments/related services                               |             |
|           |        |      | (ii) Staff organization to carry out relocation                                          |             |
|           |        |      | (iii) Identification of tenants that<br>will be temporarily relocated                    |             |
| EXHIBIT 6 | 5:     | done | ription of any retrofit/renovation to be<br>with third party funds with firm             |             |
|           |        | COMM | nitment letters                                                                          |             |

|         |    |      |                            | E                                                                                                                                                       | age?    |
|---------|----|------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| EXHIBIT | 7: | Evid | ence of                    | f permissive zoning _                                                                                                                                   |         |
| PART IV |    | SUPP | ORTIVE                     | SERVICES PLAN                                                                                                                                           |         |
| EXHIBIT | 8: | Supp | ortive                     | Services Plan, including:                                                                                                                               |         |
|         |    | (a)  |                            | cription of the supportive<br>ces needed by residents of the<br>nits                                                                                    |         |
|         |    | (b)  | servic<br>coordi<br>fundec | cription of how the supportive<br>ces will be provided; the service<br>ination role and how it will be<br>d; and how services will meet<br>of residents |         |
|         |    | (c)  | A desc                     | cription of the ALF operation:                                                                                                                          |         |
|         |    |      | (i)                        | general operating procedures                                                                                                                            |         |
|         |    |      | (ii)                       | ALF philosophy                                                                                                                                          |         |
|         |    |      | (iii)                      | what the service coordination<br>role will be and whether<br>existing, augmented or new                                                                 |         |
|         |    |      | (iv)                       | ALF staff training plans                                                                                                                                | <u></u> |
|         |    |      |                            | relationship of ALF to daily operations of the project                                                                                                  |         |
|         |    | (đ)  | and su                     | dual monthly rate for board<br>pportive services of ALF<br>timate of total annual cost                                                                  |         |
|         |    | (e)  |                            | fication of funding sources for                                                                                                                         |         |
|         |    | (f)  |                            | t/commitment letters from each<br>identified in (e) above                                                                                               |         |
|         |    | (g)  |                            | t letter from each governmental which will license the ALF                                                                                              |         |
|         |    | (h)  |                            | ption of your experience in ing/delivering services                                                                                                     |         |
|         |    |      |                            |                                                                                                                                                         |         |

# PART V - PROJECT RESOURCES

EXHIBIT 9: A description of your project's resources, including: ((a) and (b) not applicable to applicants of unused and underutilized commercial properties)

- (a) Copy of most recent R4R account statement and analysis
- (b) Copy of most recent Residual Receipts Account statement
- (c) Your annual financial statement or date sent to REAC; if commercial property, annual financial statement or annual report

# PART VI - GENERAL APPLICATION REQUIREMENTS, CERTIFICATIONS

## EXHIBIT 10: FORMS and CERTIFICATIONS

- (a) Form HUD-424
- (b) Form HUD-424B, Applicant Assurances and Certifications
- (g) Certification of Consistency with the Consolidated Plan (HUD-2991)

#### Page

# RATING FACTORS

Below are the Rating Factors and the corresponding application Exhibits that will be reviewed to determine the ratings:

1. CAPACITY OF THE APPLICANT AND RELEVANT ORGANIZATIONAL STAFF (Exhibit References: Exhibits 5(a), 8(h))

In rating this factor, HUD will consider the extent to which the application demonstrates your ability to carry out a successful conversion of the project and the plan to deliver the supportive services on a long-term basis, considering the following: (20 points)

- (a) The practicality of your plan and timetable to carry out the physical conversion of the development to an ALF. (9 points)
- (b) Your past experience in providing or arranging for supportive services either on or off site for those who are frail. (If you are applying to covert an unused or underutilized commercial facility to assisted living and you do not own or operate a project with frail elderly residents, you must provide information on any past experience in providing or arranging supportive services for those who are frail.) (10 points)

Examples are: Meals delivered to apartment of resident or in a congregate setting (2 points), arranging for or providing personal care (3 points), providing 24-hour staffing (1 point), providing or making available onsite preventive health care (2 points), and other supportive services (2 points).

(c) Your organization is a "grassroots" organization.
 (1 point)

# 2. NEED/EXTENT OF THE PROBLEM

(Exhibit References: Exhibits 4(a) through (d), 2(c), and 9(a) through (c))

In determining the extent to which the conversion is needed by the categories of elderly persons and persons with disabilities that the ALF is intended to serve (very low income elderly persons and persons with disabilities who have limitations in three or more activities of daily living), HUD will consider the evidence in your application of the current needs among project residents (not applicable to applications proposing to convert unused or underutilized commercial facilities) and the needs of potential residents

in the housing market area including economic and demographic information on very-low income frail elderly and persons with disabilities and information on current assisted living resources in the market area. In addition, HUD will consider your inability to fund the repairs or conversion activities from existing financial resources by examining project financial information or the organizations financial information for unused and underutilized commercial facilities. HUD will also consider your level of participation in your community's Consolidated Plain/AI, including your involvement with any faith-based organizations, associations, or any committees that support programs and activities that will enhance the project or the lives of the residents of the project. In evaluating this factor, HUD will consider the following: (20 points)

- (a) The need for assisted living among the elderly and disabled residents of the project taking into consideration those currently in need and the depth of future needs given aging in place. (Not applicable to applications to covert unused or underutilized commercial facilities to assisted living). (7 points)
- (b) The need for assisted living among very-low income elderly persons and persons with disabilities in the housing market area. (3 points (10 points for applications to convert unused or underutilized commercial facilities to assisted living))
- (c) Insufficient funding for any needed conversion work, as evidenced by the project's financial statements and specifically the lack of excess reserve for replacement dollars (R4R) and residual receipts; for unused and underutilized commercial facilities, by the organization's annual financial statement or annual report. (9 points)

If reserves and residual receipts are less than 10% of the total funds needed (9 points); if reserves and residual receipts are 10-50% of need (5 points); and if reserves and residual receipts are 51% or more of the total funds needed (0 points).

For commercial properties, if the organization's available working capital exceeds 10 percent of the total conversion (5 points), if the working capital is less than 10 percent of the total conversion (9 points).

(d) If the application establishes a connection between the proposed ALF and the Community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. (1 point)

## SOUNDNESS OF APPROACH

(Exhibit References: Exhibits 5(b) through (e) and (h), 7, and 8(a) through (e) and (g) and (h))

This factor addresses the quality and effectiveness of your proposal in addressing the proposed conversion, effectiveness of service coordination and management planning and the meals and supportive services which the ALF intends to provide and the extent to which you have evidence general support for the conversion by participating in your community's Consolidated Planning Process, involving the residents in the planning process (not applicable to applicants proposing to convert unused or underutilized commercial facilities). There must be a relationship between the proposed activities, the project's and the community's needs and purposes of the program funding for your application to receive points for this factor.

In evaluating this factor, HUD will consider the following: (40 points)

 (a) The extent to which the proposed ALF design will meet the special physical needs of the frail elderly or persons with disabilities expected to be served at reasonable cost. (12 points)

(ALF design meets needs - **12 points**) (ALF design partially meets needs - **6 points**) (ALF design does not meet needs - **0 points**)

(b) The extent to which the ALF's proposed management and operational plan ensures that the provision of both meals and supportive services will be accomplished over time. (12 points)

(ALF design/management plan meets needs of management operations - 12 points; ALF design/management plan partially meets needs of management operations - 6 points; ALF design/management plan does not meet needs of management operations - 0 points) (c) The extent to which the proposed supportive services meet the needs of the anticipated frail elderly and disabled residents. (7 points)

(services meet needs - 7 points; partially meet needs - 4 points; does not meet needs - 0 points)

(d) The extent to which the service coordination function is addressed and explained as onsite and sufficient, onsite and augmented or new, and addresses the ongoing procurement of needed services for the residents of the ALF. (7 points)

(fully addressed and explained - 7 **points**; partially addressed and explained - 4 **points**; not addressed and explained - 0 **points**)

(e) The extent to which you have demonstrated that you have been actively involved (or if not currently active, the steps you will take to become actively involved) in your community's Consolidated Planning/AI process to identify and address a need/problem that is related in whole or part, directly or indirectly to the proposed project. (2 points)

# 4. LEVERAGING RESOURCES

(Exhibit References: 5(f) and (g), 6 and 8(f))

In determining your ability to secure other community resources which can be combined with HUD's grant funds to achieve program purposes, HUD will consider: **(10 points)** 

(a) The extent to which there are commitments for the funding needed for the meals and the supportive services planned for the ALF and that the total cost of the estimated budget of the ALF is covered.
(5 points)

(90% or more commitment for the total budget with no more than 10% general support - 5 points; 80 - 89.9% or more commitment for the total budget with no more than 20% general support - 4 points; 65 - 79.9% commitment with no more than 35% general support - 3 points; 40 - 64.9% firm commitment for the total budget with more than 60% general commitment - 2 points; less than 40% firm commitment for the total budget with no more than 60% general support - 0 points) (b) The extent of local organizations' support which is firmly committed to providing at least 50 percent of the total cost of ALF conversion. (3 points)

(support is 50% or more - 3 points; support is 20 - 49.9% - 2 points; support is under 20% - 0 points)

 (c) The extent of local organizational support which is firmly committed to providing funds for additional repair or retrofit necessary for the project NOT specifically directed to activities eligible under this NOFA. (2 points)

(support exists - 2 points; support does not exist - 0 points)

5. ACHIEVING RESULTS AND PROGRAM EVALUATION (Exhibit References: Exhibits 5(a) and (b), and 8(a) through (e)

This factor address your intent to keep the promises made in the conversion timetable that will result in the timely conversion of your project; the extent to which you have indicated how the converted units will result in ALF residents being able to age in place; the extent to which the project will implement practical solutions that will result in assisting residents in achieving independent living; and the extent to which the project will be viable absent HUD funds and relying more on state, local and private funds, HUD will consider: (10 points)

- (a) The extent to which your conversion timetable reflects the length of time it will take to convert the units and describing how the converted units will benefit the residents as they age in place. (4 points)
- (b) The extent to which the assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment. (2 points)
- (c) The extent to which you demonstrate that the project will be viable absent HUD funds while relying more on state, local and private funds. (2 points)

(d) The extent to which there is an operating philosophy which promotes the autonomy and independence of the frail elderly persons it is intended to serve. (2 points)

(operating philosophy addressed - 2 points; not addressed - 0 points)

# PART I

# ELIGIBILITY AND COMMUNITY INVOLVEMENT

-

| APPLICATION SUM                       | onversion Program<br>MARY SHEET                                       | U.S. DEPARTMENT OF HOUSING<br>AND URBAN DEVELOPMENT |
|---------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------|
| Owner (Funds Recipient) Na            | me                                                                    | · · · · · · · · · · · · · · · · · · ·               |
| Address                               |                                                                       |                                                     |
| City                                  | State                                                                 | Zip                                                 |
| Phone (Include Area Code)             |                                                                       |                                                     |
| Grant Contact Person (Name            | )                                                                     |                                                     |
|                                       |                                                                       |                                                     |
| E-mail address                        | ·                                                                     |                                                     |
| List the specific developmen          | t(s) targeted for assistance under                                    | this grant. Use additional sheets as needed.        |
| <u> </u>                              | · · · · · · · · · · · · · · · · · · ·                                 |                                                     |
| -                                     |                                                                       |                                                     |
| Address                               |                                                                       |                                                     |
| City                                  | State                                                                 | Zip                                                 |
| FHA/Project Number                    |                                                                       | — Sec.8 Number ————                                 |
| Project Type (e.g., 236)              |                                                                       | No. of Units                                        |
| Location (Urban, suburban, c          | or rural)                                                             |                                                     |
| Number of Residents                   | Estimated number of frail                                             | elderly                                             |
|                                       |                                                                       |                                                     |
| Estimated number of at-risk e         | elderly                                                               |                                                     |
|                                       |                                                                       | YesNo                                               |
| -                                     | a service coordinator with other d<br>d address of the development(s) | levelopments? Yes No<br>if different.               |
| · · · · · · · · · · · · · · · · · · · |                                                                       |                                                     |
|                                       |                                                                       |                                                     |
| Senators 1.                           |                                                                       | 2.                                                  |

# EXHIBIT 1 (Cont'd)

Application Summary and Evidence of your legal status - Provide evidence that you are a private nonprofit or nonprofit consumer cooperative and have the legal ability to operate an ALF program, including the following:

- (a) Articles of Incorporation, constitution, or other organizational documents, or selfcertification thereof, if there has been no change in the Articles since they were originally filed with HUD
- (b) By-laws, or self-certification thereof, if there has been no change in the Articles since they were originally filed with HUD

# **EXHIBIT 2** - Description of your community ties and established linkages:

- (a) Describe your ties/links to the community at large and to the minority and elderly communities in particular.
- (b) A description of your efforts to involve elderly persons, including minority elderly persons and persons with disabilities in:
  - (i) The development of the application;
  - (ii) The development of the ALF operating philosophy;
  - (iii) The review of the application prior to submission to HUD; and

Your intent to involve eligible ALF residents in the operation of the project.

Also demonstrate that you made the application available to the residents of the project (in their language(s)) AND requested and considered comments from them (in their language(s)). Applicants of converted commercial facilities should indicate that the application will be made available to the residents of the project in their language(s) and will request and consider comments from them in their language(s).

- (c) A description of your involvement in your community's Consolidated Planning and Analysis of Impediments to Fair Housing (AI) processes, including:
  - (i) An identification of the lead/ facilitating agency(ies) that organizes/administers the processes;
  - (ii) A listing of the Consolidated Plan/AI issue areas in which you participate;

EXHIBIT 2 (CONT'D)

(iii) The level of your participation in the processes, including active involvement with any neighborhood-based organizations, associations, or any committees that support programs and activities that enhance projects or the lives of residents of the projects, such as the one proposed;

OR

If you are not currently active, describe the specific steps you will take to become active in the Consolidated Planning and AI processes.

(c) A description of how the assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living conditions. **EXHIBIT 3 - Evidence of your project being in occupancy** for at least five years as of the date of the application to HUD. This evidence must be submitted by all applicants. (Not applicable for applicants of unused and underutilized commercial facilities)

## PART II

### EVIDENCE OF NEED FOR ALF UNITS

- EXHIBIT 4 A market analysis of the need for the proposed ALF units, including information from both the project and the housing market
  - (a) Evidence of need for the ALF by current project residents: (Not applicable for applicant of an unused or underutilized commercial facility)
    - (i) A description of the demographic characteristics of the elderly residents currently living in the project, including the current number of residents, distribution of residents by age and sex, an estimate of the number of residents with frailties/ limitations in activities of daily living and an estimate of the number of residents in need of assisted living services. (Not applicable to applicants of a commercial facility)
    - (ii) A description of the services which are currently available to the residents and/or provided on or off-site and what services are lacking. (Not applicable to applicants of a commercial facility)
  - Evidence of the need for ALF units by very (b) low income elderly and disabled households in the market area; a description of the trend in elderly and disabled population and household change; data on the demographic characteristics of the very low income elderly in need of assisted living services (age, race, sex, household size and tenure) and extent of residents with frailty/limitations in existing federallyassisted housing for the elderly (HUD and Rural Housing Services). And an estimate of the very low income elderly and disabled in need of assisted living taking into consideration any available State or local data.
  - (c) A description of the extent, types and availability and cost of alternate care and services locally, such as: home health care, adult day care, housekeeping services, meals programs, visiting nurses,

EXHIBIT 4 (CONT'D)

on-call transportation services, health care and providers of supportive services who address the needs of the local low income population.

(d) A description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the ALF (covering items (a) and (b) above)

### PART III

## CONVERSION AND RETROFIT ACTIVITIES

- EXHIBIT 5 A description of the physical ALF conversion
  - (a) Describe how you propose to carry out the physical conversion, including a timetable and a discussion of relocation planning.
  - (b) Include a short narrative which states the number of units being converted, special design features, community and office space/storage, dining and kitchen facility and staff space and the physical relationship to the rest of the project. Describe how the design will facilitate the delivery of services in an economical fashion and accommodate the changing needs of the residents over at least the next 10 years.
  - (c) Provide a copy of the original plans for all units and other areas of the development which will be included in the conversion. (Applicants converting an unused or underutilized commercial facility to assisted living, provide a copy of the original plans of the facility).
  - (d) Describe how the conversion will address accessibility; such as, doorways being at least 32 inches wide and kitchens and bathrooms meeting the specifications of the Uniform Federal Accessibility Standards.
  - (e) Provide architectural sketches of the conversion to a scale of 1/4 inch to one foot (1/4"= 1'-0") that indicate the following:
    - (i) All doors being widened;
    - (ii) Typical kitchen and bathroom reconfiguration: show all wheelchair clearances, wall reinforcing, grab bars and elevations of counters and work surfaces;
    - (iii) Bedroom/living/dining area modification, if needed;
    - (iv) Any reconfigured common space;

EXHIBIT 5 (CONT'D)

- (v) Added/reconfigured office and storage space;
- (vi) Monitoring stations; and
- (vii) The kitchen and dining facility.

All architectural modifications must meet section 504 and ADA requirements, as appropriate.

- (f) Provide a budget showing at least estimated costs for materials, supplies, fixtures and labor for each of the items in (e)(i) through (vii) above.
- (g) Include firm commitment letters with specific dollar amounts from appropriate organization(s) for conversion needs (within the scope of the ALCP NOFA) which will be supported by non-HUD funding.
- (h) A description of any relocation of current tenants as a result of the conversion activities. (Not applicable to commercial property applicants).
  - (i) Provide the estimated cost of temporary relocation payments and other related services;
  - (ii) Identify the staff organization that will carry out the relocation activities; and
  - (iii) Identify all tenants that will have to be temporarily moved to another unit within the development OR from the development during the conversion.

NOTE: If any of the relocation costs will be funded from sources other than the ALCP grant, you must provide evidence of a firm commitment of these funds. When evaluating applications, HUD will consider the total cost of proposals (i.e., cost of conversion, temporary relocation, service coordinator and other project costs). **EXHIBIT 6 - A description of any retrofit or renovation which** will be done at the project (with third party funds) that is separate and distinct from the ALF conversion. Attach firm commitment letters from third party organizations in specific dollar amounts which will cover the cost of any work outside the scope of the ALF NOFA. EXHIBIT 7 - Evidence of permissive zoning, showing that the modifications to include the ALF into the project as proposed are permissible under applicable zoning ordinances or regulations, or a statement of the proposed action required to make the proposed project permissible and the basis of your belief that the proposed action will be completed successfully within six months of the date of grant award by HUD. (e.g., a summary of the results of any requests for rezoning and/or the procedures for obtaining special or conditional use permits on land in similar zoning classifications and the time required for such rezoning, or preliminary indications of acceptability from zoning bodies, etc.)

## PART IV

## SUPPORTIVE SERVICES PLAN

#### EXHIBIT 8 - Supportive Services Plan

You must submit a copy of the SSP to each appropriate State or local service funding organization well in advance of the application deadline, for appropriate review. The State or local funding organization(s) must return the SSP to you with appropriate comments and indication of funding commitment, which you must include with this application.

You must also submit a copy of your application to the appropriate organization(s) which license ALFs in your jurisdiction. The licensing agency(ies) must approve your plan, and must also certify that the ALF and the proposed supportive services in your SSP are consistent with local statute and regulations and well designed to serve the needs of the frail elderly and people with disabilities who will reside in the ALF portion of your project.

 (a) Describe the supportive services needed for the frail elderly the ALF is expected to serve. This must include: (i) meals and such other supportive services required locally or by the State, and (ii) such optional services or care to be offered on an "as needed" basis.

Examples of both mandatory and optional services (which will vary from state to state)are: two meals and two snacks or three meals daily; 24-hour protective oversight; personal care; housekeeping services; personal counseling and transportation.

(b) Describe how you will provide the supportive services to those who are frail and have disabilities (i.e., on or off-site or combination of the two), including an explanation of how the service coordination role will facilitate the adequate provision of such services to ALF residents and how it will be funded, and how the services will meet the identified needs of the residents. EXHIBIT 8 (CONT'D)

- (c) Describe how the operation of your ALF will work, including:
  - (i) general operating procedures;
  - (ii) ALF philosophy and how it will promote the autonomy and independence of the frail elderly and persons with disabilities;
  - (iii) what the service coordination function will do and the extent to which it is existing, augmented or new;
    - (iv) ALF staff training plans;
    - (v) the degree to which and how the ALF will relate to the day-to-day operations of the rest of the project.
- (d) The monthly individual rate for board and supportive services for the ALF listing the total fee and components of the total fee for the items required by State or local licensing AND list the appropriate rate for any optional services you plan to offer ALF residents. Provide an estimate of the total annual costs of the required board and supportive services you expect to provide and an estimate of the amount of optional services you expect to provide.
- (e) List who will pay for the board and supportive services, e.g., \$\_\_\_\_ for meals by sponsor, \$\_\_\_\_ for housekeeping services by city government; \$\_\_\_\_ for personal care by State Department of Health; \$\_\_\_\_ for \_\_\_ by State \_\_\_\_ program; \$\_\_\_\_ in fees by tenants; and, \$\_\_\_\_ by \_\_\_.

The amounts and commitments from both tenants and/or providers must equal the estimated amounts necessary to cover the monthly rates for the number of people expected to be 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.

## PART V

### PROJECT RESOURCES

## **EXHIBIT 9 - A** description of your project's resources. (Not applicable to commercial properties.)

- (a) Provide a copy of the most recent project Repair and Replacement (R4R) account statement, and an R4R analysis showing plans for its use over the next five years, and any approvals received from the HUD field office to date.
- (b) Provide a copy of the most recent Residual Receipts Account statement. Indicate any approvals for the use of such receipts from the field office for over \$500/unit.
- (c) Provide your annual financial statement (AFS). If your FY 2003 AFS was due to REAC more than 120 days BEFORE the due date for this application, in the interest of reducing work burden, only include the date that it was sent to REAC. If the AFS was due to REAC 120 days or less from the due date of this application, you MUST include a paper copy. For commercial properties, the most recent statement or annual report.

## PART VI

## GENERAL APPLICATION REQUIREMENTS, FORMS, AND CERTIFICATIONS

| EXHIBIT | 10: | Forms | and | Certifications |
|---------|-----|-------|-----|----------------|
|---------|-----|-------|-----|----------------|

- (a) Standard Form 424, Application for Federal Assistance, including Funding Matrix and compliance with Executive Order 12372
   (A certification that you have submitted a copy of your application, if required, to the State agency single point of contact for State review.)
- (b) Standard Form 424B, Applicant Assurances and Certifications
- (c) Form HUD-2880, Applicant/Recipient
   Disclosure/Update Report, including Social
   Security and Employee Identification Numbers
   A disclosure of assistance from other
   government sources received in connection
   with the project.
- (d) Certification of Consistency with the Consolidated Plan (Plan), (HUD-2991) for the jurisdiction in which the proposed ALF will be located.

| Application for<br>Federal Assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | partment of Housing<br>oan Development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OMB A                                                                                                  | oproval No.2501-0017 (exp. 03/31/2005)                                                                                                                                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. Date S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4. HUD Application Number                                                                              |                                                                                                                                                                                                                                    |  |
| 1. Type of Submission Application Preapplication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3. Date a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | . Date and Time Received by HUD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        | ing Grant Number                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul> <li>A second s</li></ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6. Appli                                                                                               | cant Identification Number                                                                                                                                                                                                         |  |
| 7. Applicant's Legal Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8. Organizational Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                              |  |
| <ul> <li>9. Address (give city, county, State, and zip code) <ul> <li>A. Address:</li> <li>B. City:</li> <li>C. County:</li> <li>D. State:</li> <li>E. Zip Code:</li> </ul> </li> <li>11. Employer Identification Number (EIN) or SSN <ul> <li>13. Type of Application</li> <li>New Continuation Renewal</li> </ul> </li> <li>11. Revision, enter appropriate letters in box(es) <ul> <li>A. Increase Amount B. Decrease Amount C. Increase</li> <li>D. Decrease Duration E. Other (Specify)</li> </ul> </li> <li>15. Catalog of Federal Domestic Assistance (CFDA) <ul> <li>Title:</li> <li>Component Title:</li> </ul> </li> <li>17. Areas affected by Program (boroughs, cities, could indian Reservation, etc.)</li> </ul> | Number<br>14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul> <li>10. Name, title, telephone number, contacted on matters involving thi A. Name:</li> <li>B. Title:</li> <li>C. Phone:</li> <li>D. Fax:</li> <li>E. E-mail:</li> <li>12. Type of Applicant (enter approximately a strate)</li> <li>B. County</li> <li>C. Municipal</li> <li>D. Township</li> <li>E. Interstate</li> <li>F. Intermunicipal</li> <li>G. Special District</li> <li>H. Independent School District</li> <li>14. Name of Federal Agency</li> <li>U.S. Department of Housing</li> <li>16. Descriptive Title of Applicant's</li> </ul> | s applica<br>opriate le<br>1. Univ<br>J. Ind<br>K. Tril<br>L. Ind<br>M. Pr<br>N. No<br>O. Pu<br>P. Ott | tion (including area codes)<br>tter in box)<br>versity or College<br>ian Tribe<br>bally Designated Housing Entity (TDHE)<br>ividual<br>ofit Organization<br>n-profit<br>blic Housing Authority<br>her (Specify)<br>ban Development |  |
| 18a. Proposed Program start date 18b. Proposed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Program end date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 19a. Congressional Districts of Ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | oplicant                                                                                               | 19b. Congressional Districts of<br>Program                                                                                                                                                                                         |  |
| 20. Estimated Funding: Applicant must complete t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                                                                                                                                                                                    |  |
| 21. Is Application subject to review by State Executiv         A. Yes       This preapplication/application was         B. No       Program is not covered by E.O. 12         Program has not been selected by         22. Is the Applicant delinquent on any Federal debt?         Yes       If "Yes," explain below or attach an explain below or attach an explanation of the selected by                                                                                                                                                                                                                                                                                                                                   | a made available to<br>372<br>State for review.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | cess?<br>the State Executive Order 12372 Pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rocess fo                                                                                              | r review on: Date                                                                                                                                                                                                                  |  |

Page 1 of 2

#### Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

| Grant Program* | HUD<br>Share | Applicant<br>Match | Other HUD<br>Funds | Other Federal<br>Share | State<br>Share | Local/Tribal<br>Share | Other | Program<br>Income | Total |
|----------------|--------------|--------------------|--------------------|------------------------|----------------|-----------------------|-------|-------------------|-------|
|                |              |                    |                    |                        |                |                       |       |                   |       |
|                |              |                    |                    |                        |                |                       |       |                   |       |
|                |              |                    |                    |                        |                |                       |       |                   |       |
|                |              |                    |                    |                        |                |                       |       |                   |       |
|                |              |                    |                    |                        |                |                       |       |                   |       |
|                |              |                    |                    |                        |                |                       |       |                   |       |
|                |              |                    |                    |                        |                |                       | -     |                   |       |
|                |              |                    |                    |                        | .=             |                       |       |                   |       |
| Grand Totals   |              |                    |                    |                        |                |                       | ,     |                   |       |

For FHIPs, show both initiative and component

#### Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

| 23. Signature of Authorized Official | Name (printed) |       |
|--------------------------------------|----------------|-------|
| Title                                | Date (mm/dd/y  | (ууу) |
|                                      |                |       |

Previous versions of HUD-424 and 424-M are obsolete.

Page 2 of 2

| Applicant/Recipient<br>Disclosure/Update Report                                                                                                                                                                                                                                                                               | U.S. Department of Hou<br>and Urban Developmer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     | I No. 2510-0011 (exp. 06/30/2003)                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Instructions. (See Public Reporting Statement                                                                                                                                                                                                                                                                                 | nt and Privacy Act State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ment and detailed instru                                                                            | uctions on page 2.)                                                                                                                    |
| Applicant/Recipient Information                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | her this is an Initial Report [                                                                     | or an Update Report                                                                                                                    |
| 1. Applicant/Recipient Name, Address, and Phone (include                                                                                                                                                                                                                                                                      | e area code):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     | 2. Social Security Number or<br>Employer ID Number:                                                                                    |
| ( ) -                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                                                                        |
| 3. HUD Program Name                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | 4. Amount of HUD Assistance<br>Requested/Received                                                                                      |
| 5. State the name and location (street address, City and S                                                                                                                                                                                                                                                                    | tate) of the project or activity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                                                                                                        |
| Part I Threshold Determinations 1. Are you applying for assistance for a specific project or a terms do not include formula grants, such as public hous subsidy or CDBG block grants. (For further information s 4.3). Yes No                                                                                                 | sing operating jurisdict jurisdi jurisdict jurisdict jurisdict jurisdict jurisdict jur | tion of the Department (HUD)<br>blication, in excess of \$200,00<br>))? For further information, se | to receive assistance within the<br>, involving the project or activity in<br>0 during this fiscal year (Oct. 1 -<br>e 24 CFR Sec. 4.9 |
| If you answered " <b>No</b> " to either question 1 or 2,<br><i>However</i> , you must sign the certification at the                                                                                                                                                                                                           | end of the report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |                                                                                                                                        |
| Part II Other Government Assistance Pr<br>Such assistance includes, but is not limited to, any g                                                                                                                                                                                                                              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                                                                                                        |
| Department/State/Local Agency Name and Address                                                                                                                                                                                                                                                                                | Type of Assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Amount<br>Requested/Provided                                                                        | Expected Uses of the Funds                                                                                                             |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                                                                        |
| <ul> <li>(Note: Use Additional pages if necessary.)</li> <li>Part III Interested Parties. You must disclos</li> <li>1. All developers, contractors, or consultants involved in the project or activity and</li> <li>2. any other person who has a financial interest in the proje assistance (whichever is lower).</li> </ul> | e application for the assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | istance is sought that exceeds                                                                      | \$50,000 or 10 percent of the                                                                                                          |
| Alphabetical list of all persons with a reportable financial int<br>in the project or activity (For individuals, give the last name                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type of Participation in<br>Project/Activity                                                        | Financial Interest in<br>Project/Activity (\$ and %)                                                                                   |
| (Note: Use Additional pages if necessary.)<br>Certification<br>Warning: If you knowingly make a false statement on this<br>United States Code. In addition, any person who knowingly<br>disclosure, is subject to civil money penalty not to exceed \$<br>I certify that this information is true and complete.               | y and materially violates any re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | equired disclosures of informa                                                                      |                                                                                                                                        |
| Signature:                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date: (mm/dd/yyyy)                                                                                  |                                                                                                                                        |
| X                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                                                                        |

Form HUD-2880 (3/99)

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HÚD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38. Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

#### Instructions

#### Overview.

- A. Coverage. You must complete this report if:
  - (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the during the fiscal year;
  - (2) You are updating a prior report as discussed below; or(3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required
- by statute or regulation to be submitted to HUD for approval or for any other purpose. B. Update reports (filed by "Recipients" of HUD Assistance):
- B. Opdate reports (filed by "Recipients" of Hob Assistance): General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

#### Line-by-Line Instructions.

#### Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

- Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
- Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
- Applicants enter the HUD program name under which the assistance is being requested.
- 4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
- Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

#### Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. Recipients filing Update Reports should not complete this Part.

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

## Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

- 1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
- State the type of other government assistance (e.g., loan, grant, loan insurance).
- Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
- 4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.
- B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds both from HUD and any other source - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

#### Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

**Note:** A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

- Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
- Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
- Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
- 4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above. Notes:

- 1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
- Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
- 3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
- 4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
- 5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Type or clearly print the following information:)

| Applicant Name:           |                                        |   |
|---------------------------|----------------------------------------|---|
| <b>II</b>                 |                                        | _ |
|                           |                                        |   |
| Project Name:             |                                        |   |
| Project Humor             | ······································ |   |
|                           |                                        |   |
| Location of the Project:  |                                        |   |
| Education of the Project. |                                        | - |
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| Name of the Federal       |                                        |   |
| Program to which the      |                                        |   |
|                           |                                        |   |
| applicant is applying.    | · · · · · · · · · · · · · · · · · · ·  |   |
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| Name of                   |                                        |   |
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| Certifying Official       |                                        |   |
| of the Jurisdiction       |                                        |   |
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### Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

Type or clearly print the Applicant's name and full address in the space below.

| (fold li |                                                                                                                                                                                                                                                                                                                                                                                         |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | or clearly print the following information:                                                                                                                                                                                                                                                                                                                                             |
| Pro      | ame of the Federal<br>ogram to which the<br>plicant is applying:                                                                                                                                                                                                                                                                                                                        |
|          | To Be Completed by HUD                                                                                                                                                                                                                                                                                                                                                                  |
|          | HUD received your application by the deadline and will consider it for funding. I with Section 103 of the Department of Housing and Urban Development Reform no information will be released by HUD regarding the relative standing of any ap funding announcements are made. However, you may be contacted by HUD screening to permit you to correct certain application deficiencies. |
|          | HUD did not receive your application by the deadline; therefore, your applica receive further consideration. Your application is:                                                                                                                                                                                                                                                       |
|          | Enclosed                                                                                                                                                                                                                                                                                                                                                                                |
|          | Being sent under separate cover                                                                                                                                                                                                                                                                                                                                                         |
|          |                                                                                                                                                                                                                                                                                                                                                                                         |
|          | essor's Name                                                                                                                                                                                                                                                                                                                                                                            |

form HUD-2993 (2/99)

# Client Comments and Suggestions

U.S. Department of Housing and Urban Development

## You are our Client! Your comments and suggestions, please!

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and application forms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development Office of Departmental Grants Management and Oversight Room 3156 451 7th Street, SW Washington, DC 20410

Please Provide Comments on HUD's Efforts:

#### The NOFA (insert title)

- is: (please check one)
- (a) is clear and easily understandable
- (b) better than before, but still needs improvement (please specify)
- (c) other (please specify)

#### The application form (insert title)

| is: (please cl | heck one) |
|----------------|-----------|
|----------------|-----------|

- (a) is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.
- (b) is simpler and more user-friendly than before, but still needs work (please specify).

(c) other comments (please specify)

#### Name & Organization (Optional):

Are additional pages attached? Yes

No

Previous versions obsolete

form HUD-2994 (03/2003)

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## SERVICE COORDINATORS IN MULTIFAMILY HOUSING

Billing Code 4210-32-C

#### Funding Availability for Service Coordinators in Multifamily Housing

#### **Program Overview**

Purpose of the Program. The purpose of this Service Coordinator program is to allow multifamily housing owners to assist elderly individuals and people with disabilities living in HUD-assisted housing and in the surrounding area to obtain needed supportive services from the community, in order to enable them to continue living as independently as possible in their own homes.

*Available Funds.* Approximately \$25 million, Fiscal Year 2003 funds.

*Eligible Applicants.* Only owners of eligible developments may apply for and become the recipient of grant funds. Property management companies may administer grant programs but are not eligible applicants. See Section III for more detailed eligibility criteria.

#### **Additional Information**

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following additional information.

#### I. Application Due Date, Application, Further Information, and Technical Assistance

Application Due Date. Your completed application (an original and two copies) is due on or before 3:30 p.m., local time, on July 10, 2003 at the address given below.

Application Delivery. You may not hand deliver applications. HUD will reject any hand-delivered applications.

You must submit your application to the Field Office that has jurisdiction for the housing developments included in your application.

You may send your application via any mail delivery service. However, HUD recommends that you send your application through the United States Postal Service, as access to HUD offices by other delivery services is not guaranteed.

If you mail your application to the wrong Field Office and it is not received by the Office designated for receipt by the due date and time, it will be deemed late and will not be considered for funding. HUD is not responsible for directing it to the appropriate Office. Also, see the General Section of this SuperNOFA for further discussion concerning the form of application submission.

Addresses for Submitting Applications. Appendix A to this program section contains a list of HUD Field Offices where you must send your application by the deadline. Please address your application to the Director, Multifamily Housing Hub or Program Center in your local HUD Field Office. You should not submit any copies of your application to HUD Headquarters.

For Applications. Please note that all information needed for the preparation and submission of your application is included in this program NOFA and in the General Section of the SUPERNOFA. However, for your convenience and ease of submission, an application is being provided as Appendix B to this NOFA. To obtain a printed application, please call the SuperNOFA Information Center at 1-800-HUD-8929. If you have a hearing or speech impairment, please call the Center's TTY number at 1-800-HUD-2209. When requesting an application, please refer to the Multifamily Housing Service Coordinator Program and provide your name, address (including zip code) and telephone number (including area code). An application also will be available on the Internet at http://www.hud.gov.

For Further Information and Technical Assistance. You may contact your local HUD Field Office staff for questions you have regarding this program section of the SuperNOFA and your application. Please contact the Multifamily Housing Resident Initiatives Specialist or Service Coordinator contact person in your local Office. If you are an owner of a Section 515 development, contact the HUD Field Office that monitors your Section 8 contract. If you have a question that the Field staff is unable to answer, please call Carissa Janis, Housing Project Manager, Office of Housing Assistance and Grants Administration, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 6146, Washington, DC 20410; (202) 708–2866, extension 2487 (this is not a toll free number). If you are hearing or speech impaired, you may access this number via TTY by calling the Federal Information Relay Service at 1-800-877-8339.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you should contact your local Field office staff or consult the HUD web site at http://www.hud.gov.

#### **II. Amount Allocated**

(A) Available Funding. Of the estimated \$50 million appropriated in the FY 2003 Consolidated Appropriations, approximately \$25 million will be used to fund Service Coordinator Programs through this SuperNOFA. Additionally, approximately \$25 million will be used to fund one-year extensions to expiring Service Coordinator and Congregate Housing Services Program (CHSP) grants.

(B) Maximum Grant Award. There is no maximum grant amount. The grant amount you request will be based on the Service Coordinator's salary and the number of hours worked each week by that Service Coordinator (and/or aide). You should base your determination of the appropriate number of weekly work hours on the number of people in the development who are frail, at-risk, or non-elderly people with disabilities. Under normal circumstances, a full-time Service Coordinator should be able to serve about 50–60 frail or at-risk elderly or non-elderly people with disabilities on a continuing basis. Your proposed salary must also be supported by evidence of comparable salaries in your area. Gather data from programs near you to compare your estimates with the salaries and administrative costs of currently operating programs. Field staff can provide you with contacts at local program sites.

(Č) Funding Process. Prior to the selection process, HUD will first fund the FY 2002 Service Coordinator application submitted by Prentis Jewish Federation Apartments, Oak Park, Michigan, in the amount of \$207,350. This application was not funded in FY 2002 due to HUD error. HUD will then fund Service Coordinator applications submitted by FY 2003 Assisted Living Conversion Program (ALCP) applicants, whose ALCP applications are selected for funding under that program's NOFA. HUD estimates that approximately \$1 million will be used to fund ALCP Service Coordinator applications. Any funds not used by the ALCP program to fund service coordinators will be added to the funds available for the National Lotterv

HUĎ will use remaining funds to make grant awards through the use of a national lottery. A computer program performs the lottery by randomly selecting eligible applications. HUD will fully fund as many applications as possible with the given amount of funds available. After all fully fundable applications have been selected by lottery, HUD may make an offer to partially fund the next application on the lottery's list, in order to use the entire amount of funds allocated. If the applicant selected for partial funding turns down the offer, HUD will make an offer to partially fund the following application. HUD will continue this process until an applicant accepts the partial funding offer.

(D) *Reduction in Requested Grant Amount.* HUD may make an award in an amount less than requested, if:

(1) HUD determines that some elements of your proposed program are ineligible for funding;

(2) There are insufficient funds available to make an offer to fully fund the application; or

(3) HUD determines that a reduced grant amount would prevent duplicative federal funding.

(E) Alternative Funding for Service *Coordinators.* If your development has available residual receipts or excess income, you must use these funds prior to receiving grant monies, as long as they are not already allocated for other critical development expenses. Owners may submit requests to use residual receipts, or Section 8 or Project Rental Assistance Contract (PRAC) operating funds following instructions in Housing's Management Agent Handbook 4381.5, REVISION-2, CHANGE-2, Chapter 8. Refer to Housing Notice H 02–14 for information on using Section 236 excess income to fund a Service Coordinator. HUD Field staff may approve use of these project funds at any time, consistent with current policy. You should discuss these alternative funding options with your Field Office staff prior to submitting a grant application.

#### III. Program Description; Eligible Applicants; Eligible Activities

(A) *Program Description.* The Service Coordinator Program provides funding for the employment and support of Service Coordinators in insured and assisted housing developments that were designed for the elderly and persons with disabilities and continue to operate as such. Service Coordinators help residents obtain supportive services from the community that are needed to enable independent living and aging in place.

A Service Coordinator is a social service staff person hired or contracted by the development's owner or management company. The Service Coordinator is responsible for assuring that elderly residents, especially those who are frail or at risk, and those nonelderly residents with disabilities are linked to the supportive services they need to continue living independently in their current homes. All services should meet the specific desires and needs of the residents themselves. The Service Coordinator may not require any elderly individual or person with a disability to accept any specific supportive service(s).

You may want to review the Management Agent Handbook 4381.5 REVISION–2, CHANGE–2, Chapter 8 for further guidance on service coordinators. This Handbook is accessible through HUDCLIPS on HUD's Web site at *http://www.hudclips.org.* The Handbook is in the Handbooks and Notices—Housing Notices database. Enter the Handbook number in the "Document Number" field to retrieve the Handbook.

(B) Definition of Terms Used in this Program NOFA.

(1) "Activities of daily living (ADLs)" means eating, dressing, bathing, grooming, and household management activities, as further described below:

(a) Eating—May need assistance with cooking, preparing, or serving food, but must be able to feed self;

(b) Bathing—May need assistance in getting in and out of the shower or tub, but must be able to wash self;

(c) Grooming—May need assistance in washing hair, but must be able to take care of personal appearance;

(d) Dressing—Must be able to dress self, but may need occasional assistance; and

(e) Home management activities— May need assistance in doing housework, grocery shopping, laundry, or getting to and from activities such as going to the doctor and shopping, but must be mobile. The mobility requirement does not exclude persons in wheelchairs or those requiring mobility devices.

(2) "At-risk elderly person" is an individual 62 years of age or older who is unable to perform one or two ADLs, as defined in the above paragraph.

(3) *"Frail elderly person"* means an individual 62 years of age or older who is unable to perform at least three ADLs as defined in the above paragraph.

(4) *"People with disabilities"* means those individuals who:

(a) Have a disability as defined in Section 223 of the Social Security Act;

(b) Have a physical, mental, or emotional impairment expected to be of long, continued, and indefinite duration that impedes the individual's ability to live independently; or

(c) Have a developmental disability.

(5) "*Reasonable costs*" mean that costs are consistent with salaries and administrative costs of similar programs in your Field office's jurisdiction.

(C) Functions of a Service Coordinator. The major functions of the Service Coordinator include the following:

(1) Refer and link the residents of the development to supportive services provided by the general community. Such services may include case management, personal assistance, homemaker, meals-on-wheels, transportation, counseling, occasional visiting nurse, preventive health screening/wellness, and legal advocacy.

(2) Educate residents on service availability, application procedures, client rights, etc.

(3) Establish linkages with agencies and service providers in the community. Shop around to determine/develop the best "deals" in service pricing, to assure individualized, flexible, and creative services for the involved resident. Provide advocacy as appropriate.

(4) Provide case management when such service is not available through the general community. This might include evaluation of health, psychological and social needs, development of an individually tailored case plan for services, and periodic reassessment of the resident's situation and needs. Service Coordinators can also set up a Professional Assessment Committee (PAC) to assist in performing initial resident assessments. (See the guidance in the CHSP regulations at 24 CFR 700.135 (or 1944.258 for Rural Housing developments). Grantees cannot use grant funds to pay PAC members for their services.

(5) Monitor the ongoing provision of services from community agencies and keep the case management and provider agency current with the progress of the individual. Manage the provision of supportive services where appropriate.

(6) Help the residents build informal support networks with other residents, family and friends.

(7) Work and consult with tenant organizations and resident management corporations. Provide training to the development's residents in the obligations of tenancy or coordinate such training.

(8) Create a directory of providers for use by both development staff and residents.

(9) Educate other staff of the management team on issues related to aging in place and Service Coordination, to help them to better work with and assist the residents.

During work hours paid for by this grant, Service Coordinators may not perform the following activities:

(i) Act as a recreational or activities director;

(ii) Provide supportive services directly;

(iii) Assist with property management work; or

(iv) Act as a Neighborhood Networks program director or coordinator.

(D) Basic Qualifications of Service Coordinators and Aides.

(1) Service Coordinator Qualifications include the following:

(a) A Bachelor of Social Work or degree in Gerontology, Psychology or Counseling is preferable; a college degree is fully acceptable. You may also consider individuals who do not have a college degree, but who have appropriate work experience.

(b) Knowledge of the aging process, elder services, disability services, eligibility for and procedures of federal and applicable state entitlement programs, legal liability issues relating to providing Service Coordination, drug and alcohol use and abuse by the elderly, and mental health issues.

(c) Two to three years experience in social service delivery with senior citizens and people with disabilities. Some supervisory or management experience may be desirable if the Service Coordinator will work with aides.

(d) Demonstrated working knowledge of supportive services and other resources for senior citizens and nonelderly people with disabilities available in the local area.

(e) Demonstrated ability to advocate, organize, problem-solve, and provide results for the elderly and people with disabilities.

(2) Aides Working with a Service Coordinator. Aides should either have a college degree or appropriate experience in working with the elderly and/or people with disabilities. An example of an aide position could be an internship or work-study program with local colleges and universities to assist in carrying out some of the Service Coordinator's functions.

(E) *Eligible Applicants and Developments*. To be eligible for funding:

(1) You must meet all of the applicable threshold requirements of Sections V (B) and (D) of the General Section of the SuperNOFA.

(2) You must be an owner of a development assisted under one of the following programs:

(a) Section 202 Direct Loan;

(b) Project-based Section 8 (including Section 8 Moderate Rehabilitation); or

(c) Section 221(d)(3) below-market interest rate, and 236 developments that are insured or assisted.

(3) Additionally, developments listed in paragraph (2), above, are eligible only if they meet the following criteria:

(a) Have frail or at-risk elderly residents and/or non-elderly residents with disabilities who together total at least 25 percent of the building's residents. (For example, in a 52-unit development, at least 13 residents must be frail, at-risk, or non-elderly people with disabilities.)

(b) Were designed for the elderly or persons with disabilities and continue to operate as such. This includes any building within a mixed-use development that was designed for occupancy by elderly persons or persons with disabilities at its inception and continues to operate as such, or consistent with title VI, subtitle D of the Housing and Community Development Act of 1992 (Pub. L. 102–550). If not so designed, a development in which the owner gives preferences in tenant selection (with HUD approval) to eligible elderly persons or persons with disabilities, for all units in that development.

(c) Are current in mortgage payments or are current under a workout agreement.

(d) Meet HUD's Uniform Physical Conditions Standards (codified in 24 CFR part 5, subpart G), based on the most recent physical inspection report and responses thereto, as evidenced by a score of 60 or better on the last physical inspection or by an approved plan for developments scoring less than 60.

(e) Are in compliance with their regulatory agreement, Housing Assistance Payment (HAP) Contract, and other outstanding directives.

(f) Have insufficient surplus cash available at the time of application that otherwise could be used to hire a Service Coordinator. HUD Field staff will make this determination based on the surplus cash statement of the development's last Annual Financial Statement.

(4) If your eligibility status changes during the course of the grant term, making you ineligible to receive a grant (*e.g.* due to prepayment of mortgage, sale of property, or opting out of a Section 8 HAP contract), HUD has the right to terminate your grant.

(F) Ineligible Applicants and Developments.

(1) Property management companies, area agencies on aging, and other like organizations are *not* eligible applicants for Service Coordinator funds. Such agents may prepare applications and sign application documents if they provide written authorization from the owner corporation as part of the application. In such cases, the owner corporation must be indicated on all forms and documents as the funding recipient.

(2) Developments not designed for the elderly or people with disabilities or those no longer operating as such.

(3) Section 221(d)(4) developments without project-based Section 8 assistance.

(4) Section 202 and 811 developments with a PRAC. Owners of Section 202 PRAC developments may obtain funding by requesting an increase in their PRAC payment consistent with Handbook 4381.5 REVISION–2, CHANGE–2, Chapter 8.

(G) Eligible Activities.

(1) Service Coordinator Program grant funds may be used to pay for the salary, fringe benefits, and related support costs of employing a service coordinator.

(2) You may use grant funds to pay for Quality Assurance (QA) in an amount that does not exceed five (5) percent of the Service Coordinator's salary. Eligible QA activities are those that evaluate your program, to assure that the position is effectively implemented. A qualified, objective third party must perform the program evaluation work and must have supervisory work experience and education in social or health care services. Your QA activities must include two program evaluation reviews during the first year of program operation and one review each successive year. The program evaluations must identify short and long term program outcomes and performance indicators that will help you measure your performance.

On-site housing management staff cannot perform QA and you may not augment current salaries of in-house staff for this purpose.

(3) You may propose reasonable costs associated with setting up a confidential office space for the Service Coordinator. Such expenses must be one-time only administrative start-up costs. Such costs may involve acquisition, leasing, rehabilitation, or conversion of space. HUD Field Office staff must approve both the proposed costs and activity and must perform an environmental assessment on such proposed work prior to grant award.

(4) You may use funds to augment a current Service Coordinator program, by increasing the hours of a currently employed Service Coordinator, or hiring an additional Service Coordinator or aide on a part-or full-time basis. Likewise, ALCP applicants may apply for new or augmented Service Coordinator costs to serve Assisted Living residents and/or all residents of the development.

(5) You may use funds to continue a Service Coordinator program that has previously been funded through other sources. In your application, you must provide evidence that this funding source has already ended or will discontinue within six months following the application deadline date and that no other funding mechanism is available to continue the program. This applies only to funding sources other than the subsidy awards and grants provided by the Department through program Notices beginning in FY 1992. HUD currently provides one-year extensions to these subsidy awards and grants through a separate funding action.

(6) You may provide service coordination to low-income elderly individuals or people with disabilities living in the vicinity of an eligible development. Community residents should come to your housing development to meet with and receive service from the Service Coordinator. However, you must make reasonable accommodations for those individuals unable to travel to the housing site.

(H) Ineligible Activities.

(1) You may not use funds available through this NOFA to replace currently available funding from other sources for a Service Coordinator or for some other staff person who performs service coordinator functions.

(2) Owners with existing service coordinator subsidy awards or grants may not apply for renewal or extension of those programs under this NOFA.

(3) Congregate Housing Services Program (CHSP) grantees may not use these funds to meet statutory program match requirements and may not use these funds to replace current CHSP program funds to continue the employment of a service coordinator.

(4) The cost of application preparation is not eligible for reimbursement.

(5) Grant funds cannot be used to increase a project's management fee.

(6) You cannot hire an additional part or full-time Service Coordinator for the sole purpose of serving community residents.

#### **IV. Program Requirements**

To receive and administer a Service Coordinator grant, you must meet the requirements in Section IV of this program section of the SuperNOFA. These requirements apply to all activities, programs, and functions used to plan, budget, and evaluate the work funded under your program.

In addition to the requirements listed below, you must also meet the requirements of Section V of the General Section of this SuperNOFA. (Please note that paragraphs E, G, and M of Section V do not apply to the Service Coordinator program.)

(A) You must make sufficient separate and private office space available for the Service Coordinator and/or aides, without adversely affecting normal activities.

(B) The Service Coordinator must maintain resident files in a secured location. Files must be accessible ONLY to the Service Coordinator, unless residents provide signed consent otherwise. These policies must be consistent with maintaining confidentiality of information related to any individual per the Privacy Act of 1974.

(C) Grantees must ensure that the Service Coordinator receives appropriate supervision, training, and ongoing continuing education requirements, consistent with statutory and HUD administrative policies. This includes 36 hours of training in agerelated and disability issues during the first year of employment, if the Service Coordinator has not received recent training in these areas, and 12 hours of continuing education each year thereafter.

(D) Administrative Costs. The administrative costs of your program cannot exceed 10% of the program's cost.

(E) Reports. Grantees must submit semi-annual financial status and program performance reports. They must also provide information supporting program expenses at the time of receipt of grant funds for cost reimbursement. The objectives of the Service Coordinator program are to enhance a resident's quality of life and ability to live independently and age in place. The data that HUD collects on the performance report measures the grantee's success in meeting these intended program outcomes. The data reported include the numbers of residents served, their ages, frailty levels, and the range of services provided to them. In addition, the performance report assesses the Service Coordinator's efficiency in providing coordination, by reporting the number of hours worked, the amount of time spent doing administrative tasks, the types of professional training attended, and examples of problems encountered throughout the course of their work.

(F) As a condition of receiving a grant, Section 202 developments with projectbased Section 8 must open a Residual Receipts account separate from the Reserve for Replacement account, if they do not already have such a separate account.

(G) *Term of Funded Activities.* The grant term is three years. HUD will renew grants subject to the availability of funds and acceptable program performance.

(H) *Subgrants and Subcontracts.* You may directly hire a Service Coordinator or you may contract with a qualified third party to provide this service.

#### V. Application Selection Process

(A) *General.* HUD will not award Service Coordinator Program grant funds through a rating and ranking process. Instead, the Department will hold one national lottery for all eligible applications forwarded from Multifamily HUB and Multifamily Program Centers (a list of these offices is found in Appendix A to this notice).

(B) Threshold Eligibility Review. HUD Multifamily Field Office staff will review applications for completeness and compliance with the eligibility criteria set forth in Section III of this NOFA. Field Office staff will forward application information to Headquarters for entry into the lottery if the application was received by the deadline date, meets all eligibility criteria, proposes reasonable costs for eligible activities, and includes all technical corrections by the designated deadline date.

#### VI. Application Submission Requirements

(A) Single Applications.

(1) You may submit one application for one or more developments that your corporation owns.

(2) You may submit more than one application to a single Field Office, if you wish to increase your chances of selection in the lottery. Each application must propose a separate, stand-alone program and the development(s) must all be located in the same Field Office jurisdiction.

(3) If you wish to apply on behalf of developments located in different Field Office jurisdictions, you must submit a separate application to each Field Office.

(B) *Joint Applications.* You may join with one or more other eligible owners to share a Service Coordinator and submit a joint application. In the past, joint applications have been used by small developments that joined together to hire and share a part or full-time Service Coordinator.

(C) Application Submission Requirements for ALCP Applicants. If you are an ALCP applicant and you request new or additional Service Coordinator costs specifically for your proposed Assisted Living Program, you must submit an application containing all required documents and information listed in this NOFA. Be sure to indicate the amount of grant funds you are requesting for both programs on your HUD–424 forms. HUD Field Office staff will review both applications simultaneously.

ALCP applicants must submit all the required items in the Service Coordinator application listed in Section VI.(E) of this NOFA. You may provide a copy of all standard forms in your Service Coordinator application. If you do not provide either an original or copy of these forms, your Service Coordinator application will be incomplete.

If you currently do not have a Service Coordinator working at the development proposed in your ALCP application and your ALCP application is selected to receive an award, HUD will fund a Service Coordinator to serve either ALCP residents only or all residents of the development dependent upon your request. If your development currently has a Service Coordinator, you may request additional hours for the Service Coordinator to serve the Assisted Living residents. If you request additional hours, you must specify the number of additional hours per week and provide an explanation based on the anticipated needs of the Assisted Living residents. Provide this explanation in your ALCP application as instructed in the ALCP NOFA.

If you request Service Coordinator funding to serve all residents of your development, your request can be entered into the national lottery if your ALCP application is not selected to receive an award.

Owners applying for ALCP grants may also submit separate Service Coordinator applications for entry into the lottery for other eligible developments they own and that are not included in their ALCP application.

(D) Your application must contain the items listed in this Section VI(D). These items include the standard forms, certifications, and assurances listed in the General Section of the SuperNOFA that are applicable to this funding (collectively, referred to as the "standard forms"). The standard forms and other required forms can be found in the Application found in Appendix B to this NOFA. The items are as follows:

#### Standard Forms

(1) Application for Federal Assistance (HUD–424)

(2) Applicant Assurances and Certifications (HUD–424B)

(3) If engaged in lobbying, the Disclosure Form Regarding Lobbying (SF-LLL)

(4) Applicant/Recipient Disclosure/ Update Report Form (HUD–2880)

(5) Acknowledgment of Application Receipt (HUD–2993)

(6) Ĉlient Comments and Suggestions (HUD–2994)

#### Other Application Items:

All applications for funding under the Service Coordinator Program must contain the following documents and information:

(1) Service Coordinator Funding Request, forms HUD–91186 and HUD– 91186-i.

(2) If more than one owner is proposing to share a Service Coordinator, one agency must designate itself the "lead". This lead agency must submit a letter along with the completed application materials from each owner. The letter must be on organization letterhead and contain the number of developments, their names and addresses, and the dollar amount requested for each site. The legal signatory for the owner corporation must sign the letter, indicating agreement to administer grant funds for the housing developments listed in the letter.

(3) Evidence of comparable salaries in your local area.

(4) Narratives. (a) Explain your method of estimating how many residents of your development are frail or at-risk elderly or non-elderly people with disabilities. Please document that individuals meeting these criteria make up at least 25% of your resident population. (Do not include elderly individuals or people with disabilities who do not live in the eligible developments included in your application.)

(b) Explain how you will provide onsite private office space for the Service Coordinator, to allow for confidential meetings with residents.

(c) If you include quality assurance in your proposed budget, provide a justification and explanation of who will perform this work, what responsibilities are involved, and how often the work will be done.

(d) If you propose to serve community residents, present a description of your plan.

(e) If you are applying for an ALCP grant: (i) Describe how the new or additional Service Coordinator hours will support your proposed assisted living program, by following the instruction provided in the ALCP NOFA; and (ii) indicate if you want your Service Coordinator application entered into the lottery if your ALCP application is not selected to receive an award.

(5) If applicable, evidence that prior funding sources for your development's Service Coordinator program are no longer available or will expire within six months following the application deadline date.

(6) A bank statement showing the current residual receipts or excess income balance in the development's account.

(7) Applicant checklist.

#### VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

#### VIII. Environmental Requirements

It is anticipated that most activities under this program are categorically excluded from NEPA and related environmental authorities under 24 CFR 50.19(b)(3), (4), (12), or (13). If grant funds will be used to cover the cost of any activities which are not exempted from environmental review requirements—such as acquisition, leasing, construction, or building rehabilitation, HUD will perform an environmental review to the extent required by 24 CFR part 50, prior to grant award.

#### IX. Authority

Section 808 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101–625, approved November 28, 1990), as amended by sections 671, 674, 676, and 677 of the Housing and Community Development Act of 1992 (Pub. L. 102–550, approved October 28, 1992), and section 851 of the American Homeownership and Economic Opportunity Act of 2000 (Pub. L. 106– 569, approved December 27, 2000).

#### Appendix A

#### HUD Field Office List for Mailing Service Coordinator Applications

- Alabama—Multifamily Housing Program Center, HUD—Birmingham Office, 600 Beacon Parkway West, Rm. 300, Birmingham, AL 35209–3144, OFC Phone: (205) 290–7611, FAX: (205) 290–7632, TTY Number: (205) 731–2624
- Alaska—Multifamily Housing Hub, HUD Seattle Office, 909 First Avenue, Suite 190, MS–0AHM, Seattle, WA 98104–1000, OFC Phone: (206) 220–5228 ext. 3250, FAX: (206) 220–5206, TTY Number: (206) 220– 5254
- Arizona—Multifamily Housing Program Center, HUD Phoenix Office, 400 North Fifth Street, Suite 1600, Phoenix, AZ 85004–2361, OFC Phone: (602) 379–4434, FAX: (602) 379–3985 TTY Number: (602) 379–4557
- Arkansas—Multifamily Housing Program Center, HUD Little Rock Office, 425 West Capitol Avenue #900, Little Rock, AR 72201–3488, OFC Phone: (501) 324–5401, FAX: (501) 324–6142, TTY Number: (501) 324–5931
- California—Multifamily Housing Hub, HUD—San Francisco Office, 450 Golden Gate Avenue, PO Box 36003, San Francisco, CA 94102–3448, OFC Phone: (415) 436–6505, FAX: (415) 436–8996, TTY Number: (415) 436–6594
- Los Angeles Multifamily Hub, 611 West Sixth Street, Suite 800, Los Angeles, CA 90017, OFC Phone: (213) 894–8000 x3634,

Fax: (213) 894–8255, TTY Number: (213) 894–8133

- Colorado—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 11th Floor, Denver, CO 80202–3607, OFC Phone: (303) 672–5343, FAX: (303) 672–5153, TTY Number: (303) 672–5113
- Connecticut—Multifamily Housing Program Center, HUD—Hartford Office, One Corporate Center, 19th floor, Hartford, CT 06103–3220, OFC Phone: (860) 240–4800 Ext. 3068, FAX: (860) 240–4850, TTY Number: (860) 240–4665
- Delaware—Multifamily Housing Hub, HUD Philadelphia Office, The Wanamaker Building, 100 Penn Square, East, Philadelphia, PA 19107–3380, OFC Phone: (215) 656–0609 Ext. 3533, FAX: (215) 656– 3427, TTY Number: (215) 656–3452
- District of Columbia—Multifamily Housing Program Center, HUD Washington, DC Office, Suite 300, 820 First Street, N.E., Washington, DC 20032–4205, OFC Phone: (202) 275–9200, FAX: (202) 275–9212, TTY Number: (202) 275–0772
- Florida—Multifamily Housing Hub, HUD— Jacksonville Office, 301 West Bay Street, Suite 2200, Jacksonville, FL 32202–5121, OFC Phone: (904) 232–1777 x2144, FAX: (904) 232–2731, TTY Number: (904) 232– 2631
- Georgia—Multifamily Housing Hub, HUD— Atlanta Office, Five Points Plaza Building, 40 Marietta Street, S.W., Atlanta, Georgia 30303–2806, OFC Phone: (404) 331–4976, FAX: (404) 331–4028, TTY Number: (404) 730–2654
- Hawaii—Multifamily Housing Program Center, HUD Honolulu Office, 7 Waterfront Plaza, 500 Ala Moana Blvd. #500, Honolulu, HI 96813–4918, OFC Phone: (808) 522–8185 Ext. 244, FAX: (808) 522– 8194, TTY Number: (808) 522–8193
- Idaho—Multifamily Housing Hub, HUD Seattle Office, 909 First Avenue, Suite 190, MS–0AHM, Seattle, WA 98104–1000, OFC Phone: (206) 220–5228 ext. 3250, FAX: (206) 220–5206, TTY Number: (206) 220– 5254
- Illinois—Multifamily Housing Hub, HUD— Chicago Office, Ralph Metcalfe Federal Building, 77 West Jackson Boulevard, Chicago, IL 60604–3507, OFC Phone: (312) 353–6236 Ext. 2202, FAX: (312) 886–2729, TTY Number: (312) 353–5944
- Indiana—Multifamily Housing Program Center, HUD Indianapolis Office, 151 North Delaware Street, Suite 1200, Indianapolis, IN 46204–2526, OFC Phone: (317) 226–6303, FAX: (317) 226–7308, TTY Number: (317) 226–7081
- Iowa—Multifamily Housing Program Center, HUD Des Moines Office, 210 Walnut
  Street, Room 239, Des Moines, IA 50309– 2155, OFC Phone: (515) 284–4736, FAX: (515) 284–4743, TTY Number: (515) 284– 4728
- Kansas—Multifamily Housing Hub, HUD Kansas City Office, 400 State Avenue, Room 200, Kansas City, KS 66101–2406, OFC Phone: (913) 551–6844, FAX: (913) 551–5469, TTY Number: (913) 551–6972
- Kentucky—Multifamily Housing Program Center, HUD—Louisville Office, 601 West Broadway, PO Box 1044, Louisville, KY 40201–1044, OFC Phone: (502) 582–6124,

FAX: (502) 582–6547, TTY Number: (800) 648–6056

- Louisiana—Multifamily Housing Program Center, HUD New Orleans Office, Hale Boggs Bldg.—501 Magazine Street, 9th Floor, New Orleans, LA 70130–3099, OFC Phone: (504) 589–7236, FAX: (504) 589– 6834, TTY Number: (504) 589–7279
- Maine—Multifamily Housing Program Center, HUD—Manchester Office, Norris Cotton Federal Bldg., 275 Chestnut Street, Manchester, NH 03101–2487, OFC Phone: (603) 666–7684, FAX: (603) 666–7697, TTY Number: (603) 666–7518
- Maryland—Multifamily Housing Hub, HUD Baltimore Office, 5th Floor, 10 South Howard Street, Baltimore, MD 21201–2505, OFC Phone: (410) 962–2520 Ext. 3474, FAX: (410) 962–1849, TTY Number: (410) 962–0106
- Massachusetts—Multifamily Housing Hub, HUD—Boston Office, O'Neil Federal Building, 10 Causeway Street, Rm.375, Boston, MA 02222–1092, OFC Phone: (617) 565–5162, FAX: (617) 565–6557, TTY Number: (617) 565–5453
- Michigan—Multifamily Housing Hub, HUD Detroit Office, 477 Michigan Avenue, Detroit, MI 48226–2592, OFC Phone: (313) 226–7900, FAX: (313) 226–5611, TTY Number: (313) 226–6899
- Multifamily Housing Program Center, HUD Grand Rapids, Trade Center Building, 50 Louis Street, N.W., Grand Rapids, MI 49503–2648, OFC Phone: (616) 456–2100, FAX: (616) 456–2191, TTY Number: (616) 456–2159
- Minnesota—Multifamily Housing Hub, HUD Minneapolis Office, 220 Second Street, South, Minneapolis, MN 55401–2195, OFC Phone: (612) 370–3051, FAX: (612) 370– 3090, TTY Number: (612) 370–3186
- Mississippi—Multifamily Housing Program Center, HUD Jackson Office—McCoy Federal Building, 100 W. Capitol Street, Room 910, Jackson, MS 39269–1096, OFC Phone: (601) 965–4738, FAX: (601) 965– 4773, TTY Number: (601) 965–4171
- Missouri—Multifamily Housing Hub, HUD Kansas City Office, 400 State Avenue, Room 200, Kansas City, KS 66101–2406, OFC Phone: (913) 551–6844, FAX: (913) 551–5469, TTY Number: (913) 551–6972
- Multifamily Housing Program Center—HUD St. Louis Office, Robert A. Young Federal Building, 1222 Spruce Street, Third Floor, St. Louis, MO 63103–2836, OFC Phone: (314) 539–6382, FAX: (314) 539–6356, TTY Number: (314) 539–6331
- Montana—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202–3607, OFC Phone: (303) 672–5343, FAX: (303) 672–5153, TTY Number: (303) 672–5248
- Nebraska—Multifamily Housing Program Center, HUD Omaha Office, 10909 Mill Valley Road, Suite 100, Omaha, NE 68154-3955, OFC Phone: (402) 492–3113, FAX: (402) 492–3184, TTY Number: (402) 492– 3183
- Nevada—Multifamily Housing Program Center, HUD Las Vegas Office, 333 N. Rancho Drive—Atrium Bldg. Suite 700, Las Vegas, NV 89106–3714, OFC Phone: (702) 388–6525, FAX: (702) 388–6244, TTY Number: (702) 388–6246

- New Hampshire—Multifamily Housing Program Center, HUD—Manchester Office, Norris Cotton Federal Bldg., 275 Chestnut Street, Manchester, NH 03101–2487, OFC Phone: (603) 666–7684, FAX: (603) 666– 7697, TTY Number: (603) 666–7518
- New Jersey—Multifamily Housing Program Center, HUD—Newark Office—13th Floor, One Newark Center, Newark, NJ 07102– 5260, OFC Phone: (973) 622–7900 Ext. 3400, FAX: (973) 645–2271, TTY Number: (973) 645–3298
- New Mexico—Multifamily Housing Hub, HUD Ft. Worth Office, 801 Cherry Street, PO Box 2905, Ft. Worth, TX 76102–2905, OFC Phone: (817) 978–5764, FAX: (817) 978–5520, TTY Number: (817) 978–9278
- New York—Multifamily Housing Hub, HUD—New York Office, 26 Federal Plaza—Room 3214, New York, NY 10278– 0068, OFC Phone: (212) 264–0777 Ext. 3713, FAX: (212) 264–1277, TTY Number: (212) 264–0927
- Multifamily Housing Hub, HUD—Buffalo Office, Lafayette Court, 5th Floor, 465 Main Street, Buffalo, NY 14203–1780, OFC Phone: (716) 551–5755 Ext. 5509, FAX: (716) 551–3252, TTY Number: (716) 551– 5787
- North Carolina—Multifamily Housing Hub, HUD Greensboro Office—Koger Building, 2306 West Meadowview Road, Greensboro, NC 27407, OFC Phone: (336) 547–4034, FAX: (336) 547–4121, TTY Number: (336) 547–4020
- North Dakota—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202–3607, OFC Phone: (303) 672–5343, FAX: (303) 672– 5153, TTY Number: (303) 672–5248
- Ohio—Multifamily Housing Hub, HUD Columbus Office, 200 North High Street, Columbus, OH 43215–2499, OFC Phone: (614) 469–5737, Ext. 8111, FAX: (614) 469– 2432, TTY Number: (614) 469–6694
- Multifamily Housing Program Center, HUD Cincinnati Office, 525 Vine Street, Suite 700, Cincinnati, OH 45202–3188, OFC Phone: (513) 684–2350, FAX: (513) 684– 6224, TTY Number: (513) 684–6180
- Multifamily Housing Program Center, HUD Cleveland Office, 1350 Euclid Avenue, Suite 500, Cleveland, OH 44115–1815, OFC Phone: (216) 522–4058 Ext. 7000, FAX: (216) 522–4067, TTY Number: (216) 522–2261
- Oklahoma—Multifamily Housing Program Center, HUD Oklahoma City Office, 500 W. Main Street, Suite 400, Oklahoma City, OK 73102–2233, OFC Phone: (405) 553–7410, FAX: (405) 553–7406, TTY Number: (1) 800–877–8339
- Oregon—Multifamily Housing Hub, HUD Seattle Office, 909 First Avenue, Suite 190, MS–0AHM, Seattle, WA 98104–1000, OFC Phone: (206) 220–5228 ext. 3250, FAX: (206) 220–5206, TTY Number: (206) 220– 5254
- Pennsylvania—Multifamily Housing Hub, HUD Philadelphia Office, The Wanamaker Building, 100 Penn Square, East, Philadelphia, PA 19107–3380, OFC Phone: (215) 656–0609 Ext. 3533, FAX: (215) 656– 3427, TTY Number: (215) 656–3452
- Multifamily Housing Program Center, HUD Pittsburgh Office, 339 Sixth Avenue—Sixth

Floor, Pittsburgh, PA 15222–2515, OFC Phone: (412) 644–6639, FAX: (412) 644– 5872, TTY Number: (412) 644–5747

- Puerto Rico—Multifamily Housing Program Center, HUD Caribbean Office, 171 Carlos E. Chardon Avenue, San Juan, PR 00918– 0903, OFC Phone: (787) 766–5401, FAX: (787) 766–5522, TTY Number: (787) 766– 5909
- Rhode Island—Multifamily Housing Program Center, HUD—Providence Office, 10 Weybosset Street, Sixth Floor, Providence, RI 02903–2808, OFC Phone: (401) 528– 5230, FAX: (401) 528–5097, TTY Number: (401) 528–5403
- South Carolina—Multifamily Housing Program Center, HUD Columbia Office, 1835 Assembly Street, Columbia, SC 29201–2480, OFC Phone: (803) 765–5162, FAX: (803) 253–3043, TTY Number: (803) 253–3209
- South Dakota—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202–3607, OFC Phone: (303) 672–5343, FAX: (303) 672– 5153, TTY Number: (303) 672–5248
- Tennessee—Multifamily Housing Program Center, HUD—Knoxville Office, 710 Locust Street, SW, Knoxville, TN 37902–2526, OFC Phone: (423) 545–4411, FAX: (423) 545–4578, TTY Number: (423) 545–4559

- Multifamily Housing Program Center HUD— Nashville Office, 251 Cumberland Bend Drive, Suite 200, Nashville, TN 37228– 1803, OFC Phone: (615) 736–5748, FAX: (615) 736–2018, TTY Number: (615) 736– 2886
- Texas—Multifamily Housing Hub, HUD Ft. Worth Office, 801 Cherry Street, PO Box 2905, Ft. Worth, TX 76102–2905, OFC Phone: (817) 978–5764, FAX: (817) 978– 5520, TTY Number: (817) 978–5965
- Multifamily Housing Program Center, HUD Houston Office, 2211 Norfolk, #200, Houston, TX 77098–4096, OFC Phone: (713) 313–2274 Ext. 7015, FAX: (713) 313– 2319, TTY Number: (713) 834–3274
- Multifamily Housing Program Center, HUD San Antonio Office, 800 Dolorosa, San Antonio, TX 78207–4563, OFC Phone: (210) 475–6831, FAX: (210) 472–6897, TTY Number: (210) 475–6885
- Utah—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202–3607, OFC Phone: (303) 672–5343, FAX: (303) 672–5153, TTY Number: (303) 672–5248
- Vermont—Multifamily Housing Program Center, HUD—Manchester Office, Norris Cotton Federal Bldg., 275 Chestnut Street, Manchester, NH 03101–2487, OFC Phone:

- (603) 666–7684, FAX: (603) 666–7697, TTY Number: (603) 666–7518
- Virginia—Multifamily HUD Richmond Office, 3600 West Broad Street, Richmond, VA 23230–4920, OFC Phone: (804) 278– 4500 Ext. 3146, FAX: (804) 278–4613, TTY Number: (804) 771–2038
- Washington—Multifamily HUD Seattle Office, 909 First Avenue, Suite 190, MS– 0AHM, Seattle, WA 98104–1000, OFC Phone: (206) 220–5228 ext. 3250, FAX: (206) 220–5206, TTY Number: (206) 220– 5254
- West Virginia—Multifamily HUD— Charleston Office, 405 Capitol Street, Suite 708, Charleston, WV 25301–1795, OFC Phone: (304) 347–7000 Ext. 103, FAX: (304) 347–7050, TTY Number: (304) 347– 5332
- Wisconsin—Multifamily, HUD Milwaukee Office, 310 West Wisconsin Avenue, Room 1380, Milwaukee, WI 53203–2289, OFC Phone: (414) 297–3214 Ext. 8662, FAX: (414) 297–3204, TTY Number: (414) 297– 1423
- Wyoming—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202–3607, OFC Phone: (303) 672–5343, FAX: (303) 672–5153, TTY Number: (303) 672–5248

APPENDIX B

# MULTIFAMILY HOUSING

# Service Coordinator Program

# **Grant Application 2003**

# Application Due Date: July 10, 2003

U.S. Department of Housing and Urban Development Office of Housing Office of Multifamily Housing Programs

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# **Attachments**

- 1. Applicant Checklist
- 2. Service Coordinator Funding Request (forms HUD-91186 and HUD-91186-i)
- 3. Transmittal Letter Format for Designated Lead Agency
- 4. Application for Federal Assistance (HUD-424)
- 5. Applicant Assurances and Certifications (HUD-424B)
- 6. Disclosure Form Regarding Lobbying (SF-LLL)
- 7. Applicant/Recipient Disclosure/Update Report Form (HUD-2880)
- 8. Acknowledgment of Application Receipt (HUD-2993)
- 9. Client Comments and Suggestions (HUD-2994)
- 10. Fiscal Year 2003 Service Coordinator Notice of Funding Availability with Field Office List

# **\*HELPFUL HINTS \***

- Be sure to read the application materials carefully and thoroughly.
- If you have any questions about any part of this application, do not make assumptions or guesses. Contact HUD Field staff for assistance.
- The owner corporation is the only eligible applicant and recipient of Service Coordinator funds. Property management companies and other agents may prepare applications, but may not receive funds (Section 3.1).
- Section 202 with Project Rental Assistance Contracts (PRAC) and Section 811 developments are not eligible for funding (Section 3.2.2).
- Only developments designed for the elderly or people with disabilities and continuing to operate as such are eligible for funding. Developments designed for primary residence by families are not eligible (Section 3.2).
- There is no minimum unit number to be eligible for funding (Section 3.2.1(G)).
- You may request funds to augment the time of a current Service Coordinator or hire an additional Service Coordinator or aide (Section 3.3.1(D)).
- You may request funding to continue a Service Coordinator program paid through other resources, if those resources are no longer available or will discontinue within six months following the application due date (Section 3.3.1(E)).
- As part of your program, you may provide service coordination to low-income elderly or disabled families living in the vicinity of an eligible development (Section 3.3.1(F)).
- When preparing your application, please number all pages and clearly identify all components of your application package.
- The Standard Form 424 requests the Catalogue of Federal Domestic Assistance (CFDA) number for this program. The number is 14.191.

# 1. Introduction

This application package contains instructions and materials for Service Coordinator grants for multifamily assisted housing developments for the elderly and people with disabilities. Applicants will submit requests to their local Field Office. Field staff will review applications and will forward to HUD Headquarters funding request information for those applications that meet threshold eligibility criteria. HUD Headquarters staff will place all eligible applications in a national lottery. HUD will make three-year grants through this process and will award approximately \$25 million. All grants are renewable in the future, subject to the availability of funds and acceptable program performance.

# 2. APPLICATION REQUIREMENTS

**2.1 Deadline Date: The Application <u>deadline date is July 10, 2003.</u> Applicants must submit applications to their local Field office as directed in the Service Coordinator Notice of Funding Availability (NOFA) and in this application package.** 

**2.2 Number of Copies**. You must submit <u>one original application and two copies</u> to the appropriate Field Office.

# 2.3 Number of Applications

A. You may submit one application for one or more developments that your corporation owns.

OR

- B. You may submit more than one application to a single Field Office, if you wish to increase your chances of selection in the lottery. Each application must propose a stand-alone program at separate sites and the development(s) must all be located in the same Field Office jurisdiction.
- C. If you wish to apply on behalf of developments located in different Field Office jurisdictions, you must submit a separate application to each Field Office.

# 2.4 Applications With Multiple Developments and Joint Applications

# 2.4.1 Multiple Development Applications

You may propose to hire a Service Coordinator who will be shared among eligible developments that your corporation owns. You need submit only one transmittal letter and set of other required attachments. In your letter, be sure to list all developments that will share the coordinator and provide all pertinent development information.

### 2.4.2 Joint Applications

You may join with one or more owners to share a Service Coordinator and so submit a joint application. In the past, owners of small developments have joined together to submit one application for one Service Coordinator who will serve all sites.

One entity must act as the "lead applicant" and submit a transmittal letter covering all requests, (see sample letter format, Attachment 3). Send all owners' applications together, with the transmittal letter as the cover letter for the group of applications. This insures that all multiple requests are reviewed together.

The applicants must show the grant amount, and residual receipts/excess income, if appropriate, for **EACH** development. HUD will not award funds to one owner or a third party organization (e.g., a management agent) to be parceled out to the other owners.

# 2.5 Grant Amount

There is no maximum grant amount. The grant amount you request will be based on the Service Coordinator's salary and the number of hours worked each week by that Service Coordinator (and/or aide). You should base your determination of the appropriate number of weekly work hours on the number of people in the development who are frail, at-risk, or non-elderly people with disabilities. Under normal circumstances, a full-time Service Coordinator should be able to serve about 50-60 frail or at-risk elderly or non-elderly people with disabilities on a continuing basis. Your proposed salary must also be supported by evidence of comparable salaries in your area. Gather data from programs near you to compare your estimates with the salaries and administrative costs of currently operating programs. Field staff can provide you with contacts at local program sites.

# 2.6 Applicant Checklist

Make sure that you have included all required components and information in your application. Use the Applicant Checklist (Attachment 1) to help you keep track of these items. Check off each item as you put your application together and include the checklist as part of your application package. Your application must include the below items:

- A. Service Coordinator Funding Request (forms HUD-91186 and HUD-91186-i)
- B. If more than one owner is proposing to share a Service Coordinator, one agency must designate itself the "lead". This lead agency must submit a letter along with the completed application materials from each owner. The letter must be on organization letterhead and contain the number of developments, their names and addresses, and the dollar amount requested for each site. The legal signatory for the owner corporation must sign the letter, indicating agreement to administer grant funds for the housing developments listed in the letter.
- C. Evidence of comparable salaries in your local area.
- D. Narratives
  - Explain your method of estimating how many residents of your development are frail or at-risk elderly or non-elderly people with disabilities. Please document that individuals meeting these criteria make up at least 25% of your resident population. (Do not include elderly individuals or people with disabilities who do not live in the eligible developments included in your application.)
  - 2) Explain how you will provide on-site private office space for the Service Coordinator, to allow for confidential meetings with residents.
  - 3) If you include quality assurance in your proposed budget, provide a justification and explanation of who will perform this work, what responsibilities are involved, and how often the work will be done.
  - 4) If you propose to serve community residents, present a description of your plan.
  - 5) If you are applying for an ALCP grant, (a) describe how the new or additional Service Coordinator hours will support your proposed assisted living program, by following the instruction provided in the ALCP NOFA and (b) indicate if you want your Service Coordinator application entered into the lottery if your ALCP application is not selected to receive an award.

- E. If applicable, Evidence that prior funding sources for your development's Service Coordinator program are no longer available or will expire within six months following the application deadline date.
- F. A bank statement showing the current residual receipts or excess income balance in the development's account.
- G. Applicant checklist
- H. Standard Forms:
  - 1) Application for Federal Assistance (HUD-424)
  - 2) Applicant Assurances and Certifications (HUD-424B)
  - 3) If engaged in lobbying, the Disclosure Form Regarding Lobbying (SF-LLL)
  - 4) Applicant/Recipient Disclosure/Update Report Form (HUD-2880)
  - 5) Acknowledgment of Application Receipt (HUD-2993)
  - 6) Client Comments and Suggestions (HUD-2994)

# 2.7 Application Submission

#### 2.7.1 Submission Address

Send your application to the local HUD Field Office that serves the jurisdiction in which the development proposed for funding is located. Address your application to the Director, Multifamily Housing Hub or Program Center. See list of Field Offices in Appendix A to the NOFA. Do not send any copies of applications to HUD Headquarters.

#### 2.7.2 Delivery Options

A. You may not hand deliver applications. HUD will reject any hand-delivered applications.

- B. You may send your application via any mail delivery service. However, HUD recommends that you send your application through the United States Postal Service, as access to HUD offices by other delivery services is not guaranteed and access may be denied for security reasons.
- C. To be considered for funding, HUD must receive your mailed application no later than 3:30 PM *local time* on the application due date.

If you mail your application to the wrong Field Office and it is not received by the Office designated for receipt by the due date and time, it will be considered late and disqualified from funding. HUD is not responsible for directing it to the appropriate Office. **Proof of timely submission to HUD field offices will be the Certificate of** 

**Mailing (USPS Form 3817).** Please remember that mail to Federal facilities is screened prior to delivery, so please allow time for your package to be delivered. If an application does not meet the filing requirements it will not receive funding consideration. Also, see the **General Section** of the SuperNOFA for further discussion concerning the form of application submission.

#### 2.8 Technical Assistance

Field Office staff may provide limited technical assistance to owners to assist them in completing their applications. Technical Assistance includes such activities as explaining and responding to questions about program regulations, defining terms in an application package, and providing other forms of technical guidance that may be described in a NOFA. It does not include advising the applicant how to make substantive improvements to an application. See Appendix A to the NOFA for a list of Field Offices.

You also may email questions to Carissa\_L.\_Janis@hud.gov. Your message may be forwarded to your local HUD Field Office contact person, so be sure to include your city and state in your message so we can respond promptly.

# 2.9 To Obtain Copies of this Application and NOFAs

You may obtain additional copies of this grant application by calling the SuperNOFA Information Center at 1-800-HUD-8929. If you have a hearing or speech impairment, please call the Center's TTY number at 1-800-HUD-2209. When requesting an application, please refer to the Multifamily Housing Service Coordinator Program and provide your name, address (including zip code) and telephone number (including area code). Application materials also will be available on the Internet at <u>http://www.hud.gov</u>.

# 2.10 Other Funding Sources

Some owners may have available residual receipts, excess income, or Section 8 funds (through their Housing Assistance Payment [HAP] contract). If these excess funds are sufficient to cover the costs of employing a Service Coordinator, you should use these resources first, whenever financially feasible, before applying for a grant. You will find procedures for applying for and using these funds in Housing's *Management Agent* Handbook 4381.5, Revision-2, Change-2, Chapter 8, and Notice 99-28 "Calculating and Retaining Section 236 Excess Income", Section II.C(3). Field Office staff will approve such requests consistent with current Section 8 and housing management policy. To the extent possible, HUD wants Service Coordinators to become permanent members of the management team and so this budget-based mechanism is a preferable long-term approach.

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# 3. ELIGIBILITY CRITERIA

# 3.1 Eligible and Ineligible Applicants

Only owners of eligible multifamily assisted housing developments listed in Section 3.1, below, may request Service Coordinator funding. The owner entity must be the official applicant.

Property management companies, area agencies on aging, and other like organizations are <u>not</u> eligible applicants for Service Coordinator funds. However, such agents may prepare applications and sign application documents. To do so, **the application must include evidence that the owner has given authority for the agent to apply for the funds and to sign the application documents on behalf of the owner corporation**. A letter from the owner corporation stating this authority is acceptable evidence. In such cases, the owner corporation **must** be indicated on all forms and documents as the official funding recipient.

To be eligible for funding, you must meet all of the applicable threshold requirements of Section V(B) and (D) of the **General Section** of the SuperNOFA and must be owners of developments assisted under the following programs:

A. Section 202 Direct loan;

- B. Project-based Section 8 (including Section 8 Moderate Rehabilitation), or
- C. Section 221(d)(3) below-market interest rate, and 236 developments that are insured or assisted.

If your eligibility status changes during the course of the grant term making you ineligible to receive a grant (e.g. due to prepayment of mortgage, sale of property, or opting out of a Section 8 Housing Assistance Payment (HAP) contract), HUD has the right to terminate your grant.

# 3.2 Eligible and Ineligible Developments

# 3.2.1 Eligible Developments

Developments listed in section 3.1, above, are eligible only if they meet the following criteria:

A. Have frail or at-risk elderly residents and/or non-elderly residents with disabilities who together total at least 25 percent of the building's residents.

- B. Are designed for the elderly or persons with disabilities and continue to operate as such. This includes any building within a mixed-use development that was designed for occupancy by elderly persons or persons with disabilities at its inception and continues to operate as such, or consistent with title VI, subtitle D of the Housing and Community Development Act of 1992. If not so designed, a development in which the owner gives preferences in tenant selection (with HUD approval) to eligible elderly persons or persons with disabilities, for all units in that development.
- C. Are current in mortgage payments or are current under a workout agreement.
- D. Meet HUD's Uniform Physical Conditions Standards (codified in 24 CFR part 5, subpart G), based on the most recent physical inspection report and responses thereto, as evidenced by a score of 60 or better or an approved plan for developments scoring less than 60.
- E. Are in compliance with their regulatory agreement, HAP Contract, and other outstanding directives.
- F. Have insufficient surplus cash available at the time of application that otherwise could be used to hire a Service Coordinator. HUD Field staff will make this determination based on the surplus cash statement of the development's last Annual Financial Statement.
- G. Please note that there is no minimum unit number eligibility criterion. This means, for example, an owner of a 20-unit development may submit an application for a Service Coordinator to serve only those 20 units. However, this development still must meet all eligibility criteria and the owner must carefully conform to the hiring guidelines presented in Section 5.3, below, in proposing salary and number of work hours.

# 3.2.2 Ineligible Developments

Ineligible developments include those that are:

- A. For primary residence by families (i.e. not designed for the elderly or disabled or no longer operating as such).
- B. Financed through Section 221(d)(4) and without project-based Section 8.

- C. Section 202 or 811 developments with a Project Rental Assistance Contract (PRAC). Owners of Section 202 PRAC developments may obtain funding by requesting an increase in their PRAC payment consistent with the *Management Agent Handbook* 4381.5 Revision-2, Change-2, Chapter 8. There is no statutory authority for Service Coordinators in Section 811 developments.
- D. Developments with project-based Section 8 vouchers are not eligible to receive Service Coordinator grants.

# 3.3 Eligible and Ineligible Activities

#### 3.3.1 Eligible Activities

- A. Service Coordinator Program grant funds may be used to pay for the salary, fringe benefits, and related support costs for employing a Service Coordinator.
- B. You may use grant funds to pay for Quality Assurance (QA) in an amount that does not exceed five (5) percent of the Service Coordinator's salary. Eligible QA activities are those that evaluate your program, to assure that the position is effectively implemented. A qualified third party must perform the program evaluation work and must have supervisory work experience and education in social or health care services. Your QA activities must include two program evaluation reviews during the first year of program operation and one review each successive year. On-site housing management staff cannot perform QA and you may not augment current salaries of in-house staff for this purpose.
- C. You may propose reasonable costs associated with setting up a confidential office space for the Service Coordinator. Such expenses must be one-time only administrative start-up costs. Such costs may involve acquisition, leasing, rehabilitation, or conversion of space. HUD Field Office staff must approve both the proposed costs and activity and must perform an environmental assessment on such proposed work prior to grant award.
- D. You may use funds to augment a current Service Coordinator program, by increasing the hours of a currently employed Service Coordinator, or hiring an additional Service Coordinator or aide on a part- or full-time basis.
- E. You may use funds to continue a Service Coordinator program that has previously been funded through other sources. In your application, you must provide evidence that this funding source has already ended or will discontinue within six months following the application due date and that no other funding mechanism is available to continue the program.

This does not apply to the Service Coordinator grants previously awarded between 1992 and 1999. HUD will provide one-year extensions to these expiring grants through a separate funding action.

F. You may provide service coordination to low-income elderly or disabled families living in the vicinity of an eligible development. Community residents should come to your housing development to meet with and receive service from the Service Coordinator. However, you must make reasonable accommodations for those individuals unable to travel to the housing site.

# 3.3.2 Ineligible Activities

- A. You may <u>not</u> use funds available through the Service Coordinator NOFA to replace currently available funding from other sources for a Service Coordinator or for some other staff person who performs Service Coordinator functions.
- B. Owners with existing Service Coordinator subsidy awards or grants may <u>not</u> apply for renewal or extension of those programs.
- C. Congregate Housing Services Program (CHSP) grantees may <u>not</u> use these funds to meet statutory program match requirements and may <u>not</u> use these funds to replace current CHSP program funds to continue the employment of a Service Coordinator.
- D. The cost of application preparation is not eligible.
- E. Grant funds cannot be used to increase a project's management fee.
- F. You cannot hire an additional part or full-time Service Coordinator for the sole purpose of serving low-income elderly or disabled families who live in the vicinity of your development.

# **4. SERVICE COORDINATION**

# 4.1 General

A Service Coordinator is a social service staff person hired by the development owner or Management Company. The coordinator is responsible for linking elderly residents, especially those who are frail or at-risk, or non-elderly residents with disabilities to the supportive services they need to continue living independently. Service coordination means the activity of linking a resident to needed supportive services or medical services which may be provided by private practitioners or agencies in the general community. Additionally, the term may cover case management, both formal and informal, in which the Service Coordinator assesses service needs; determines eligibility for public services, and makes resource allocation decisions.

# 4.2 Who Does Service Coordination?

Service coordination may be performed by:

- An on-site or off-site staff person hired by the development owner or management agent, or shared among these employers;
- An on-site or off-site staff person hired by a third party agency, and contracted to the development owner or management agent, or
- A staff person hired by a third party agency, who provides case management and service coordination for a development resident in concert with the distribution of that agency or another agency's funding.

# 4.3 Indications of Existing Service Coordination

If Service Coordination is currently in-place and paid for by HUD or resources other than HUD's, the costs may <u>not</u> be shifted to these grant funds. These services may often be performed by staff with job titles other than "Service Coordinator" or be performed on a part-time basis by other members of the management team. No part of this activity's cost, regardless of who performs the service, may be transferred to this grant program.

The following may be indicators of existing coordination arrangements:

- Supplemental Security Income (SSI) and/or Medicaid payments going directly to the development's management for rent and service costs;
- The management of the development coordinates the services (and possibly their payment);
- Third party staff persons are placed on the premises without charge to the current HUD budget for the development, and
- Any combination of the above.

Case managers, social workers, or Service Coordinators may provide these services. These staff may be employed by a development owner or Management Company, or a state/local government agency. Not all developments for people with disabilities have a Service Coordinator in place or can provide this service for their residents. Therefore, HUD will individually evaluate each application to determine whether it may qualify for funding under this program, regardless of the population served.

# 4.4 Functions of a Service Coordinator

The major functions of the Service Coordinator include the following:

- A. Provide general case management (including intake) and referral services to all residents needing such assistance.
- B. Provide formal case management (i.e., evaluation of health, psychological and social needs, development of an individually tailored case plan for services and periodic reassessment of the resident's situation and needs) for a resident when such service is not available through the general community.

There may be times when there will be difficulty in linking up residents with a community assessment agency in a timely manner. Therefore, the Service Coordinator may want to consider setting up a Professional Assessment Committee (PAC) to work with the Service Coordinator to perform initial assessments. (See the guidance in the CHSP regulations at 24 CFR 700.135 (or 1944.258 for Rural Housing developments). A PAC member shall NOT be paid for his/her services with grant funds.

- C. Establish linkages with agencies and service providers in the community; shop around to determine/develop the best "deals" in service pricing, to assure individualized, flexible, and creative services for the involved resident(s).
- D. Create a directory of providers for use by both development staff and residents.
- E. Refer and link the residents of the development to service providers in the general community. Examples are: Case management, personal assistance, homemaker, meals-on-wheels, transportation, counseling, occasional visiting nurse, preventive health screening/wellness and legal advocacy.
- F. Educate residents on service availability, application procedures, client rights, etc. Provide advocacy as appropriate.

- G. Monitor the ongoing provision of services from community agencies and keep the case manager and provider agency current with the progress of the individual. Manage the provision of supportive services where appropriate.
- H. Help the residents build informal support networks with other residents, family and friends.
- 1. Set up volunteer support programs with service organizations in the community.
- J. Provide training to the development's residents in the obligations of tenancy or coordinate such training.
- K. Educate other staff of the management team on issues related to aging in place and Service Coordination, to help them to better work with and assist the residents.
- L. Develop case plans in coordination with community assessment services or with a PAC.
- M. Work and consult with tenant organizations and resident management corporations.

# 4.5 Ineligible Work Responsibilities

During work hours paid for by this grant, Service Coordinators may not perform the following activities:

- A. Act as a recreational or activities director;
- B. Provide supportive services directly;
- C. Assist with property management work, and
- D. Act as a Neighborhood Networks director or coordinator.

# 4.6 Basic Qualification Guidelines for Service Coordinators and Aides

# 4.6.1 Service Coordinator Qualifications

Qualifications include the following:

A. A Bachelor of Social Work or degree in Gerontology, Psychology or Counseling is preferable; a college degree is fully acceptable. <u>However, individuals without a degree, but with appropriate work experience, may be hired.</u> Such situations must not be rejected out of hand.

B. Training in the aging process, elder services, disability services, eligibility for and procedures of Federal and applicable State entitlement programs, legal liability issues relating to providing Service Coordination, drug and alcohol use and abuse by the elderly, and mental health issues.

This requirement is not a prerequisite for hiring. The owner must certify and put in the project files, that the training requirements, if not met at the point of hiring, will be satisfied within one year. See Housing's *Management Agent* Handbook 4381.5 Revision-2, Change-2, Chapter 8.

- C. Two to three years experience in social service delivery with senior citizens and people with disabilities. Some supervisory or management experience may be desirable.
- D. Demonstrated working knowledge of supportive services and other resources for senior citizens and non-elderly people with disabilities in the area served by the development.
- E. Demonstrated ability to advocate, organize, problem-solve, and provide results for the elderly and disabled served.

# 4.6.2 Aides Working with a Service Coordinator

- A. It is desirable, but not required, that aides have a college degree. They should, however, have appropriate experience in working with the elderly and/or people with disabilities.
- B. Options for structuring an "aide" situation:
  - Set up an internship or work study program with local colleges and universities to assist in carrying out some of the functions noted under Section 4.4, above.
  - Use local college and university programs to provide planning guidance to development staff or provide program evaluation/assessment functions.

# **5. STAFFING CONSIDERATIONS**

### **5.1 Contracting Out**

The Service Coordinator functions may be contracted out by the owner if the contract is with a single individual or with a third party agency that commits the time of a single individual to do the necessary work. Such individual should meet the qualification guidelines stated previously in section 4.6.

# 5.2 Sharing a Coordinator

Owners of eligible developments may combine efforts to hire a part-time or full-time Service Coordinator. Sharing is especially encouraged for smaller buildings. Owners may join together to share a Service Coordinator and may submit a combined application as described below.

#### 5.3 Guidelines for Work Time

Under normal circumstances, a full-time Service Coordinator should be able to serve about 50-60 frail or at-risk elderly or non-elderly people with disabilities. However, the population of most developments will contain a significant number of residents who are not frail, at-risk, or disabled. Thus, the determination of whether or not a Service Coordinator is full time should be related to the number of people in the development who are frail, at-risk, or disabled, with less consideration given to the other residents of the development.

The requirement that 25 percent of the residents must be frail or at-risk elderly, and/or non-elderly people with disabilities means, for example, that in a 50-unit development, at least 13 residents must be frail, at-risk, or disabled.

- *Example 1*: In a 50-unit development, 13 residents are frail and 15-20 others are atrisk. The development could justify a 1/2 time coordinator.
- *Example 2*: In a 75-unit development, 20 residents are frail and 15-20 others are atrisk. This development could justify at least a 3/4 time Service Coordinator.
- *Example 3*: In a 110-unit development, 40 residents are frail and 40 others are at-risk. This development could justify a full-time coordinator and possibly a part-time aide.

- Example 4: Three developments of 20, 20 and 51 units (91 units, total) join forces.
   Among them, they have 10 frail residents and 15 others that are at-risk.
   These developments could justify at least a 3/4 time coordinator (after making allowances for travel time between sites).
- *Example 5*: In a 80-unit development there are no frail individuals, but about 40 who are at-risk. This development could justify a 3/4 to full-time coordinator.
- *Example 6*: In a 150 unit development, 45 residents are frail and another 60 are atrisk. This development could justify at least one full-time and an additional part-time Service Coordinator.

All above examples are guidelines that you should adapt to local situations. Non-elderly people with disabilities would factor the same in the above examples as either frail or atrisk elderly.

### **5.4 Quality Assurance**

Management must assure that the Service Coordinator function is effectively implemented. Therefore, quality assurance (i.e. program evaluation) is an allowable program expense and HUD strongly encourages you to include this practice in your program. You may propose a cost of up to five (5) percent of the Service Coordinator salary to pay for on going program evaluation activities. Your QA activities must include two program evaluation reviews during the first year of program operation and one review each successive year.

In your application, provide a narrative description of your proposed QA activities and indicate the qualifications of potential consultants who you would use to evaluate your program. A qualified third party must perform the program evaluation work. Basic qualifications include supervisory experience and education in social or health care services. If you receive a Service Coordinator grant, you will be required to provide evidence of your consultant's qualifications and to maintain copies of your program evaluation reports in your grant files.

In-house and management staff may NOT perform this function and their salaries may not be augmented for this purpose.

# **6. FRAILTY CONSIDERATIONS**

While a Service Coordinator may serve any resident of a development who needs assistance, priority must be given to frail or at-risk elderly or non-elderly people with disabilities.

Frailty is defined as being deficient in at least three Activities of Daily Living (ADL) (see below). An at-risk person will be deficient in 1-2 ADLs. The **MINIMUM** requirements necessary to qualify for an ADL deficiency are as follows:

- A. *EATING*: May need assistance with cooking, preparing or serving food, but must be able to feed self;
- B. *DRESSING*: Must be able to dress self, but may need occasional assistance.
- C. *BATHING*: May need assistance in getting in and out of the shower or tub, but must be able to wash self;
- D. *GROOMING*: May need assistance in washing hair, but must be able to take care of personal appearance;
- E. *TRANSFERRING*: May need assistance in getting in and out of bed and chairs, walking, going outdoors, using the toilet; and,
- F. HOME MANAGEMENT ACTIVITIES: May need assistance in doing housework or laundry or getting to and from one location to another, for activities such as going to the doctor or shopping, but must be mobile. The mobility requirement does not exclude persons in wheelchairs or those requiring mobility devices.

Each of the ADLs noted above includes a requirement that a person must be able to perform at a specified minimum level (e.g., to satisfy the eating ADL, the person must be able to feed him/herself). The determination of whether a person meets this minimal level of performance must include consideration of those services being performed by a spouse, relatives or other attendants to be provided by the individual. Take for example, a person who requires assistance with cooking, preparing, or serving food plus needs assistance in feeding him/herself. That individual meets the minimum performance level and thus satisfies the eating ADL if a spouse, relative or attendant provides assistance with feeding the person. Should such assistance become unavailable at any time, the owner is not obligated to provide individualized services beyond those offered to the resident population in general.

The ADL analysis is NOT used for a determination of eligibility for occupancy, or for determination of whom the Service Coordinator will assist. Rather, the owner must estimate the number of frail or at-risk elderly and/or non-elderly people with disabilities in the development and certify that this number is at least 25 percent of the total number of residents.

# 7. DETERMINING PROGRAM COSTS

### 7.1 Determining Program Costs

Be sure to carefully review the instructions to the Service Coordinator Funding Request (forms HUD-91186 and HUD-91186-i). It lists the eligible cost categories and indicates how costs should be presented on the budget part of the form. Please fill out all of the detailed information requested; if you do not, HUD may not clearly understand or approve your request. As with other application components, do not guess if you are unsure how to respond to the information requested. Please call your local HUD field Office staff for assistance.

HUD will approve your proposed program expenses if they are reasonable. Reasonable costs are generally those that are consistent with salaries and administrative costs of similar programs in your Field office's jurisdiction. Use the staffing guidelines in Section 5, above, to determine the appropriate number of work hours for your proposed program. Gather data from programs near you to compare your estimates with the salaries and administrative costs of currently operating programs. Field staff can provide you with contacts at local program sites.

Please note that you may base your estimated program costs for years two and three on an annual inflation factor of up to five percent. Any one-time, first-year start-up costs must be subtracted from the year 1 total before calculating the years two and three estimates.

#### 7.2 Use of Residual Receipts or Excess Income

If your development has available residual receipts or excess income, you are strongly encouraged to use these funds prior to receiving grant monies. You should use these excess amounts as long as they are not already allocated for other critical development expenses. If you propose to use residual receipts to supplement grant funds, you must submit a copy of the residual receipts account statement to the Field office for verification. If your development does not have a residual receipts account or has insufficient funds to use for this program, so state.

Do not forget that your budget worksheet should reflect your estimated total program costs. If you will be using residual receipts or excess income in combination with grant funds, be sure to subtract this amount from the total cost, to determine the three-year grant amount to request.

Section 202/8 developments may use any residual receipts amount that exceeds \$500 per unit.

### 8. Selection and Funding Process

#### 8.1 Selection Process

HUD will not award Service Coordinator Program grant funds through a rating and ranking process. Instead, the Department will hold one national lottery for all eligible applications forwarded from Multifamily Hub and Multifamily Program Centers. (A list of these offices is an appendix to the NOFA.)

**8.1.1 Threshold Eligibility Review**. HUD Multifamily Field Office staff will review applications for completeness and compliance with the eligibility criteria set forth in Section III of the Service Coordinator NOFA and Section 3 of this application. Field Office staff will forward application information to Headquarters for entry into the lottery if the application was received by the deadline date; meets all eligibility criteria; proposes reasonable costs for eligible activities, and includes all technical corrections by the deadline date.

### 8.2 Funding Process

HUD will first fund Service Coordinator Costs in FY 2003 Assisted Living Conversion Program applications selected for funding under that program NOFA. HUD estimates that approximately \$1 million will be used to fund ALCP Service Coordinator applications. Any funds not used by the ALCP program to fund service coordinators will be added to the funds available for the National Lottery.

HUD will use remaining funds to make grant awards through the use of a national lottery. A computer program performs the lottery by randomly selecting eligible applications. HUD will fully fund as many applications as possible with the given amount of funds available. After all fully fundable applications have been selected by lottery, HUD may make an offer to partially fund the next application on the lottery's list, in order to use the entire amount of funds allocated. HUD may make an award in an amount less than requested, if:

- A. HUD determines that some elements of your proposed program are ineligible for funding;
- B. There are insufficient funds available to make an offer to fully fund the application, or
- C. HUD determines that a reduced grant amount would prevent duplicative Federal funding.

# 9. Assisted Living Conversion Program Applicant's Information

# 9.1 General

Owners applying for an ALCP grant may also apply for Service Coordinator funding through the Service Coordinator NOFA. Owners may apply if they meet the following conditions:

- A. Do not currently have a Service Coordinator program. If your development does not have a program, you can apply for funds to serve ALCP residents and/or the other non-assisted living residents in the development.
- B. Have a Service Coordinator program, but need additional hours or staff to serve the assisted living residents.
- C. In either case described above, you do not have available residual receipts, excess income, or Section 8 funds to cover the cost of a new or augmented Service Coordinator program.

Describe in your Service Coordinator and ALCP applications how the new or additional Service Coordinator hours will support your proposed assisted living program. To do this, follow the instruction provided in the ALCP NOFA.

# 9.2 Application Requirements

You must submit all required components of this Service Coordinator application package. However, you will also submit the following forms as part of your ALCP application. Therefore, you may submit copies of these forms in your Service Coordinator application. HUD only needs one form with an original signature, but we do need a copy of the form to make each application complete:

- Application for Federal Assistance (HUD-424)
- Disclosure Form Regarding Lobbying (SF-LLL)
- Applicant/Recipient Disclosure/Update Report Form (HUD-2880)

Also, be sure to complete all relevant ALCP questions on the Request for Service Coordinator Funding (form HUD-91186).

#### 10. Program Requirements

To receive and administer a Service Coordinator grant, you must meet the requirements of this Section and of Section V of the **General Section** of the SuperNOFA. (Please note that paragraphs E, G, and M of Section V do not apply to the Service Coordinator program.) These requirements apply to all activities, programs, and functions used to plan, budget, and evaluate the work funded under your program.

- A. You must make sufficient separate and private office space available for the Service Coordinator and/or aides, without adversely affecting normal activities.
- B. The Service Coordinator must maintain resident files in a secured location. Files must be accessible ONLY to the Service Coordinator, unless residents provide signed consent otherwise. These policies must be consistent with maintaining confidentiality of information related to any individual per the Privacy Act of 1974.
- C. Grantees must ensure that the Service Coordinator receives appropriate supervision, training, and ongoing continuing education requirements, consistent with statutory and HUD administrative policies. This includes 36 hours of training in age-related and disability issues during the first year of employment, if the Service Coordinator has not received recent training in these areas, and 12 hours of continuing education each year thereafter.
- D. Administrative Costs. The administrative costs of your program cannot exceed 10% of the program's cost.
- E. Reports. Grantees must submit semi-annual financial status and program performance reports. They must also provide information supporting program expenses at the time of receipt of grant funds for cost reimbursement. The objectives of the Service Coordinator program are to enhance a resident's quality of life and ability to live independently and age in place. the data that HUD collects on the Performance Report measures the grantee's success in meeting these intended program outcomes. The data reported include the numbers of residents served, their ages, frailty levels, and the range of services provided to them. In addition, the Performance Report assesses the Service Coordinator's efficiency in providing coordination, by reporting the number of hours worked, the amount of time spent doing administrative tasks, the types of professional training attended, and examples of problems encountered throughout the course of their work.
- F. As a condition of receiving a grant, Section 202 developments with project-based Section 8 must open a Residual Receipts account separate from the Reserve for Replacement account, if they do not already have such a separate account.

- G. Term of Funded Activities. The grant term is three years. HUD will renew grants subject to the availability of funds and acceptable program performance.
- H. Subgrants and Subcontracts. You may directly hire a Service Coordinator or you may contract with a qualified third party to provide this service.

### APPLICANT CHECKLIST

Use this checklist to review your package and insure that all materials are properly completed and included. Submit a copy of this form with your request to HUD.

- **1**. Service Coordinator Funding Request (forms HUD-91186 and HUD-91186-i)
- **2**. Lead agency letter (*if applicable*)
- 3. Evidence of comparable salaries in local area
- **4**. Narratives of proposed program components:
  - □ a. Method of estimating numbers of frail and at-risk elderly individuals and people with disabilities
  - **b**. Providing private office space for the Service Coordinator
  - C. Providing Quality assurance
  - **d**. Serving community residents
  - e. If your application requests additional hours or staff for an existing program, describe your program's needs. ALCP applicants should also explain why they will need additional time or staff for their proposed assisted living program.
- 5. *(If applicable)* Evidence that prior funding sources for your development's Service Coordinator program are no longer available or will expire within six months following the application deadline date.
- □ 6. A bank statement showing the development's current residual receipts or excess income balance.
- **7**. ALCP applicant's Statement of whether or not your Service Coordinator application should be entered into the lottery, if not selected for an ALCP award.
- **8**. Applicant Checklist
- 9. Application for Federal Assistance (HUD-424)
- **10.** Applicant Assurances and Certifications (HUD-424B)

- 11. If engaged in lobbying, the Disclosure Form Regarding Lobbying (SF-LLL)
- 12. Applicant/Recipient Disclosure/Update Report Form (HUD-2880
- **13**. Acknowledgment of Application Receipt (HUD-2993)
- **1**4. Client Comments and Suggestions (HUD-2994, *optional*)

#### OMB Approval Number 2502-044 (exp. 06/30/2003)

# Instructions for Completing the Service Coordinator Funding Request

| Item                                                                                                                                                                                                                | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Section 1: Project Information<br>Items are self-explanatory. Please remember to submit a full set of information for EACH housing<br>development included in your application.<br>Section 2: Budget Information ** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| (Please note: You may increase costs from year                                                                                                                                                                      | ar to year by no more than five percent (5%)).                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| a. Personnel (Direct Labor)                                                                                                                                                                                         | This section should show the labor costs for The Service Coordinators and/or aides.                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
|                                                                                                                                                                                                                     | Use the hourly labor cost for salaried employees (use 2080 hours per year or the value your organization uses to perform this calculation).                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
|                                                                                                                                                                                                                     | Indicate if an individual is employed by a contractor or sub-grantee.                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
| b. Fringe Benefits                                                                                                                                                                                                  | Do not show fringe or other indirect costs in this section.<br>Use the standard fringe rates used by your organization. You may use<br>a single fringe rate (a percentage of the total direct labor) or list each<br>of the individual fringe charges. Use the Total Direct Labor Cost as<br>the base for the fringe calculation. If your organization calculates<br>fringe benefits differently, use a different base and discuss how you<br>calculate fringe as a comment. |  |  |  |  |  |
| c. Quality Assurance                                                                                                                                                                                                | Indicate the individuals you will use. Give the professional's title (e.g. MSW), the number of hours over the year you expect to use them, and their hourly rate. Remember that Quality Assurance is limited to program evaluation activities.                                                                                                                                                                                                                               |  |  |  |  |  |
| d. Construction of office space                                                                                                                                                                                     | List expenses associated with setting up a private office for the<br>Service Coordinator. List each anticipated cost. You may incur<br>These costs only during the first year of your program.                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| e. Office furniture and equipment                                                                                                                                                                                   | List start-up expenses related to furniture, computers, printers, and<br>other office equipment. List the quantity and unit cost. These should<br>be items you anticipate purchasing only in the first year of your<br>program.                                                                                                                                                                                                                                              |  |  |  |  |  |
| <ul><li>f. Administrative Costs</li><li>(1) Direct Costs</li></ul>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| a. Training                                                                                                                                                                                                         | Give fees and rates for appropriate training programs, to the extent<br>known. Otherwise estimate and provide basis for the anticipated cost.                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| b. Travel                                                                                                                                                                                                           | Provide mileage and cost estimates for use of private<br>vehicles or public transportation; show the estimated cost of<br>airfare required to attend training programs, and list necessary per<br>diem rates in accordance with your organization's policies. Give<br>travel destinations if known.                                                                                                                                                                          |  |  |  |  |  |
| c. Supplies and Materials                                                                                                                                                                                           | List the supplies you propose to purchase. You can use an anticipated consumption rate to estimate the cost of office or other common supplies, (e. g. 1 box paper clips every 3 months). Include                                                                                                                                                                                                                                                                            |  |  |  |  |  |

form HUD-91186-i (03/18/2003)

|                                                                                                        | replacement of office equipment. List items individually along with                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                        | the quantity and their anticipated cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| d. Other Direct Costs                                                                                  | <ul> <li>Include costs such as telephone and Internet Service,<br/>printing, postage, and maintenance of office equipment.</li> <li>When such costs are incurred solely for Service Coordinator program<br/>activities.</li> </ul>                                                                                                                                                                                                                                                                         |
| F(2) Indirect Costs                                                                                    | OMB Circular A87 defines indirect costs as those that have been<br>incurred by multiple programs for common or joint purposes. Indirect<br>costs are associated with the centralized services distributed<br>throughout your agency and cannot be readily identified with<br>one particular program. Additionally, the costs should not be<br>otherwise treated as direct costs. If your organization already has an<br>established indirect cost rate, use this rate and explain how it is<br>calculated. |
| Total Administrative Costs                                                                             | Sum costs in items f(1)(a through d) and f)2) to get the total administrative cost. This cost cannot exceed ten percent (10%) of the sum of lines "a" through "e".                                                                                                                                                                                                                                                                                                                                         |
| g. Grand Total                                                                                         | Sum lines "a" through "f" for each year. Then add the annual totals together to get to the total 3-year amount.                                                                                                                                                                                                                                                                                                                                                                                            |
| h. Contracts (Sub-Grantees)                                                                            | If you will contract with a public or private agency to provide the<br>Service Coordinator or Quality Assurance, list the activities and costs<br>included in the contract in this section.                                                                                                                                                                                                                                                                                                                |
| i. Quality Assurance percent of Direct Labor<br>Cost (line "a")                                        | Quality Assurance costs cannot exceed five percent (5%) of your total direct labor cost. Calculate your percentage and include on this line, to ensure you are within the 5% cap.                                                                                                                                                                                                                                                                                                                          |
| j. Administrative costs percent of program<br>costs(line "f" divided by sum of lines "a"<br>through"). | Administrative costs included in line f cannot exceed ten percent (10%) of the total amount of all other program costs. Figure the sum of lines "a" through "e". Divide this sum into the total amount of costs included in line "f". Make sure the result is no greater than 10%.                                                                                                                                                                                                                         |
| Section 3: Funding Sources and Time Periods                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Housing owners can use any of the four funding<br>You may use these resources individually or in       | g sources to pay the costs of a Service Coordinator program.<br>combination with each other. Indicate which funding<br>amount, the number of years and months during which you<br>.g. from May 1, 2003 to April 30, 2006).                                                                                                                                                                                                                                                                                 |
| If you are applying for a grant, the dollar amour                                                      | at you give in the "Grant" line will be the application                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

amount entered into the lottery.

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|                                                                                                 |                                                                                                    | Ĥ                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OMB Approval Number 2502-0447<br>(exp. 06/30/2003)                                                        |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| The public reporting burden<br>response for applicants, inclu<br>reviewing the collection of in | for this collection of informat<br>uding the time for reviewing in<br>nformation and preparing the | COOLULIDATION F UL<br>ion for the Multifarmily Housi<br>nstructions, searching existing<br>application package for submi | The public reporting burden for this collection of information for the Multifamily Housing Service Coordinator Programs is estimated to average 40 hours per response for applicants, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. When providing comments, please refer to OMB Approval | nated to average 40 hours per<br>the data needed, and completing and<br>nts, please refer to OMB Approval |
| No. 2502-0477. HUD may not conduct, and a                                                       | not conduct, and a person is no                                                                    | ot required to respond to, a co                                                                                          | person is not required to respond to, a collection of information unless the collection displays a valid control number.                                                                                                                                                                                                                                                                                                                                                                       | ion displays a valid control number.                                                                      |
| The information submitted in<br>Department of Housing and                                       | n response to the Notice of Fu<br>Urban Development Reform /                                       | nding Availability for the Ser<br>Act of 1989 (Public Law 101-                                                           | The information submitted in response to the Notice of Funding Availability for the Service Coordinator Program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545)                                                                                                                                                                                               | he disclosure requirements of the S.C. 3545)                                                              |
| Name and Address of Applicant/Owner:                                                            | pplicant/Owner:                                                                                    |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |
| 1. Project Information:                                                                         | please provide the inforr                                                                          | nation for every project i                                                                                               | 1. Project Information: please provide the information for every project included in your request; add more pages if needed.                                                                                                                                                                                                                                                                                                                                                                   | e pages if needed.                                                                                        |
| a. Project Name:                                                                                |                                                                                                    |                                                                                                                          | b. FHA or Project Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |
| c. Section 8 Number:                                                                            |                                                                                                    | d. Indicate type of project:                                                                                             | 221d(3)BMIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C Section 236                                                                                             |
| e.Total Number of Rental Units:                                                                 | al Units:                                                                                          |                                                                                                                          | f. Project uses which method:                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |
|                                                                                                 |                                                                                                    |                                                                                                                          | □ budget-based kent increases<br>□ AAF Increases                                                                                                                                                                                                                                                                                                                                                                                                                                               | kent increases                                                                                            |
| g. Resident Info:                                                                               | Nun                                                                                                | Number                                                                                                                   | % of Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Estimate the Number of                                                                                    |
| Total # of Residents:                                                                           | Estimate # of Frail Elderly:                                                                       | lerly:                                                                                                                   | XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | residents to be serviced by<br>ALSCP (if applicable)                                                      |
|                                                                                                 | Estimate # of at Risk Elderly:                                                                     | Blderly:                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |
|                                                                                                 |                                                                                                    |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |

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| h. If you plan to share the Service Coordinator with other HUD eligible developments, give proportionate amount of time Service Coordinator will serve each site: | ordinator with other       | HUD eligible de | evelopments, give p | roportionate am | ount of time Se                                                         | rvice  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|---------------------|-----------------|-------------------------------------------------------------------------|--------|
| Project Name(s)                                                                                                                                                   |                            | #               | # of Hours per week |                 |                                                                         |        |
| i. Do you currently have a Service Coordinator working at this site?<br>If yes, -                                                                                 | oordinator working         |                 | Yes J No            |                 |                                                                         |        |
| 1) How many hours per week does the Service Coordinator currently work?                                                                                           | vice Coordinator current   | tly work?       |                     |                 | - Brid A.S. & G. J. Bh. 2001 D. J. Market A. Bh. 2001 D. 2000 Ferrar 10 |        |
| 2) How many hours per week do you want to                                                                                                                         | to add to your program?    | 5               |                     |                 |                                                                         |        |
| 3) Will you extend current employees hours or hire additional staff?                                                                                              | s or hire additional staff | ć               |                     |                 |                                                                         |        |
| <ul> <li>4) Provide a narrative explanation of why the extra time/staff is needed</li> <li>2 Builded Information **</li> </ul>                                    | he extra time/staff is ne  | eded.           |                     |                 |                                                                         |        |
|                                                                                                                                                                   | Estimated Hours            | Rate per hour   | Estimated Cost      | Year 1          | Year 2                                                                  | Year 3 |
|                                                                                                                                                                   |                            |                 |                     |                 |                                                                         |        |
| Total Direct Lahor Cost                                                                                                                                           |                            |                 |                     |                 |                                                                         |        |
|                                                                                                                                                                   |                            |                 |                     | Total :         | Total 3 Year Amount                                                     |        |
| b. Fringe Benefits                                                                                                                                                | Rate (%)                   | Base            | Estimated Cost      | Year 1          | Year 2                                                                  | Year 3 |
|                                                                                                                                                                   |                            |                 |                     |                 |                                                                         |        |
|                                                                                                                                                                   |                            |                 |                     |                 |                                                                         |        |
|                                                                                                                                                                   |                            |                 |                     |                 |                                                                         |        |
| Total Fringe Benefits Cost                                                                                                                                        |                            |                 |                     | ,  -+- <b>b</b> |                                                                         |        |
|                                                                                                                                                                   |                            |                 |                     |                 | I OTAI 3 TEAF AMOUNT                                                    |        |
| <ul> <li>c. Quality Assurance (Maximum is 5% of "a")</li> </ul>                                                                                                   | Hours                      | Rate Per Hour   | Estimated Cost      | Year 1          | Year 2                                                                  | Year 3 |
|                                                                                                                                                                   |                            |                 |                     |                 |                                                                         |        |
|                                                                                                                                                                   |                            |                 |                     |                 |                                                                         |        |
|                                                                                                                                                                   |                            |                 |                     |                 |                                                                         |        |
|                                                                                                                                                                   |                            |                 |                     |                 |                                                                         |        |
|                                                                                                                                                                   |                            |                 |                     |                 |                                                                         |        |

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| Image: Construction of Private Office Space         Quantity         Unit Cost         Total 1 Strat Amount         XXXXXX         XXXXXX <th< th=""><th>Total Quality Assurance</th><th></th><th></th><th></th><th></th><th></th><th></th></th<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total Quality Assurance                           |          |               |                |        |                   |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------|---------------|----------------|--------|-------------------|---------|
| quantity         Unit Cost         Estimated Cost         Year 1         XXXXX           Rinded         XXXXX         XXXXX         XXXXX           Rinded         XXXXX         XXXXX           Rinded         XXXXX         XXXXX           Quantity         Unit Cost         Estimated Cost         Year 1         Year Amount           Autority         Unit Cost         Estimated Cost         Year 1         Year 2           Quantity         Unit Cost         Estimated Cost         Year 1         Year 2           Mileage         Rate Per mile         Estimated Cost         Year 1         Year 2           Mileage         Rate Per mile         Estimated Cost         Year 1         Year 2           Mileage         Rate Per mile         Estimated Cost         Year 1         Year 2           Mileage         Rate Per mile         Estimated Cost         Year 1         Year 2           Mileage         Hout Cost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |          |               |                | Tota   | I 3 Year Amount   |         |
| Image: Mark Sector for the structure of | d. Construction of Private Office Space           | Quantity | Unit Cost     | Estimated Cost | _      | XXXXXX            | XXXXXX  |
| Image: matrix of the second       |                                                   |          |               |                |        | XXXXXX            | XXXXXX  |
| on         interfaction         interfaction         interfaction         interfaction           interfaction         interfaction         interfaction         interfaction         interfaction           intt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |          |               |                |        | XXXXXX            | XXXXXX  |
| on         xxxxx         xxxxx $trereFaupment$ $Quantity$ $Innit Cost$ $Estimated Cost$ $Vear 1$ $xxxxx$ $trereFaupment$ $Quantity$ $Innit Cost$ $Estimated Cost$ $Vear 1$ $xxxxx$ $trereFaupment$ $Quantity$ $Innit Cost$ $Estimated Cost$ $Vear 1$ $xxxxx$ $miture/Equipment$ $xxxxx$ $xxxxxx$ $xxxxxx$ $xxxxxx$ $miture/Equipment$ $xxxxxx$ $xxxxxx$ $xxxxxx$ $xxxxxx$ $miture/Equipment$ $xxxxxx$ $xxxxxx$ $xxxxxx$ $xxxxxx$ $miture/Equipment$ $xxxxxx$ $xxxxxx$ $xxxxxx$ $miture/Equipment$ $xxxxxx$ $xxxxxx$ $xxxxxx$ $xxxxxx$ $xxxxxx$ $xxxxxx$ $xxxxxx$ $miture/Equipment$ $xxxxxx$ $xxxxxxx$ $xxxxxxx$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |          |               |                |        | XXXXXX            | XXXXXX  |
| Ontote     Total 3 Year Amount       Lure/Equipment     Quantity     Unit Cost     Estimated Cost     Year 1     XXXXXX       Lure/Equipment     Quantity     Unit Cost     Estimated Cost     Year 1     XXXXXX       miture/Equipment     Aunotity     Unit Cost     Estimated Cost     Year 1     XXXXX       miture/Equipment     Aunotity     Unit Cost     Estimated Cost     Year 1     Year 2       Miture/Equipment     Aunotity     Unit Cost     Estimated Cost     Year 1     Year 2       Miture/Equipment     Miteage     Rate per mile     Estimated Cost     Year 1     Year 2       Miture/Equipment     Miteage     Rate per mile     Estimated Cost     Year 1     Year 2       Miture/Equipment     Miture/Equipment     Miture/Equipment     Year 1     Year 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |          |               |                |        | XXXXXX            | XXXXXX  |
| Initial Stream Amount     Initial Stream Amount       ture/Equipment     Quantity     Unit Cost     Estimated Cost     Year 1     XXXXXX       miture/Equipment     XXXXXX     XXXXXX     XXXXXX     XXXXXX       miture/Equipment     XXXXX     XXXXXX     XXXXXX       miture/Equipment     XXXXXX     XXXXXX       miture/Equipment     XXXXX     XXXXXX       miture/Equipment     XXXXX     XXXXXX       miture/Equipment     XXXXX     XXXXXX       miture/Equipment     XXXXX     XXXXXX       miture/Equipment     XXXXXX     XXXXXX       miture/Equipment     X     X       Miture/Equipment     Y     Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total Construction                                |          |               |                |        |                   |         |
| ure/EquipmentLunit CostEstimated CostYear 1XXXXXQuantityUnit CostEstimated CostYear 1XXXXXMiture/EquipmentXXXXXXXXXXXXXXXXXmiture/EquipmentXXXXXXXXXXXXXXXXXmiture/EquipmentXXXXXXXXXXXXXXXXXmiture/EquipmentXXXXXXXXXXXXmiture/EquipmentXXXXXXXXXXXXmiture/EquipmentXXXXXXXXXXXXmiture/EquipmentXXXXXXXmiture/EquipmentXXXXXXXmiture/EquipmentXXXXXXXmiture/EquipmentXXXXXXXmiture/EquipmentXXXXXXXmiture/EquipmentYear 1Year 2MitegeRate per mileEstimated CostYear 1MitegeRate per mileEstimated CostYear 1MitegeMitegeRate per mileEstimated CostYear 1MitegeMitegeRate per mileEstimated CostYear 1MitegeMitegeMitegeYear 1Year 2MitegeMitegeMitegeMitegeYear 1MitegeMitegeMitegeMitegeYear 1MitegeMitegeMitegeYear 1Year 2MitegeMitegeMitegeYear 1Year 2MitegeMitegeMitegeYear 1Year 2MitegeMitegeMitegeMitegeYear 1MitegeMiteg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |          |               |                |        | al 3 Year Amount  |         |
| miture/Equipmentmiture/Equipmentxxxxxmiture/Equipment </td <td>e. Office Furniture/Equipment<br/>(Start-up Costs)</td> <td>Quantity</td> <td>Unit Cost</td> <td>Estimated Cost</td> <td>Year 1</td> <td>XXXXXX</td> <td>XXXXXX</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e. Office Furniture/Equipment<br>(Start-up Costs) | Quantity | Unit Cost     | Estimated Cost | Year 1 | XXXXXX            | XXXXXX  |
| Imiture/Equipment       XXXXX       XXXXX         Imiture/Equipment       X       X       XXXXX         Imiture/Equipment       X       X       XXXXX         Imiture/Equipment       X       Y       Y         Imiture/Equipment       X       Y       Y       Y         Imiture/Equipment       X       Y       Y       Y       Y         Imiture/Equipment       X       Y       Y       Y       Y       Y         Imiture/Equipment       X       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |          |               |                | -      | XXXXXX            | XXXXXXX |
| Initure/Equipment       XXXXX       XXXXX         Initure/Equipment $XXXXX$ Initure/Equipment $Year 1$ Init $Year 1$ Init $Year 2$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |          |               |                |        | XXXXXX            | XXXXXX  |
| Initure/EquipmentIniture/EquipmentIniture/EquipmentXXXXXIniture/Equipment $ $                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |          |               |                |        | XXXXXX            | XXXXXX  |
| Imiture/Equipment     Total 3 Year Amount       Amiture/Equipment     Total 3 Year Amount       Quantity     Unit Cost     Estimated Cost     Year 1     Year 2       Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Ment     Quantity     Unit Cost     Estimated Cost     Year 1     Year 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |          |               |                |        | XXXXXX            | XXXXXX  |
| Iotal 3 Year Amount       Quantity     Unit Cost     Estimated Cost     Year 1     Year 2       Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Mileage     Rate per mile     Estimated Cost     Year 1     Year 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total Cost of Furniture/Equipment                 | ×        |               |                |        |                   |         |
| Quantity     Unit Cost     Estimated Cost     Year 1     Year 2       Quantity     Unit Cost     Estimated Cost     Year 1     Year 2       Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Note     Unit Cost     Estimated Cost     Year 1     Year 2       Ment     Quantity     Unit Cost     Estimated Cost     Year 1     Year 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |          |               |                | Tot    | tal 3 Year Amount |         |
| Quantity     Unit Cost     Estimated Cost     Year 1     Year 2       Rate Der mile     Estimated Cost     Year 1     Year 2       Mileage     Rate Der mile     Estimated Cost     Year 1     Year 2       Mileage     Rate Der mile     Estimated Cost     Year 1     Year 2       Mileage     Rate Der mile     Estimated Cost     Year 1     Year 2       Mileage     Note     Note     Note     Note       Mont     Unit Cost     Estimated Cost     Year 1     Year 2       Mont     Unit Cost     Estimated Cost     Year 1     Year 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |          |               |                |        |                   |         |
| g         Quantity         Unit Cost         Estimated Cost         Year 1         Year 2           Red         Red         Red         Red         Year 1         Year 2           Mileage         Rate per mile         Estimated Cost         Year 1         Year 2           Mileage         Rate per mile         Estimated Cost         Year 1         Year 2           Seffquipment         Unit Cost         Estimated Cost         Year 1         Year 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1) Direct Costs                                   |          |               |                |        |                   |         |
| es/Equipment     mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Note     Note     Note     Note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Training                                          | Quantity | Unit Cost     | Estimated Cost | Year 1 | Year 2            | Year 3  |
| Mileage     Rate per mile     Estimated Cost     Year 1       Mileage     Rate per mile     Estimated Cost     Year 1       Mileage     Note     Note       Mileage     Rate per mile     Estimated Cost       Mileage     Note     Note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |          |               |                |        |                   |         |
| Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Rate per mile     Estimated Cost     Year 1     Year 2       Mileage     Note     Note     Note     Note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |          |               |                |        |                   |         |
| Mileage     Kate per mile     Estimated Cost     Year 1     Year 2       Mileage     Hate per mile     Estimated Cost     Year 1     Year 2       es/Equipment     Quantity     Unit Cost     Estimated Cost     Year 1     Year 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |          |               |                |        |                   |         |
| Quantity     Unit Cost     Estimated Cost     Year 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | I ravel                                           | Mileage  | Kate per mile |                |        | Tear Z            | 1631 3  |
| Quantity     Unit Cost     Estimated Cost     Year 1     Year 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |          |               |                |        |                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Supplies/Equipment                                | Quantity | Unit Cost     | Estimated Cost | Year 1 | Year 2            | Year 3  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |          |               |                |        |                   |         |

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| Other                                                                                                                                                                                                                                            |                                                   |                       |                    |                                                       |                    |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------|--------------------|-------------------------------------------------------|--------------------|-----|
| 2). Indirect Admin Costs                                                                                                                                                                                                                         |                                                   |                       |                    |                                                       |                    |     |
| Total Admin Cost<br>g. Grand Total                                                                                                                                                                                                               |                                                   |                       |                    |                                                       |                    |     |
| <ul> <li>h. Contracts. If you plan to contract out for a Service Coordinator or for Quality Assurance, list related cost. Give item and related cost</li> <li>i. Quality Assurance is what percent of total direct labor costs ("a")?</li> </ul> | for a Service Coordina<br>otal direct labor costs | ator or for Quality A | ssurance, list rel | e, list related cost. Give ite<br>% (Can't exceed 5%) | m and related cost |     |
| j. Line f can't exceed 10% of sum of lines a-e.                                                                                                                                                                                                  |                                                   |                       |                    |                                                       |                    |     |
| Sum of lines a-e \$                                                                                                                                                                                                                              |                                                   |                       | Line f is          | % of this total program cost.                         | rogram cost.       |     |
| <ol> <li>Funding Sources and Time Periods<br/>(Indicate all that apply.)</li> </ol>                                                                                                                                                              | s from year to year by no more than 5%            | no more man o%.       |                    |                                                       |                    |     |
| Grant                                                                                                                                                                                                                                            | \$                                                | Years                 | Months             | From Date                                             | to Date            | r d |
| Residual Receipts                                                                                                                                                                                                                                | \$                                                | Years                 | Months             | From Date                                             | to Date            |     |
| Excess Income                                                                                                                                                                                                                                    | \$                                                | Years                 | Months             | From Date                                             | to Date            |     |
|                                                                                                                                                                                                                                                  |                                                   |                       |                    |                                                       |                    |     |

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| Application for<br>Federal Assistance                                                                                                                                                                                                                                                                                                             | U.S. Department of Housing<br>and Urban Development                          | OMB Approval No.2501-0017 (exp. 03/31/2005)                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 1. Type of Submission Application Preapplication                                                                                                                                                                                                                                                                                                  | 2. Date Submitted 3. Date and Time Received by HUD                           | 4. HUD Application Number<br>5. Existing Grant Number                                                      |
| Application                                                                                                                                                                                                                                                                                                                                       | 3. Date and time Received by HOD                                             | 5. Existing Grant Number                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                   |                                                                              | 6. Applicant Identification Number                                                                         |
| 7. Applicant's Legal Name                                                                                                                                                                                                                                                                                                                         | 8. Organizational Unit                                                       |                                                                                                            |
| 9. Address (give city, county, State, and zip code)<br>A. Address:<br>B. City:<br>C. County:<br>D. State:<br>E. Zip Code:                                                                                                                                                                                                                         |                                                                              | mber,fax number, and e-mail of the person to be<br>ng this application (including area codes)              |
| 11. Employer Identification Number (EIN) or SSN                                                                                                                                                                                                                                                                                                   | 12. Type of Applicant (enter<br>A. State                                     | I. University or College                                                                                   |
| 13. Type of Application           New         Continuation         Renewal                                                                                                                                                                                                                                                                        | B. County<br>C. Municipal<br>Revision D. Township<br>E. Interstate           | J. Indian Tribe<br>K. Tribally Designated Housing Entity (TDHE)<br>L. Individual<br>M. Profit Organization |
| If Revision, enter appropriate letters in box(es)                                                                                                                                                                                                                                                                                                 | H. Independent School Dis<br>14. Name of Federal Agency                      | /                                                                                                          |
| <ul> <li>15. Catalog of Federal Domestic Assistance (CFDA) Number 14</li> <li>Title:<br/>Component Title:</li> <li>17. Areas affected by Program (boroughs, cities, counties, S<br/>Indian Reservation, etc.)</li> </ul>                                                                                                                          | r 16. Descriptive Title of Appli                                             | ising and Urban Development                                                                                |
| 18a. Proposed Program start date 18b. Proposed Program                                                                                                                                                                                                                                                                                            | n end date 19a. Congressional Districts                                      | of Applicant 19b. Congressional Districts of<br>Program                                                    |
| 20. Estimated Funding: Applicant must complete the Fund<br>21. Is Application subject to review by State Executive Order<br>A. Yes<br>B. No<br>Program is not covered by E.O. 12372<br>Program has not been selected by State for<br>22. Is the Applicant delinquent on any Federal debt?<br>Yes If "Yes," explain below or attach an explanation | r 12372 Process?<br>available to the State Executive Order 123<br>or review. | 372 Process for review on: Date                                                                            |

Previous versions of HUD-424 and 424-M are obsolete

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form **HUD-424** (01/2003) ref. OMB Circular A-102 

#### Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

| Grant Program* | HUD<br>Share | Applicant<br>Match | Other HUD<br>Funds | Other Federal<br>Share | State<br>Share | Local/Tribal<br>Share | Other | Program<br>Income | Total |
|----------------|--------------|--------------------|--------------------|------------------------|----------------|-----------------------|-------|-------------------|-------|
|                |              |                    |                    |                        |                |                       |       |                   |       |
|                |              |                    |                    |                        |                |                       |       |                   |       |
|                |              |                    |                    |                        |                |                       |       |                   |       |
|                |              |                    |                    |                        |                |                       |       |                   |       |
|                |              |                    |                    |                        |                |                       |       |                   |       |
| Grand Totals   |              |                    |                    |                        |                |                       |       |                   |       |

For FHIPs, show both initiative and component

#### Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

| 23. Signature of Authorized Official | Name (printed) |                   |
|--------------------------------------|----------------|-------------------|
| Title                                |                | Date (mm/dd/yyyy) |
| 1106                                 |                |                   |

form HUD-424 (01/2003) ref. OMB Circular A-102

## Instructions for the HUD-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form must be used by applicants requesting funding from the Department of Housing and Urban Development. This application form HUD-424 incorporates the Assurances and Certifications (HUD-424-B). You may either (1) attach the Assurances and Certifications to the application or (2) renew the certifications that you previously made on behalf of your organization and submitted to HUD if the legal name of your organization has not changed and you were the authorized representative who signed the Assurances and Certifications.

### **Item Number Instructions**

1. Please indicate whether your application is for a formal application submission or a preliminary application (pre-application). HUD does not accept pre-applications for programs funded through the SuperNOFA.

2. Enter the date you are submitting your application to HUD.

3. This box will be completed by HUD. When received by HUD, your application will be stamped:

(a) with a date; and

(b) with the time received.

 Leave Blank. This will be completed by the HUD program office receiving your application. When HUD accepts electronic applications for the grant program you are applying for, this number will be computer generated.
 If your application is to renew or continue an existing grant, provide the existing grant number. If a new award, please leave blank.

 Leave blank if you have not been provided a HUD ID number or user number. If you are a Public Housing Authority, enter your HUD issued Public Housing Authority ID number.

7. Enter the legal name of your organization applying for HUD funding.

8. Enter the name of the primary unit in your organization, if applicable, which will be responsible for the program.

9. Enter the complete address of your organization.

10. Enter the name, title, telephone number, fax number, and E-mail of the person to contact on matters related to your application.

11. Enter your organization's Employer Identification Number (EIN) as assigned by the Internal Revenue Service or if you are applying as an individual, your Social Security Number. 12. Choose from the list and enter the appropriate letter in the space provided. You must be an eligible applicant to apply for assistance. You must read the program information requirements to determine if you are a type of applicant that is eligible to apply for assistance under the program.

13. Enter the type of application you are submitting for funding consideration.

Check the appropriate box.



"New" means you are applying for a new grant award.

"Continuation" means you are requesting an

extension of an existing award.

"Renewal" means you are requesting funding for renewal of an existing grant. e.g. Supportive Housing Program (SHP) or Shelter + Care grant.

"Revision" means you are submitting a revision prior to the application due date in response to HUD's request for clarification or modification to your initial submission.

14. Pre-filled.

15. Enter the Catalog of Federal Domestic Assistance (CFDA) number

and title and, if applicable, component title of the program.

16. Enter a brief description of your program and key activities.

17. Identify the location(s) where your activities will take place. If

this is the entire state, enter "Entire State".

18a. Enter the proposed start date.

18b. Enter the proposed end date.

19a. List the Congressional  $\ensuremath{\mathsf{District}}(s)$  where your organization is located.

19b. List any Congressional District(s) where your program of activities or project sites will be located.

20. You must complete the funding matrix on page 2 of this form. Enter the following information:

**Grant Program**: The HUD funding program under which you are applying.

HUD Share: Please check the program requirements. Enter the amount of HUD funds you are requesting in your application.

Applicant Match: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

**Other Federal Share:** Enter the amount of other Federal funds for your program of activities.

| Applicant Assurances and U.S. Department of Housing<br>Certifications and Urban Development | OMB Approval No. 2501-0017<br>(exp. 03/31/2005)               |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Instructions for the HUD-424-B Assurances and Certificatio                                  | ns                                                            |
| As part of your application for HUD funding, you, as the official authorized to sig         | n on behalf of your organization                              |
| or an an individual must provide the following assurances and certifications. By            | signing this form, you are stating that to the                |
| best of your knowledge and belief, all assertions are true and correct.                     |                                                               |
|                                                                                             |                                                               |
| As the duly authorized representative of the applicant, I certify that the                  | 5. Will comply with the acquisition and relocation            |
| applicant [Insert below the Name and title of the Authorized Representative,                | requirements of the Uniform Relocation Assistance and         |
| name of Organization and the date of signature]:                                            | Real Property Acquisition Policies Act of 1970, as            |
| Name:, Title:,                                                                              | amended (42 U.S.C. 4601) and implementing regula-             |
| Organization:, Date:,                                                                       | tions at 49 CFR Part 24 and 24 CFR 42, Subpart A.             |
| 1. Has the legal authority to apply for Federal assistance, has the                         | 6. Will comply with the environmental requirements            |
| institutional, managerial and financial capability (including funds to pay                  | of the National Environmental Policy Act (42 U.S.C.           |
| the non-Federal share of program costs) to plan, manage and complete                        | 4321 et seq. ) and related Federal authorities prior to       |
| the program as described in the application and the governing body                          | the commitment or expenditure of funds for property           |
| has duly authorized the submission of the application, including these                      | acquisition and physical development activities subject       |
| assurances and certifications, and authorized me as the official                            | to implementing regulations at 24 CFR parts 50 or 58.         |
| representative of the applicant to act in connection with the application                   | 7. Will or will continue to provide a drug-free workplace     |
| and to provide any additional information as may be required.                               | by:                                                           |
| 2. Will administer the grant in compliance with Title VI of the Civil Rights                | (a) Publishing a statement notifying employees that           |
| Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR                        | the unlawful manufacture, distribution, dispensing,           |
| Part 1), which provide that no person in the United States shall, on the                    | possession, or use of a controlled substance is               |
| grounds of race, color or national origin, be excluded from participation                   | prohibited in the applicant's workplace and                   |
| in, be denied the benefits of, or otherwise be subjected to discrimination                  | specifying the actions that will be taken against             |
| under any program or activity that receives Federal financial assistance                    | employees for violation of such prohibition;                  |
| OR if the applicant is a Federally recognized Indian tribe or its tribally                  | (b) Establishing an on-going drug-free awareness              |
| designated housing entity, is subject to the Indian Civil Rights Act                        | program to inform employees about                             |
| (25 U.S.C. 1301-1303).                                                                      | <ol><li>The dangers of drug abuse in the workplace;</li></ol> |
| <ol><li>Will administer the grant in compliance with Section 504 of the</li></ol>           | (2) The applicant's policy of maintaining a drug-free         |
| Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implement-                      | workplace;                                                    |
| ing regulations at 24 CFR Part 8, and the Age Discrimination Act of 1975                    | (3) Any available drug counseling, rehabilitation, and        |
| (42 U.S.C. 6101-07), as amended, and implementing regulations at 24                         | employee assistance programs; and                             |
| CFR Part 146 which together provide that no person in the United States                     | (4) The penalties that may be imposed upon employee           |
| shall, on the grounds of disability or age, be excluded from participation                  | for drug abuse violations occurring in the workplace;         |
| in, be denied the benefits of, or otherwise be subjected to discrimination                  | ( c ) Making it a requirement that each employee to be        |
| under any program or activity that receives Federal financial assistance;                   | engaged in the performance of the grant be given a            |
| except if the grant program authorizes or limits participation to designat-                 | copy of the statement required in Paragraph (a);              |
| ed populations, then the applicant will comply with the nondiscrimination                   | (d) Notifying the employee in the statement required          |
| requirements within the designated population.                                              | by paragraph (a) that, as a condition of employment           |
| <ol><li>Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as</li></ol>             | under the grant, the employee will                            |
| amended, and the implementing regulations at 24 CFR Part 100, which                         | (1) Abide by the terms of the statement; and                  |
| prohibit discrimination in housing on the basis of race, color, religion,                   | (2) Notify the employer in writing of his or her              |
| sex, disability, familial status, or national origin; except an applicant                   | conviction for a violation of a criminal drug statute         |
| which is an Indian tribe or its instrumentality which is excluded by                        | occurring in the workplace no later than five calen-          |
| statute from coverage does not make this certification; and further                         | dar days after such conviction;                               |
| except if the grant program authorizes or limits participation                              |                                                               |
| to designated populations, then the applicant will comply with the                          |                                                               |
| nondiscrimination requirements within the designated population.                            |                                                               |

## Applicant Assurances and Certifications (Continued)

## U.S. Department of Housing and Urban Development

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OMB Approval No. 2501-0017 (exp. 03/31/2005)

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee has worked, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--

 Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a),
(b), (c), (d), (e), and (f).

(h). The applicant may insert in the space provided below the site(s) for the performance of work or may provide this information in connection with each application.

(i). Place of Performance (street address, city, county, state, zip code)

 In accordance with 24 CFR Part 24, and its principals:
 (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 (b) Have not within a three year period preceding this proposal, been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

( c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in the preceding paragraph of this certification; and

(d) Where the applicant is unable to certify to any of the statements in this certification, an explanation shall be attached. (e) Will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction, " provided by the HUD without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

These certifications and assurances are material representations of the fact upon which HUD can rely when awarding a grant. If it is later determined that I, the applicant, knowingly made an erroneous certifications or assurance, I may be subject to criminal prosecution. HUD may also terminate the grant and take other available remedies.

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# MAINSTREAM HOUSING OPPORTUNITIES FOR PERSONS WITH DISABILITIES (MAINSTREAM PROGRAM)

Billing Code 4210-32-C

## Funding Availability for Mainstream Housing Opportunities for Persons With Disabilities (Mainstream Program)

## **Program Overview**

Purpose of the Program. The purpose of this program is to provide vouchers under the Housing Choice Voucher Program to enable persons with disabilities (elderly and non-elderly) to access affordable private housing.

Available Funds. Approximately \$53.6 million in five-year budget authority, derived from FY 2003 Section 811 funding, for approximately 1,800 vouchers is available to public housing agencies (PHAs) and nonprofit organizations.

See section II (A) of this funding announcement, which fully addresses the source of the \$53.6 million in fiveyear budget authority appropriated by Congress for FY 2003 under Section 811 of the Cranston-Gonzalez National Affordable Housing Act (NAHA) (42 U.S.C. 12701 *et seq.*), available under this funding announcement. All future references in this funding announcement to five-year budget authority are based upon this funding source.

*Eligible Applicants*. PHAs and nonprofit organizations that provide services to disabled families are eligible to apply. PHAs or nonprofit organizations that fall into any of the categories in section VII (B)(2) of this announcement are ineligible to have an application funded under this announcement. Indian Housing Authorities (IHAs), Indian tribes and their tribally designated housing entities are not eligible to apply because the Native American Housing Assistance and Self-Determination Act of 1996, (25 U.S.C. 4101 et seq.) does not allow HUD to enter into new housing choice voucher annual contributions contracts (ACC) with IHAs after September 30, 1997.

The vouchers that HUD will provide under this announcement must be made available to eligible disabled families regardless of their type of disability. (See the definition of disabled family in Section IV (E)(1) of this announcement.) The Mainstream Program vouchers must not be issued by the administering agency on the basis of any preference system favoring any particular type of disability over another, nor shall the vouchers be issued solely on the basis of an administering agency's waiting list which is based on that agency heretofore having served only certain types of disabled persons. The Housing Choice Voucher Program regulations provide at 24 CFR 982.207(b)(3) that a PHA may give preference for admission

of families that include a person with disabilities; however, the PHA may not give preference for admission of persons with a specific disability. This regulatory requirement is also applicable to nonprofit organizations that receive funding under this announcement; as such organizations must comply with the regulatory requirements applicable to the Housing Choice Voucher Program.

*Application Deadline*. June 18, 2003. *Match*. None

## **Additional Information**

If you are interested in applying for funding under the Mainstream Program, please review carefully the General Section of this SuperNOFA and the following additional information.

## I. Application Due Date, Application Kits, Further Information and Technical Assistance

Application Due Date. Submit your completed application (an original and one copy) to HUD on or before midnight of June 18, 2003. This application deadline date is firm. In the interest of fairness to all competing PHAs and nonprofit organizations, HUD will not consider any application that is submitted after the application deadline. Applicants should take this practice into account and make early submission of their materials to avoid any risk of loss of eligibility brought about by unanticipated delays or other delivery-related problems. HUD will not accept, at any time during the competition under this funding announcement, application materials sent via facsimile (FAX) transmission. See the paragraph titled "ADDRESSES AND APPLICATION SUBMISSION PROCEDURES" in the General Section of the SuperNOFA regarding HUD's mailing, delivery and receipt procedures pertinent to the submission of your application.

Address for Submitting Applications. Your completed application consists of one original and one copy. Submit your original application and one copy to: Grants Management Center, Mail Stop: Mainstream Program, 2001 Jefferson Davis Hwy, Suite 703, Arlington, VA 22202.

The Grants Management Center (GMC) is the official place of receipt for all applications in response to this announcement of funding availability. Applications not submitted to the GMC will not be considered. A copy of the application is not required to be submitted to the local HUD Field Office. For ease of reference, the term "local HUD Field Office" will be used in this announcement to mean the local HUD Field Office Hub and the local HUD Field Office Program Center. A listing of HUD Field Offices is attached to the General Section of the SuperNOFA.

Application Kits. An application kit is not necessary for submitting an application in response to this announcement. This announcement contains all the information necessary for the submission of your application for voucher funding for the Mainstream Program.

Further Information and Technical Assistance. Prior to the application due date, you may contact George C. Hendrickson, Housing Program Specialist, Room 4216, Office of Public Housing and Voucher Programs, Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410; telephone (202) 708-0477, ext. 4064. Subsequent to application submission, you may contact the Grants Management Center at (202) 358-0221. (These are not tollfree numbers.) Persons with hearing or speech impairments may access these numbers via TTY (text telephone) by calling the Federal Information Relay Service at 1–800–877–8339 (this is a toll-free number).

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of an application. For more information about the date and time of this broadcast, you should consult the HUD web site at www.hud.gov.

#### **II. Amount Allocated**

(A) Available Funding for Mainstream Program. Approximately \$53.6 million in five-year funding is available for approximately 1,800 vouchers. This allocation is consistent with the **Consolidated Appropriations** Resolution, FY 2003 (Pub. L. 108-7, approved February 20, 2003), which provides that the Secretary of HUD may designate up to 25 percent of the amounts appropriated for supportive housing for persons with disabilities, under section 811 of the Cranston-Gonzalez National Affordable Housing Act (NAHA), for tenant-based assistance. The five-year budget authority made available to applicants under this Mainstream Program funding announcement does not exceed 25 percent of the \$248,886,653 million (dollar amount after rescission action) made available for the section 811 Program under the FY 2003 HUD Appropriations Act. All of the approximately \$53.6 million in Mainstream funding is for use in the housing of elderly and non-elderly disabled families.

(B) Funding for the Section 811 Program. The Section 811 Program of Supportive Housing for Persons With Disabilities, located elsewhere in the SuperNOFA, provides capital advances and project rental assistance in FY 2003. The Section 811 Program of Supportive Housing for Persons With Disabilities will provide funding to nonprofit organizations (sponsors) for the development and operation of small, scattered-site housing to enable adults with disabilities to live as independently as possible in the community. The capital advance does not need to be repaid as long as the housing is used for its intended purpose for at least 40 years. The project rental assistance funds cover the difference between the HUD-approved operating expenses of the housing and the tenant's contribution towards rent, which is 30 percent of adjusted income. The types of housing that are typically developed through the program are small group homes for no more than six persons, independent living projects containing individual apartment units for no more than 14 persons, and condominium units. Sponsors are required to ensure that residents have access to any necessary supportive services but cannot require the acceptance of such as a condition of occupancy.

### (C) Housing Choice Voucher Funding

(1) Funding Methodology. HUD will select applications for funding that meet all of the application submission requirements in section VI of this NOFA and that score a sufficient number of points under the selection criteria listed in section V of this NOFA. Applications will be ranked from highest to lowest score in descending order, with the highest ranked application selected first for funding, and so forth. Where two or more applicants have exactly the same score under the selection criteria in section V (B) of this NOFA and insufficient funding remains to fund all of them, applicants will be funded in the order of the exact percentage of disabled persons at or below the poverty level that is in each applicant's primary market area. The applicant with the highest percentage will be funded first, etc

HUD will limit the number of applications selected for funding from any State to 10 percent of the budget authority available for the Mainstream Program. If establishing this geographic limit would result, however, in unreserved budget authority, HUD may modify this limit to assure that all available funds are used.

When remaining budget authority is insufficient to fund the last selected

application in full, the application will be funded to the extent of the funding available, unless the applicant indicates that it will only accept a higher number of units. In that event, the next selected application shall be the one indicating a willingness to accept the lesser amount of funding for the units available.

(2) Maximum Voucher Request. There is a limit on the number of vouchers that may be requested. An eligible applicant may apply for a maximum of 50 vouchers. No more than 50 vouchers will be awarded to any applicant under the FY 2003 Mainstream Program.

(3) Determination of Funding Amount for the Applicant's Requested Number of Vouchers. HUD will determine the amount of funding that an applicant will be awarded under this announcement based upon an actual annual per unit cost {except for Moving to Work (MTW) agencies in which the per unit cost will be calculated in accordance with the agency's MTW Agreement for MTW units}, using the following two-step process:

(a) HUD will extract the total expenditures for the PHA's housing choice voucher program and the unit months leased information from the most recent approved year-end statement (Form HUD–52681) that the PHA has filed with HUD. HUD will divide the total expenditures for the PHA's housing choice voucher program by the unit months leased to derive an average monthly per unit cost.

(b) HUD will multiply the monthly per unit cost by 12 (months) to obtain an annual per unit cost.

**Note:** Applicants who do not currently administer a housing choice voucher program shall have their voucher funding based upon the actual annual per unit costs of the PHA in their most immediate area administering a housing choice voucher program, using the two step process described immediately above.

(4) Preliminary Fee. A preliminary fee of up to \$500 per unit for start-up expenses will be paid to applicants selected for funding under this announcement who have not previously administered their own housing choice voucher program. The preliminary fee will be provided to such applicants only in their first year of administering housing choice vouchers.

## **III. Program Description, Eligible Applicants and Eligible Participants**

(A) *Program Description*. The Secretary has established a Mainstream Housing Opportunities for Persons with Disabilities Program (Mainstream Program) to provide vouchers to enable persons with disabilities to access affordable private housing of their choice.

The Mainstream Program will assist PHAs and nonprofit organizations in providing housing choice vouchers to a segment of the population recognized by HUD's housing research as having one of the worst housing needs of any group in the United States, i.e., very lowincome households with adults with disabilities. In addition, the Mainstream Program will assist persons with disabilities who often face difficulties in locating suitable and accessible housing on the private market.

(B) *Eligible Applicants*. Public housing agencies (PHAs) and nonprofit organizations that provide services to the disabled (as defined in section IV(E) of this announcement) are eligible applicants for the five-year budget authority funding available under this funding announcement. PHAs or nonprofit organizations that fall into any of the categories in section VII(B)(2) of this announcement are ineligible to have an application funded under this announcement. Indian Housing Authorities (IHAs), Indian tribes and their tribally designated housing entities are not eligible to apply for new increments of housing choice voucher funding because the Native American Housing Assistance and Self-Determination Act of 1996 does not allow HUD to enter into new housing choice voucher annual contributions contracts (ACC) with IHAs after September 30, 1997.

(1) PHAs.

(a) A PHA may submit only one application under this announcement. This one application per PHA limit applies regardless of whether or not the PHA is a State or regional PHA, except in those instances where such a PHA has more than one PHA code number due to its operating under the jurisdiction of more than one HUD Field Office. In such an instance, a separate application under each code shall be considered for funding, with the cumulative total of vouchers applied for under the applications not to exceed the maximum of 50 vouchers the PHA is eligible to apply for under Section II (C)(2) of this announcement, i.e., no more than the number of vouchers the same PHA would be eligible to apply for if it only had one PHA code number.

(b) PHAs are encouraged to involve nonprofit organizations that provide services to disabled families, as defined in Section III(B)(2) of this announcement, in the administration of the Mainstream Program's vouchers. In the past, such organizations have frequently demonstrated a capacity to assist disabled families, as well as have an in-depth knowledge of the disability community.

(i) A nonprofit organization could function as either a contract administrator for the PHA's Mainstream vouchers, or as a subcontractor responsible for providing case management services or assisting disabled families to locate suitable housing, gain access to supportive services, or identify private funding sources to cover the costs of unit modifications needed as a reasonable accommodation.

(ii) Such contractual arrangements must, however, ensure equal opportunity among the wide variety of disabled populations in the PHA's service area.

(c) In some cases an applicant currently administering the housing choice voucher program has, at the time of publication of this SuperNOFA, been designated by HUD as troubled under the Section 8 Management Assessment Program (SEMAP), has major program management findings from Inspector General audits that are unresolved, or has other significant program compliance problems. HUD will not accept an application from such an applicant as a contract administrator if, on the application due date, the troubled designation under SEMAP has not been removed by HUD, and the findings or other significant program compliance problems are not resolved. If the applicant wants to apply for funding under this announcement, it must submit an application that designates another contractor that is acceptable to HUD. The application must include an agreement by the other contractor to administer the new funding increment on behalf of the applicant, and (in the instance of an applicant with unresolved major program management findings or other significant program compliance problems) a statement that outlines the steps the applicant is taking to resolve the program findings or compliance problems.

Immediately after the publication of this SuperNOFA, the Office of Public Housing in the local HUD Field Office will notify, in writing, those PHAs and nonprofit organizations that have been designated by HUD as troubled under SEMAP, and those PHAs and nonprofit organizations with unresolved major program management findings or other significant program compliance problems that are not eligible to apply without such an agreement. Concurrently, the local HUD Field Office will provide a copy of each such written notification to the Director of the Grants Management Center. The

applicant may appeal the decision, in writing, if HUD has mistakenly classified the applicant as having unresolved major program findings or other significant program compliance problems. The applicant may not appeal its designation as troubled under SEMAP. Any appeal with respect to unresolved major program management findings or other significant program compliance problems must be accompanied by conclusive evidence of HUD's error (i.e., documentation showing that the finding has been cleared or the program compliance problem has been resolved) and must be received prior to the application deadline. The appeal should be submitted to the local HUD Field Office where a final determination shall be made. Concurrently, the local HUD Field Office shall provide the Grants Management Center with a copy of the applicant's written appeal and the Field Office's written response to the appeal. Copies of all letters of ineligibility and matters that relate to PHA appeals referenced in this paragraph must be submitted to the GMC by the Field Office so as to be received by the GMC no later than 10 days after the application deadline date. Major program management findings, or significant program compliance problems, are those that would cast doubt on the capacity of the applicant to effectively administer any new housing choice voucher funding in accordance with applicable HUD regulatory and statutory requirements. (Note: If any additional PHAs or nonprofit disability organizations fall into the above category prior to HUD's announcement of awards under this NOFA, but subsequent to the local HUD Field Office's notification of the GMC addressed above, the Field Office shall immediately notify the GMC of the applicant's name and the category into which the applicant falls, i.e., designated as troubled under SEMAP, major unresolved OIG management findings, or other significant program compliance problems. As indicated in Section VII(B)(2) of this NOFA, an applicant must be eligible for funding at the time of the application due date, as well as at such subsequent time of HUD's selection of awardees. No PHA appeals, based upon Field Office letters of ineligibility issued after the application deadline date, shall be considered for purposes of eligibility for funding under this funding announcement.)

(2) *Nonprofit Organization*. A nonprofit organization may submit only one application under this

announcement. For purposes of the Mainstream Program, a nonprofit organization shall be defined as an organization, no part of the net earnings of which inures to the benefit of any member, founder, contributor, or individual, that provides services to persons with disabilities and has received a federal tax-exempt designation, under section 501(c)(3) of the Internal Revenue Code, from the U.S. Internal Revenue Service.

(a) The nonprofit entity must:

(i) Have a voluntary board;

(ii) Be authorized by its charter or State law to enter into a contract with the Federal Government to provide housing assistance to persons with disabilities;

(iii) Have a functioning accounting system that is operated in accordance with generally accepted accounting principles, or designate an entity that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles;

(iv) Practice nondiscrimination in the provision of assistance; and

(v) Provide services to the disabled as part of its ongoing activities and responsibilities.

(b) A nonprofit organization meeting the definition of a nonprofit organization as defined in this section III(B)(2), and wishing to apply for the funding available under this announcement, must have the capacity to:

(i) Comply with the Section 8 Management Assessment Program (SEMAP) certification requirements under 24 CFR part 985.

(ii) Carry out such housing choice voucher and SEMAP-specific related activities as making determinations as to rent reasonableness, performing housing quality standards (HQS) inspections and enforcement, conducting annual reexaminations of participant families, as well as otherwise meeting housing choice voucher program requirements under 24 CFR part 982.

(iii) Manage the Mainstream Program vouchers in a manner equivalent to an overall performance rating under SEMAP (24 CFR part 985) of at least "standard" during the first fiscal year of its receiving Mainstream Program funding under this funding announcement.

(iv) Administer rental housing programs or manage rental housing, as demonstrated by a specific list of rental housing programs the nonprofit organization has administered or the rental housing the organization has managed (e.g., private rental housing, HUD or State-related housing programs, etc.).

Nonprofit organizations are encouraged to seek out PHAs in their geographic area to develop cooperative contractual relationships under the Mainstream Program, and to enhance services to disabled families. In addition to contacting local PHAs, nonprofit organizations may also wish to contact regional (multi-county), or statewide PHAs who may be applying for Mainstream Program funding.

(C) *Eligible Participants*. Only a disabled family that is income eligible under 24 CFR 982.201(b)(1), as well as otherwise eligible under the regulations at 24 CFR 982.201, may receive a voucher awarded under the Mainstream Program. Applicants with disabilities must be selected from the PHA's or nonprofit organization's housing choice voucher waiting list. Additional information on those families and individuals eligible to receive a voucher is located at the following HUD Web site: *http://www.hud.gov/offices/pih/programs/hcv.* 

## IV. Program Requirements and Definitions

(A) *Civil Rights and Fair Housing.* To be eligible to receive funding under this funding announcement, the applicant must meet all the civil rights and fair housing requirements detailed in Sections V (B)(2), (C) and (D) of the General Section of the SuperNOFA.

(B) Certifications and Assurances. Each applicant is required to submit signed copies of Assurances and Certifications. The standard Assurances and Certifications are on Form HUD– 52515, Funding Application, which includes the Equal Opportunity Certification, Certification Regarding Lobbying, and Certification Regarding Drug-Free Workplace Requirements.

## (C) Voucher Assistance Requirements

(1) Housing Choice Voucher Program Regulations. Applicants must administer the Mainstream Program in accordance with HUD regulations and requirements governing the Housing Choice Voucher Program. The only exception to this requirement shall be for nonprofit organizations which shall not be required to comply with the requirements of 24 CFR part 903, subpart B concerning the requirement for a PHA Plan.

(2) Housing Choice Voucher Program Admission Requirements. Housing choice voucher assistance must be provided to eligible disabled families in conformity with regulations and requirements governing the Housing Choice Voucher Program and the PHA's administrative plan.

(3) Turnover. When a voucher under this announcement becomes available for reissue (e.g., the family initially selected for the program drops out of the program or is unsuccessful in the search for a unit), the voucher may be used only for another family eligible for assistance under this announcement for five years for the five-year funding from the date the rental assistance is placed under an annual contributions contract (ACC). In addition, any renewal by HUD of the five-year voucher funding (where the source of the renewal funding is Section 811 derived) shall require the continued reissuance of the vouchers to disabled families.

If there is ever an insufficient pool of disabled families on the PHA's or nonprofit organization's housing choice voucher waiting list, the PHA or nonprofit organization shall conduct outreach to encourage eligible persons to apply for this special allocation of vouchers. Outreach may include contacting independent living centers, advocacy organizations for persons with disabilities, and medical, mental health, and social service providers for referrals of persons receiving such services who would benefit from housing choice voucher assistance. If the PHA's or nonprofit organization's housing choice voucher waiting list is closed, and if the PHA or nonprofit organization has insufficient applicants on its housing choice voucher waiting list to use all awarded vouchers under this announcement, the PHA or nonprofit disability organization should open the waiting list for applications from disabled families. PHAs and nonprofit organizations must take care to keep track of the number of disabled vouchers they have been awarded under this funding announcement versus the number of such vouchers that have actually been issued to disabled families.

(D) PHA and Nonprofit Organization Responsibilities. In addition to the responsibilities under the Housing Choice Voucher Program and HUD regulations concerning nondiscrimination based on disability (24 CFR 8.28) and to affirmatively further fair housing, PHAs and nonprofit organizations that receive voucher funding shall:

(1) Where requested by an individual, assist program participants to gain access to supportive services available within the community, but not require eligible applicants or participants to accept supportive services as a condition of participation or continued occupancy in the program. (2) Identify public and private funding sources to assist participants in covering the costs of modifications that need to be made to their units as a reasonable accommodation for their disabilities.

(3) Not deny persons who qualify for rental assistance under this program other housing opportunities, or otherwise restrict access to PHA or nonprofit organization programs to eligible applicants who choose not to participate.

(4) Provide housing choice voucher search assistance.

(5) In accordance with regulatory guidance, provide higher rents to owners necessary for the provision of accessible units and structural modifications for persons with disabilities.

(6) Provide technical assistance to owners for making reasonable accommodations or making units accessible to persons with disabilities.

(E) *Definitions*. The following definitions apply to the approximately \$53.6 million in five-year budget authority available under this funding announcement.

(1) *Disabled Family*. Disabled family means a family whose head, spouse, or sole member is a person with disabilities. It may include two or more persons with disabilities living together, or one or more persons with disabilities living with one or more live-in aides.

(2) Person with disabilities.

(a) Means a person who:

(i) Has a disability as defined in 42 U.S.C. 423;

(ii) Is determined, pursuant to HUD regulations, to have a physical, mental or emotional impairment that:

(A) Is expected to be of longcontinued and indefinite duration;

(B) Substantially impedes his or her ability to live independently; and

(C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions;

(iii) Has a developmental disability as defined in 42 U.S.C. 6001;

(b) Does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome;

(c) For purposes of qualifying for lowincome housing, does not include a person whose disability is based solely on any drug or alcohol dependence.

(3) Housing choice voucher search assistance. Assistance to increase access by program participants to housing units in a variety of neighborhoods (including areas with low poverty concentrations) and to locate and obtain units suited to their needs.

(F) Homeownership and Family Self-Sufficiency (FSS). Applicants are encouraged to establish or expand upon an existing housing choice voucher homeownership program, as well as complete the closing process on homeownership units. Applicants are also encouraged to fill slots under a mandatory FSS program and to establish a voluntary FSS program and fill slots thereunder where a mandatory FSS program is not required.

(G) Increasing the Participation of Faith-Based and Community-Based Organizations in HUD Program Implementation. HUD believes that grassroots organizations, e.g., faith communities, civic organizations, and other community-based organizations, have not been effectively utilized. These grassroots organizations have a strong history of providing vital community services such as assisting the homeless and preventing homelessness; counseling individuals and families on fair housing rights; providing elderly housing opportunities; developing first time homeownership programs; increasing homeownership and rental housing opportunities; developing affordable and accessible housing in neighborhoods across the country; and creating economic development programs. The goal of this policy priority is to make HUD's housing choice voucher program more effective, efficient, and accessible by expanding opportunities for faith-based and other community-based organizations to participate in developing solutions for their own neighborhoods. Applicants are encouraged to coordinate with and otherwise involve faith-based and other community-based organizations in those activities under the housing choice voucher program where their services, expertise and knowledge may be most effective.

(H) Conducting Business in Accordance With Core Values and Ethical Standards. To reflect core values, all PHAs shall develop and maintain a written code of conduct in the PHA administrative plan that (1) requires compliance with the conflict of interest requirements of the Housing Choice Voucher Program at 24 CFR 982.161, and (2) prohibits the solicitation or acceptance of gifts or gratuities, in excess of a nominal value, by any officer or employee of the PHA, or any contractor, subcontractor or agent of the PHA. The PHA's administrative plan shall state PHA policies concerning PHA administrative and disciplinary remedies for violation of the PHA code of conduct. The PHA shall inform all

officers, employees and agents of its organization of the PHA's code of conduct.

(I) Pre-Award Accounting System Surveys. See Section V (B)(5) of the General Section of the SuperNOFA regarding those applicants that may be subject to HUD's arranging for a preaward survey of an applicant's financial management system.

### V. Application Selection Process

(A) Rating and Ranking. After the Grants Management Center has screened and disapproved any applications found unacceptable for further processing, the Grants Management Center will review all acceptable applications to ensure that they are technically adequate and responsive to the requirements of this announcement. HUD Headquarters will fund all applications from PHAs and nonprofit organizations that are recommended for funding by the Grants Management Center unless HUD receives approvable applications for more funds than are available. HUD will select applicants to be funded based upon the methodology indicated in Section II (C)(1) of this NOFA. Applications meeting all the application submission requirements of Section VI of this NOFA will be rated and ranked on the basis of their score under the selection criteria in Section V (B) of this NOFA. The maximum score under the selection criteria is 100 points.

### (B) Selection Criteria

(1) Selection Criterion 1, DisabledPersons at or Below the Poverty Level.(40 points)

(a) Description: This criterion assesses the number of disabled persons at or below the poverty level in the primary market area served by the applicant, as a percentage of such disabled persons on a national basis using 2000 census data. The primary market area is defined as the geographic area in which the applicant is legally authorized to operate and where the vouchers will be issued. (See section VI (I) of this NOFA regarding the description of the primary market area required to be included in each PHA's/nonprofit organization's application.) A table listing all the cities and counties with a population of 10,000 or more persons within the nation (States and territories) will be listed with this funding announcement at the following HUD Web site: http:// www.hud.gov/offices/adm/grants/ fundsavail.cfm. Also indicated on the table will be the number of disabled persons/percentage of such disabled persons at or below the poverty level within each city or county, as a

percentage of the number of disabled persons at or below the poverty level within the nation. An applicant (and the GMC during the review of applications) will use the table to determine the percentage of disabled persons at or below the poverty level that is in the applicant's primary market area. The percentage will determine the number of points that the applicant is eligible for under Selection Criterion 1.

(b) Rating and Assessment: Points will be assigned based upon the number of disabled persons at or below the poverty level in the applicant's primary market area, as a percentage of such persons within the nation. For each tenth of one percent (.001) within the applicant's primary market area the applicant will receive 5 points. Percentages of .0015, .0025, etc. or higher but less than the next whole tenth of one percent, i.e., .002, .003, etc. shall be rounded to the next whole tenth of a percentage point. An applicant having a primary market area with a population of 10,000 or fewer or for which disability percentages are not listed on the table will receive 5 points under Selection Criterion 1. Likewise, an applicant having a primary market area comprised of more than one community with a population of 10,000 or fewer shall receive a total of 5 points for all such communities combined. A maximum of 40 points is available under Selection Criterion 1 regardless of how high a percentage of disabled persons at or below the poverty level is located within the applicant's primary market area.

(2) Selection Criterion 2, Lease-Up and Budget Authority Utilization. (25 points)

(a) *Description:* This criterion focuses on a PHA's and nonprofit organization's success in leasing its housing choice vouchers, and using the budget authority associated with its vouchers. While a PHA or nonprofit organization must have either a lease-up or budget authority utilization rate of at least 97 percent under section VII (B)(2)(c) of this NOFA in order to have an acceptable application, Selection Criterion 2 provides for the award of selection points to those PHAs having a voucher lease-up rate or a budget authority utilization rate of 99 percent or higher. The lease-up and budget authority utilization percentages for a PHA's or nonprofit organization's voucher program will be calculated by HUD based upon the methodology indicated in Appendix A of this NOFA, and shall cover fiscal years ending December 31, 2001; March 31, 2002; June 30, 2002; and September 30, 2002.

Lease-up or budget authority utilization rates of a half or more of one percentage point will be rounded to the next highest percentage point for purposes of qualifying for the points available under Selection Criterion 2 (for example, 98.5 percent will be rounded up to 99 percent). PHAs or nonprofit organizations that meet either the 97 percent lease-up or budget authority utilization threshold requirement in section VII(B)(2)(c) of this NOFA, or that have a 99 percent or higher lease-up or budget authority utilization rate and qualify for the points available under Selection Criterion 2 will be listed with this funding announcement at the following HUD Web site: http:// www.hud.gov/offices/adm/grants/ fundsavail.cfm. A PHA or nonprofit organization not listed may submit information with its application, following the methodology of Appendix B and using the format of Appendix C which includes a completed example and the blank form format to be filled out and submitted with the PHA's or nonprofit organization's application, for its fiscal year December 31, 2001; March 31, 2002; June 30, 2002; September 30, 2002 or subsequent fiscal year not yet processed by HUD but certified by the applicant.

<sup>2</sup>See Section VI (G) of this NOFA regarding the certification requirement applicable to MTW PHAs in connection with qualifying for the points available under Selection Criterion 2.

(b) *Rating and Assessment:* The GMC will assign point values as follows:

• 25 points: The PHA or nonprofit organization has a lease-up or budget authority utilization rate for its voucher program of 99 percent.

Note: PHAs or nonprofit organizations without a voucher program or whose total voucher program is excluded (annual budget authority associated with new funding increments obligated during the applicant's last fiscal year and annual budget authority for litigation) from the lease-up/budget authority utilization calculation as per the methodology in Appendix A of this funding announcement may also be eligible to receive 25 points under Selection Criterion 2. In order to get the 25 points, the PHA or nonprofit organization will be required to submit a certification statement with its application certifying that it will lease all vouchers it is awarded under this NOFA within 180 days of the award of funding.

### (3) Selection Criterion 3, Area-Wide Housing Opportunities (15 Points)

(a) *Description:* This criterion addresses the voluntary efforts that an applicant may take to provide area-wide housing opportunities for families. The efforts described in response to this criterion must be beyond those required by federal law or regulation such as the portability provisions of the Housing Choice Voucher Program. Applicants should take note that the difference between being eligible for 15 points versus 10 points under this selection criterion requires undertaking efforts to end chronic homelessness on the part of disabled families.

(b) *Rating and Assessment:* The GMC will assign point values as follows:

• 15 points: The applicant provides information indicating that it will provide housing counseling for disabled families that want to move to lowpoverty or non-minority areas, or the applicant has established a contractual relationship with a PHA, nonprofit agency or local governmental entity to provide housing counseling for disabled families that want to move to lowpoverty or non-minority areas. In addition, the applicant must target not less than 10 percent of the vouchers awarded under this funding announcement to assisting those disabled families that are chronically homeless as defined in section II (H) of the General Section of the SuperNOFA, and as part of the counseling provided to such families undertake two or more of the activities listed in that section. (The five PHAs approved for the FY 1993 Moving to Opportunity (MTO) for Fair Housing Demonstration, the 11 PHAs approved under the Housing Search Assistance Program (HSAP), and any other PHAs that receive housing counseling funds from HUD (e.g., in settlement of litigation involving the desegregation or demolition of public housing, regional opportunity counseling, or mixed population projects) may qualify for points under this assessment, but these PHAs must identify all activities to be undertaken, other than those funded by HUD, to expand housing opportunities.)

• 10 points: The applicant provides information indicating that it will provide housing counseling for disabled families that want to move to lowpoverty or non-minority areas, or the applicant has established a contractual relationship with a PHA, nonprofit agency or local governmental entity to provide housing counseling for disabled families that want to move to lowpoverty or non-minority areas. (The five PHAs approved for the FY 1993 Moving to Opportunity (MTO) for Fair Housing Demonstration, the 11 PHAs approved under the Housing Search Assistance Program (HSAP), and any other PHAs that receive housing counseling funds from HUD (e.g., in settlement of litigation involving the desegregation or demolition of public housing, regional

opportunity counseling, or mixed population projects) may qualify for points under this assessment, but these PHAs must identify all activities to be undertaken, other than those funded by HUD, to expand housing opportunities.)

• 5 points: The applicant provides information indicating that it has implemented other initiatives that have resulted, and will continue to result, in expanding housing opportunities for disabled families in areas that do not have undue concentrations of poverty or minority families.

(4) Selection Criterion 4, Commitments From Outside Agencies (10 Points)

(a) *Description:* The applicant documents that it has entered into agreements with one or more organizations to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care.

(b) *Rating and Assessment:* The GMC will assign points as follows:

• 10 points: The applicant provides copies of the agreements that it has entered into with three or more organizations to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care. The applicant must also provide information indicating it has taken one or more of the activities to promote the participation of grass-roots and other community-based organizations indicated in Section II (6) of the General Section of the SuperNOFA, as relates to the aforementioned agreements. The applicant's provision of the former, but not the latter information, shall result in the application receiving no more than 8 points under this Selection Criterion 4, as indicated below.

• *8 points:* The applicant provides copies of the agreements that it has entered into with three or more organizations to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care.

• 5 points: The applicant provides copies of the agreements it has entered into with two organizations to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care. • *3 points:* The applicant provides copies of the agreements it has entered into with one organization to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care.

(5) Selection Criterion 5, Achieving Results and Program Evaluation (10 Points)

(a) *Description:* This criterion emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and assess their performance in meeting performance goals. HUD requires Mainstream Program applicants to develop an effective, quantifiable, outcome oriented *monitoring* and evaluation plan for measuring performance and determining that goals have been met. The plan must include interim products or activities that lead to the ultimate achievement of the applicant's goals. Performance *indicators* must also be developed by the applicant to measure performance. Performance indicators must be objectively quantifiable and measure actual achievements against planned achievements. The applicant's evaluation and monitoring plan must identify what it is going to measure, how it will be measured, and the steps that will be taken to make adjustments to the plan if performance targets are not met within established deadlines.

An example of a goal is that the applicant will have 100 percent of the Mainstream vouchers under lease by disabled families within 180 days of the effective date of the Annual Contributions Contract (ACC) for the funding increment. Examples of interim activities to achieve such a goal might include assisting disabled families with transportation to rental properties, efforts to identify and provide lists of accessible units, approval of exception payment standards, or use of special housing types. An example of related performance indicators might include assisting disabled families with transportation needs within 24 hours of a disabled family's request to visit a potential rental unit, and that 50 percent of all the Mainstream vouchers are to be under lease within 90 days of the ultimate goal of having all vouchers under lease within 180 days.

Examples of other areas in which applicants may wish to consider establishing goals are with respect to Selection Criterion 3, Selection Criterion 4, any one or more of the areas to be addressed in the applicant's Mainstream Program Operating Plan (see Section IV (D) of this NOFA), etc. (b) *Rating and Assessment:* The GMC will assign points as follows:

• 10 points: The applicant submits a monitoring and evaluation plan meeting the descriptive requirements outlined immediately above.

## VI. Application Submission Requirements

Applicants are requested to *read this* section very carefully, as it addresses the specific information that must be in the applications submitted to HUD under this NOFA. Applications failing to provide this information will be determined either ineligible for processing, or in the instance of an application having a curable (correctable) technical deficiency (see the General Section of the SuperNOFA), the applicant will be requested to submit additional information.

Those application submission items identified below in this Section VI as "not curable" shall mean that any item, e.g., Mainstream Program Operating Plan, for which the applicant does not provide all the requested information shall result in the application being determined ineligible for processing. The turnaround times established by HUD in the instance of curable technical deficiencies are relatively brief, so the initial submission of a carefully prepared and complete application is extremely important. Applicants should also carefully review sections VII (B)(2)(b) and (c) of this funding announcement to determine if their SEMAP designation, OIG status, existence of significant program compliance problems, or voucher leaseup/budget authority utilization rate will require the submission of additional information with their application.

(A) Form HUD–52515. All applicants must complete and submit Form HUD-52515, Funding Application, for the Housing Choice Voucher Program. This form includes all necessary certifications for Fair Housing, Drug Free Workplace, and Lobbying Activities. Applicants are required to enter their housing authority code number (for example, CT002), telephone number, facsimile number and electronic mail address in the same space at the top of the form where they also are to enter the applicant's name and mailing address. Section C of the form should be left blank. The form must be completed in its entirety, with the exception of Section C, signed and dated. A copy of Form HUD-52515 is included in the forms found in Appendix B to the General Section of the SuperNOFA. Copies of the form may

also be downloaded from the following HUD Web site: http://www.hud.gov. (On the HUD web site click on "handbooks and forms," then click on "forms," then click on "HUD–5" and click on "HUD– 52515." In addition, the Form HUD– 52515 will also be posted with the Mainstream funding announcement at the following HUD Web site: http:// www.hud.gov/offices/adm/grants/ fundsavail.cfm.

In the instance of a nonprofit organization that does not currently manage a housing choice voucher program, the nonprofit organization shall fill in Section B, Proposed Assisted Dwelling Units, on the form by either using numbers based on information requested from the nearest public housing agency, based upon its housing choice voucher waiting list, or based upon information from local advocacy groups and local public and private service agencies familiar with the needs of elderly and non-elderly persons with disabilities, census data, and pertinent information from the Consolidated Plan applicable to the applicant's jurisdiction. Section C, Average Monthly Adjusted Income, should be left blank. Section F, New HA Information, requires information on Financial and Administrative Capability and Qualification as a HA. For Financial and Administrative Capability, a nonprofit organization may reference that part of its application addressing the requirements of Section VI (E) of this announcement. For Qualification as an HA, the nonprofit organization must submit information validating its qualifications as a nonprofit organization as defined in section III (B)(2) of this announcement. The submission of enabling legislation is not required to accomplish this purpose, but a legal opinion supportive of the applicant's status as a nonprofit organization, as defined in the first sentence of section III (B)(2)(a) of this announcement is required.

The Form HUD–52515 must be signed and dated by the applicant. The signature and date shall signify that the information provided on the form is complete and accurate, and that all other information provided by the applicant in its application (including any certifications) are complete and accurate.

(B) Letter of Intent and Narrative. The applicant must state in its cover letter to the application whether it is a PHA applying for five-year funding, or a nonprofit organization applying for fiveyear funding. The applicant also must indicate the number of vouchers being requested, whether it will accept a reduction in the number of vouchers, and the minimum number of vouchers the applicant will accept, since the funding is limited and HUD may only have enough funds to approve an amount smaller than the number of vouchers requested. The maximum number of vouchers that an applicant may apply for under this announcement is limited to 50.

The letter of intent and narrative should also include information addressing how the applicant meets the selection criteria in section V (B) of this NOFA. Failure of the applicant to provide information in connection with selection criteria 1 and 2 shall result in the GMC scoring the applicant solely on the basis of information HUD already has on-hand. Failure of the applicant to provide the information called for under selection criteria 3, 4 and 5 shall be considered not curable, but shall not make the application ineligible for processing. Failure to provide the information shall simply mean that the applicant is ineligible for the points under the categories for which it failed to provide the information requested in this funding announcement.

PHAs and nonprofit organizations that do not currently administer a housing choice voucher program must identify the nearest PHA (including the full name, address, and telephone no.) that does administer a housing choice voucher program. This information will be necessary for HUD to calculate annual per unit costs for voucher funding awarded under this funding announcement for such PHAs and nonprofit organizations (see section II (C)(3) of this funding announcement).

(C) Description of Need for Mainstream Program Vouchers. The PHA's and nonprofit organization's application must demonstrate a need for Mainstream Program vouchers by providing information documenting that the demand for housing for non-elderly and elderly persons with disabilities in connection with a request for five-year funding under this announcement would equal or exceed the requested number of vouchers. The applicant must assess and document the housing need for elderly and non-elderly persons with disabilities using a range of sources including, but not limited to: census data, information from the applicant's waiting list (both public housing and housing choice voucher), statistics on recent public housing admissions and housing choice voucher use, data from local advocacy groups and local public and private service agencies familiar with the housing needs of elderly and non-elderly persons with disabilities, and pertinent information from the Consolidated Plan [including the

Analysis of Impediments to Fair Housing Choice (AI)] applicable to the applicant's jurisdiction. {See 24 CFR 91.205(d).}

Failure of the applicant to provide the information required under this section (C) shall be determined not curable and the application deemed ineligible for processing.

(D) Mainstream Program Operating Plan. The application must include a description of an adequate plan for operating a program to serve eligible disabled families, including:

(1) A description of how the applicant will carry out its responsibilities under 24 CFR 8.28 to assist recipients in locating units with needed accessibility features; and

(2) A description of how the applicant will identify private or public funding sources to help participants cover the costs of modifications that need to be made to their units as reasonable accommodations to their disabilities.

(3) A description of how the applicant will use a nonprofit organization or PHA (if any) under a contract to administer the Mainstream Program vouchers, or to otherwise provide services.

Failure of the applicant to provide the information required under this section (D) shall be determined not curable and the application deemed ineligible for processing.

(E) Certification Applicable to Nonprofit Organizations. A nonprofit organization applying for funding available under this announcement must provide a certification stating that the applicant can meet the capacity requirements applicable to a nonprofit organization delineated in section III (B)(2)(b) of this announcement. The certification must specifically list the four capacity requirements from that paragraph, and must specifically list the rental housing programs the nonprofit organization has administered or the rental housing the nonprofit organization has managed.

Failure of the applicant to provide the information required under this section (E) shall be determined not curable and the application deemed ineligible for processing.

(F) Statement Regarding the Steps the PHA and Nonprofit Organization Will Take to Affirmatively Further Fair Housing. The statement must include specific steps to address the categories outlined in sections V (D)(1), (2) and (3) in the General Section of the HUD SuperNOFA.

(G) Moving to Work (MTW) PHA Certification. MTW agencies required to report under SEMAP, as well as those MTW agencies not required to report under SEMAP, shall be required to meet the 97 percent lease-up and budget authority utilization requirement addressed in Section VII (B)(2)(c) of this funding announcement. MTW agencies must submit a certification with their application certifying as to their voucher lease-up and budget authority utilization percentages. Submission of Appendix B information by MTW PHAs is not required.

Failure of the applicant to provide the certification required under this section (G) shall be determined not curable and the application deemed ineligible for processing.

(H) Form HUD–2993. All applicants must complete and submit Form HUD– 2993, Acknowledgement of Application Receipt. In addition to the applicant's entering its name and address on the form, the full title of the program under which the applicant is seeking funding must also be entered. This form is located in the General Section of the SuperNOFA and is also available at the following HUD Web site: http:// www.hud.gov. On this web site click on "handbooks and forms."

(I) Identification of Primary Market Area. Each applicant must specify in the application its primary market area, *i.e.*, the geographic area in which it is legally authorized to operate and where the vouchers will be issued. This information may be different from that entered by such an applicant on the Form HUD-52515, as the form calls for the applicant to identify its "legal area of operation" which may be far more geographically expansive than the specific city, county, or area within a State where a PHA (particularly a regional or State PHA), or nonprofit organization intends to issue the vouchers. This information is critical because, as indicated in section V (B)(1)(a) of this funding announcement, the geographic area in which the vouchers are intended to be issued and in which the applicant is legally authorized to operate a Housing Choice Voucher Program will be used by the applicant (and subsequently by the GMC during the review of applications) to determine the percentage of the nation's housing needs for disabled persons at or below the poverty level that are within the applicant's primary market area. For example, although an applicant may be legally authorized to operate throughout the entire county in which it is located, if the vouchers will be issued only in two cities within that county then the primary market area is those two cities and not the entire county. Conversely, if the applicant is planning to issue vouchers to all cities within a county, then the applicant

must list the county only and not list the individual cities within that county (the county is the sum of all housing needs for cities within a county). If, in addition to the county, there are individual cities outside the county where the applicant also will be issuing vouchers, the PHA then also must list these cities. A State PHA or nonprofit organization legally authorized to operate throughout the entire State, but which intends to issue the fair share vouchers in only one county, must list solely that county as its primary market area. In addition, the primary market area shall not include a geographic area in which the applicant is issuing vouchers, outside its normal, legally authorized area of operation, based upon an agreement with another agency/PHA to issue vouchers in the other agency's/PHA's jurisdiction.

## VII. Corrections to Deficient Applications

(A) Acceptable Applications. The application must include all of the information specified in Section VI, Application Submission Requirements, of this announcement. The General Section of the SuperNOFA provides the procedures for corrections to deficient applications. {Note: The submission by applicants of clarifications or corrections of technical deficiencies under this funding announcement must be provided to HUD within 7 calendar days (not the 14 calendar days indicated in the General Section of the SuperNOFA) of receipt of the HUD notification.}

(B) Unacceptable Applications. (1) After the 7-calendar day technical deficiency correction period, the Grants Management Center will disapprove all applications from PHAs and nonprofit organizations that the Grants Management Center determines are not acceptable for processing. The Grants Management Center's notification of rejection letter must state the basis for the decision. The applicant may request an applicant debriefing. Beginning not less than 30 days after the awards for assistance are announced in the **Federal** Register, and for not longer than 120 days, HUD will, upon receiving a written request from the applicant, provide a debriefing to the requesting applicant. (See the General Section of the SuperNOFA for additional information regarding a debriefing.) Applicants requesting to be debriefed must send a written request to Michael Diggs, Director, Grants Management Center, Department of Housing and Urban Development, 501 School Street, SW., Suite 800, Washington, DC 20024.

(2) Applications from PHAs or nonprofit organizations that fall into any of the following categories will not be processed:

(a) PHAs or nonprofit organizations that do not meet the fair housing and civil rights compliance threshold requirements of sections V(B)(2), (C) and (D) of the General Section of the SuperNOFA.

(b) The applicant is designated as troubled by HUD under SEMAP, or has major program management findings in an Inspector General audit for its voucher program that are unresolved, or has other significant program compliance problems that are not resolved. Major program management findings, or significant program compliance problems, are those that would cast doubt on the capacity of the applicant to effectively administer any new housing choice voucher funding in accordance with applicable HUD regulatory and statutory requirements. The only exception to this category is if the applicant has been identified under the policy established in section III (B)(1)(c) of this announcement and the applicant makes application with a designated contract administrator.

(c) The PHA or nonprofit organization has failed to achieve a lease-up or budget authority utilization rate of 97 percent for its voucher units under contract for its fiscal year ending on either December 31, 2001; March 31, 2002; June 30, 2002; or September 30, 2002. Applicants that have been determined by HUD to have passed either the 97 percent lease-up, or 97 percent budget authority utilization requirement for their fiscal year ending on December 31, 2001; March 31, 2002; June 30, 2002; or September 30, 2002, will be listed with the Mainstream funding announcement at the following HUD Web site: http://www.hud.gov/ offices/adm/grants/fundsavail.cfm. An applicant not listed may submit monthly lease-up and budget authority utilization information (following the methodology of Appendix A of this announcement and using the format in Appendix B, which also includes a blank version of the format) as part of its application supportive of its contention that it should have been included among those potential applicants HUD listed on the HUD Web site as having achieved either a 97 percent lease-up rate or 97 percent budget authority utilization rate for fiscal years ending on December 31, 2001; March 31, 2002; June 30, 2002; September 30, 2002; or subsequent full fiscal year not yet processed by HUD but certified by the applicant. Applicants not listed on the aforementioned HUD

Web site must submit utilization information using the blank form in Appendix B, as the application will otherwise be determined ineligible for funding under this announcement.

**Note:** The lease-up and budget authority utilization requirement shall not apply to applicants not currently administering a voucher program, or to new units associated with funding increments obligated during the applicant's last fiscal year and units obligated for litigation. In addition, lease-up or budget authority utilization rates of 96.5 percent but less than 97 percent shall be rounded up to 97 percent.)

See section VI (G) of this funding announcement which addresses the certification to be submitted by MTW agencies in connection with the 97 percent lease-up and budget authority utilization requirements referenced above.

(d) The PHA or nonprofit organization is involved in litigation and HUD determines that the litigation may seriously impede the ability of the applicant to administer the vouchers.

(e) An application that does not comply with the requirements of 24 CFR 982.103 and this program section after the expiration of the 7-calendar day technical deficiency correction period will be rejected from processing.

(f) The application was submitted after the application due date.

(g) The application was not submitted to the official place of receipt as indicated in the paragraph entitled "Address for Submitting Applications" at the beginning of this announcement.

(h) The applicant has been debarred or otherwise disqualified from providing assistance under the program.

(i) The PHA did not have its PHA plans approved by HUD for the FY 2001 plan cycle on the application due date for this funding announcement. (This category of ineligibility does not apply to nonprofit organizations whose housing choice voucher program is based solely upon previously approved housing choice vouchers under the Mainstream Program.)

## VIII. Environmental Requirements

In accordance with 24 CFR 50.19(b)(11) and 58.35(b)(1) of the HUD regulations, tenant-based rental activities under this program are categorically excluded from the requirements of the National Environmental Policy Act of 1969 (NEPA) and are not subject to environmental review under the related laws and authorities. Activities under the homeownership option of this program are categorically excluded from NEPA requirements and excluded from other environmental requirements under 24 CFR 58.5 in accordance with 24 CFR 58.35(b)(5), but PHAs and nonprofit organizations are responsible for the environmental requirements in 24 CFR 982.626(c). **IX.** Authority

Authority for this program is found in the Consolidated Appropriations

Resolution, FY 2003 (Pub. L. 108–7, approved February 20, 2003).

# APPENDIX A

# METHODOLOGY FOR DETERMINING LEASE-UP AND BUDGET AUTHORITY UTILIZATION PERCENTAGE RATES

Using data from the HUDCAPS system, HUD determined which PHAs and nonprofit organizations met the 97% budget authority utilization or 97% lease-up requirement addressed in section VII (B)(2)(c) of this NOFA. The data used in the determination were based on PHA and nonprofit organization fiscal years ending December 31, 2001; March 31, 2002; June 30, 2002; and September 30, 2002. The budget authority utilization and lease-up rates were determined based upon the methodology indicated below

## **Budget Authority Utilization**

Percentage of budget authority utilization was determined by comparing the total contributions required to the annual budget authority (ABA) available for the PHA or nonprofit organization fiscal year ending December 31, 2001; March 31, 2002; June 30, 2002; or September 30, 2002, for the PHA's or nonprofit organization's voucher program. Annual budget authority associated with new funding increments obligated during the last PHA or nonprofit organization fiscal year and annual budget authority for litigation were excluded.

Total contributions required were determined based on the combined actual costs approved by HUD on the form HUD-52681, Year End Settlement Statement. The components that make up the total contributions required are the total of housing assistance payments, ongoing administrative fees earned, hard to house fees earned, and IPA audit costs. From this total any interest earned on administrative fees is subtracted. The net amount is the total contributions required.

ABA is the prorated portion applicable to the PHA/nonprofit organization year for each funding increment that had an active contract term during all or a portion of the PHA/nonprofit organization year. ABA is adjusted for new funding increments obligated during the last PHA/nonprofit organization fiscal year and for litigation funding increments.

EXAMPLE: PHA ABC Fiscal year 10/1/01 through 9/30/02.

| HUD 52681 Approved Data:    |             |
|-----------------------------|-------------|
| HAP                         | \$2,150,000 |
| Administrative Fee          | \$ 215,000  |
| Hard to House Fee           | \$ 1,000    |
| Audit                       | \$ 2,000    |
| Total                       | \$2,368,000 |
| Program Receipts other than |             |
| Annual Contributions        | (\$2,500)   |

## **Total contributions required**

\$2,365,500

| Calculation o        | f Annual Budget Authority | ority       |               |
|----------------------|---------------------------|-------------|---------------|
| Increments           | Contract Term             | Total BA    | ABA           |
| 001                  | 11/01/01 -10/31/02        | \$1,300,000 | \$1,191,667   |
| 002                  | 01/01/02-12/31/02         | \$1,200,000 | \$ 900,000    |
| 003                  | 04/01/02-03/31/03         | \$ 950,000  | \$ 475,000    |
| 004                  | 07/01/02-06/30/03         | \$1,500,000 | \$ 375,000    |
| Totals               |                           | \$4,950,000 | \$2,941,667   |
| ABA associat         | ed with litigation        |             | (\$475,000)   |
| Total ABA            |                           |             | (\$2,466,667) |
| Budget Auth          | ority Utilization         |             |               |
| Total contrib        | utions required           | \$2,365,500 |               |
| divide               | d by                      |             |               |
| Annual budg<br>equal | • •                       | \$2,466,667 |               |
| -                    | ority Utilization         | 95.9%       |               |
| buuget Auto          | ority Canoanon            | ×3•× 10     |               |

# Lease-up Rate

The lease-up rate was determined by comparing the reserved units (funding increments active as of the end of the PHA/nonprofit organization year) to the unit months leased (divided by 12) reported on the combined HUD 52681, Year End Settlement Statement(s) for December 31, 2001; March 31, 2002; June 30, 2002; or September 30, 2002.

Units associated with new funding increments obligated during the last PHA/nonprofit organization fiscal year and units obligated for litigation were excluded from the reserved units.

## EXAMPLE:

| Increments | Contract Term      | Units |
|------------|--------------------|-------|
| 001        | 11/01/ 01-10/31/02 | 242   |

| 002<br>003<br>004<br>Totals<br>Increment 003<br>Adjusted con            | U U                                                  | 224<br>178<br>280<br>924<br>(178)<br><b>746</b> |
|-------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------|
| PHA/nonprofi                                                            | eased reported by<br>t organization 8,726<br>1 by 12 | 727<br><b>727</b>                               |
| Lease-up Rat<br>Units leased<br>divided by ad<br>equals<br>Lease-up Rat | justed contract units                                | 727<br>746<br>97.5%                             |

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## APPENDIX B

Example

# Main Street HA 12/31/02 Year End, January 1, 2002 through December 31, 2002 ACC units applicable: 653 (Litigation and new units obligated during the fiscal year are excluded)

| Month     | Total HAP   | UMLs  | Admin Fee | HH Fee  | Requirements |             | Annual Budget<br>Authority<br>(ABA) |
|-----------|-------------|-------|-----------|---------|--------------|-------------|-------------------------------------|
| January   | \$291,874   | 623   | \$29,119  | \$0     | \$320,993    | \$320,993   | \$295,650                           |
| February  | \$211,945   | 620   | \$30,058  | \$1,125 | \$243,128    | \$564,121   | \$295,650                           |
| March     | \$234,521   | 618   | \$29,961  | \$450   | \$264,932    | \$829,053   | \$295,650                           |
| April     | \$226,489   | 620   | \$30,058  | \$750   | \$257,297    | \$1,086,350 | \$295,650                           |
| May       | \$240,414   | 616   | \$29,864  | \$675   | \$270,953    | \$1,357,303 | \$295,650                           |
| June      | \$245,600   | 614   | \$29,767  | \$825   | \$276,192    | \$1,633,495 | \$295,650                           |
| July      | \$251,300   | 615   | \$29,815  | \$675   | \$281,790    | \$1,915,285 | \$309,103                           |
| August    | \$265,304   | 611   | \$29,621  | \$900   | \$295,825    | \$2,211,110 | \$309,103                           |
| September | \$285,504   | 610   | \$29,573  | \$375   | \$315,452    | \$2,526,562 | \$309,103                           |
| October   | \$298,503   | 612   | \$29,670  | \$525   | \$328,698    | \$2,855,260 | \$309,103                           |
| November  | \$325,008   | 628   | \$30,445  | \$300   | \$355,753    | \$3,211,013 | \$309,103                           |
| December  | \$355,006   | 640   | \$31,027  | \$225   | \$386,258    | \$3,597,271 | \$309,105                           |
| Totals    | \$3,231,468 | 7,427 | \$358,978 | \$6,825 |              | \$3,597,271 | \$3,628,520                         |

Leaseup Rate: ABA Utilization 94.78% (UMLs/ACC units) 99.14% (Requirements/ABA)

**Certification:** 

**Executive Director** 

Section 8 Program Administrator

-

HA Name and fiscal year end: ACC Units applicable in fiscal year:

| Month  | Total HAP | UMLs | Admin Fee | Hard to<br>House<br>Fee | Requirements | Cumulative Total | Annual Budget<br>Authority (ABA) |
|--------|-----------|------|-----------|-------------------------|--------------|------------------|----------------------------------|
|        |           |      |           |                         | -            |                  |                                  |
|        |           |      |           |                         |              |                  |                                  |
|        |           |      |           |                         |              |                  |                                  |
|        |           |      |           |                         |              |                  |                                  |
|        |           |      |           |                         |              |                  |                                  |
|        |           |      |           |                         |              |                  |                                  |
|        |           |      |           |                         |              |                  |                                  |
|        |           |      |           |                         |              |                  | ·····                            |
|        |           |      |           |                         |              | ······           |                                  |
|        |           |      |           | <u> </u>                |              |                  |                                  |
| Totals | <u></u>   |      |           | L                       |              |                  |                                  |

Lease-up Rate: (UMLs/ACC 0.00% units)

ABA Utilization: (Requirements/A 0.00%BA)

**Certification:** 

**Executive Director** 

Section 8 Program Administrator

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# SECTION 202 SUPPORTIVE HOUSING FOR THE ELDERLY PROGRAM (SECTION 202 PROGRAM)

Billing Code 4210-32-C

## Funding Availability for Section 202 Supportive Housing for the Elderly Program (Section 202 Program)

## **Program Overview**

*Purpose of the Program.* This program provides supportive housing for very low-income persons 62 years of age or older.

*Available Funds.* Approximately \$473.8 million, plus any carryover funds available.

*Eligible Applicants.* Private nonprofit organizations and nonprofit consumer cooperatives (see Section III(B) of this program NOFA). (See Section VIII of this program NOFA for information regarding the formation of the Owner corporation).

*Eligible Activities.* New construction, rehabilitation, or acquisition of housing with or without rehabilitation (see Section III(C) of this NOFA).

Application Deadline. June 13, 2003. Match Requirements. None.

### Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following additional information.

## I. Application Due Date, Further Information, and Technical Assistance

Application Due Date. An original and four copies of your completed application must be submitted to the appropriate HUD field office no later than the application due date.

See the General Section, Mailing and Receipt Procedures and Proof of Timely Submission, of this SuperNOFA for specific procedures governing the submission of applications to HUD Field Offices.

Address for Submitting Applications. Submit an original and four copies of your completed application to the Director of the appropriate Multifamily Hub Office or Multifamily Program Center as listed in Appendix B to the Section 811 program section of this SuperNOFA with the following exceptions:

1. Applications for projects proposed to be located within the jurisdiction of the Sacramento, California Office must be submitted to the San Francisco, California Office.

2. Applications for projects proposed to be located within the jurisdiction of the Cincinnati, Ohio Office must be submitted to the Columbus, Ohio Office.

3. Applications for projects proposed to be located within the jurisdiction of the Washington, DC Office must be submitted to the Baltimore, Maryland Office. 4. Applications for projects proposed to be located within the jurisdiction of the Grand Rapids, Michigan Office must be submitted to the Detroit, Michigan Office.

The SuperNOFA also includes a listing of the Multifamily Hubs and Program Centers, their addresses and telephone numbers, including TTY (text telephone) numbers. This information is also available from HUD's SuperNOFA Information Center at 1–800–HUD–8929 and from the Internet through the HUD Web site at *http://www.hud.gov/grants.* Persons with hearing or speech impairments may call the Center's TTY number at 1–800–HUD–2209.

All information required to complete and return a valid application is included in the General Section and this Program Section of the SuperNOFA, including appendices. Copies of the General Section, this Program Section, and appendices, including the application, are available and may be downloaded from HUD's Web site at http://www.hud.gov.

For Further Information and Technical Assistance. You may contact the appropriate Multifamily Hub Office or Multifamily Program Center, or Evelyn Berry at HUD Headquarters at (202) 708–3000 (this is not a toll-free number), or access the Internet at http:/ /www.hud.gov/grants. Persons with hearing and speech impairments may access the above number via TTY by calling the Federal Relay Service at 1– 800–877–8339 (this is a toll-free number).

HUD encourages minority organizations and grassroots organizations (e.g., civic organizations, faith-communities and grassroots faithbased and other community-based organizations) to participate in this program and strongly recommends that prospective applicants attend the local HUD Office workshop. At the workshops, HUD will explain application procedures and requirements as well as address concerns such as local market conditions, building codes and accessibility requirements, historic preservation, floodplain management, other environmental requirements, displacement and relocation, zoning, and housing costs. If you are interested in attending the workshop, make sure that your name, address and telephone number are on the appropriate HUD Office's mailing list so that you will be informed of the date, time and place of the workshop. Persons with disabilities should call the appropriate HUD Office to ensure that any necessary arrangements can be made to enable

their attendance and participation in the workshop.

If you cannot attend the workshop, call the appropriate HUD Office if you have any questions concerning the submission of applications to that particular office and to request any materials distributed at the workshop.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. It is strongly recommended that potential applicants, especially those who may be applying for section 202 funding for the first time, tune in to this broadcast, if at all possible. Copies of the broadcast tapes are also available from the SuperNOFA Information Center. For more information about the date and time of the broadcast, you should consult the HUD Web site at http://www.hud.gov/grants.

### **II. Amount Allocated**

For FY 2003, \$473,750,170 is available for capital advances for the supportive housing for the elderly program. The Consolidated Appropriations Resolution, 2003 (Pub. L. 108–7), approved February 20, 2003, (FY 2003 Consolidated Appropriations) provides \$683,286,000 for capital advances, including amendments to capital advance contracts, for supportive housing for the elderly as authorized by section 202 of the Housing Act of 1959 (12 U.S.C. 1701q), as amended by section 801 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101–625, approved November 28, 1990), and for project rental assistance, and amendments to contracts for project rental assistance, and renewal of expiring contracts for such assistance for up to a one-year term, for supportive housing for the elderly under section 202(c)(2) of the Housing Act of 1959.

Additionally, the FY 2003 Consolidated Appropriations provide \$25 million for predevelopment grants to private nonprofit organizations and consumer cooperatives in connection with the development of housing under the section 202 program. The announcement of the availability of these funds will be addressed in a separate NOFA to be issued in the future.

In accordance with the waiver authority provided in the FY 2003 Consolidated Appropriations, the Secretary is waiving the following statutory and regulatory provision: the term of the project rental assistance contract is reduced from 20 years to 5 years. HUD anticipates that at the end of the contract terms, renewals will be approved subject to the availability of funds. In addition to this provision, HUD will reserve project rental assistance contract funds based on 75 percent rather than on 100 percent of the current operating cost standards for approved units in order to take into account the average tenant contribution toward rent.

The allocation formula used for section 202 reflects the "relevant characteristics of prospective program participants," as specified in 24 CFR 791.402(a). The FY 2003 formula consists of two data elements from the 2000 Census: (1) Number of elderly renter households of all sizes (householder age 65 and older) and (2) number of elderly households (householder age 60 and older) living alone with incomes below the poverty level.

Under section 202, 85 percent of the total capital advance amount is allocated to metropolitan areas and 15

percent to nonmetropolitan areas. In addition, each HUD Office jurisdiction receives sufficient capital advance funds for a minimum of 20 units in metropolitan areas and 5 units in nonmetropolitan areas. The total amount of capital advance funds to support these minimum set-asides are subtracted from the respective (metropolitan or nonmetropolitan) total capital advance amounts available. The remainder is fair shared to each HUD Office jurisdiction whose fair share exceeds the minimum set-aside based on the allocation formula fair share factors described below.

**Note:** The allocations for metropolitan and nonmetropolitan portions of the Multifamily Hub or Program Center jurisdictions reflect the most current definitions of metropolitan and nonmetropolitan areas, as defined by the Office of Management and Budget.

A fair share factor is developed for each metropolitan and nonmetropolitan

portion of each local HUD Office jurisdiction by dividing the number of elderly renter households in the respective metropolitan and nonmetropolitan portion of the jurisdiction by the total number of elderly rental households in the metropolitan and nonmetropolitan portions of the United States. The resulting percentage for each local HUD Office jurisdiction is then adjusted to reflect the relative cost of providing housing among the HUD Office jurisdictions. The adjusted needs percentage for the applicable metropolitan or nonmetropolitan portion of each jurisdiction is then multiplied by the respective total remaining capital advance funds available nationwide. Based on the allocation formula, HUD has allocated the available capital advance funds as shown on the following chart:

|                                 |       | FY 2003            | SECTION | FY 2003 SECTION 202 ALLOCATIONS BY FIELD OFFICE | TIONS BY F | FIELD OFFICE       |
|---------------------------------|-------|--------------------|---------|-------------------------------------------------|------------|--------------------|
|                                 |       | METROPOLITAN       |         | NONMETRO                                        |            | TOTALS             |
| OFFICES                         | UNITS | CAPITAL<br>ADVANCE | UNITS   | CAPITAL<br>ADVANCE                              | UNITS      | CAPITAL<br>ADVANCE |
| BOSTON HUR                      |       |                    |         |                                                 |            |                    |
| BOSTON                          | 156   | 14,932,702         | ß       | 480,068                                         | 161        | 15,412,770         |
| HARTFORD                        | 77    | 7,317,872          | വ       | 477,581                                         | 82         | 7,795,453          |
| MANCHESTER                      | 43    | 3,317,869          | 28      | 2,138,386                                       | 71         | 5,456,255          |
| PROVIDENCE                      | 47    | 4,580,681          | ഹ       | 490,018                                         | 52         | 5,070,699          |
| TOTAL                           | 323   | 30,149,124         | 43      | 3,586,053                                       | 366        | 33,735,177         |
| <b>NEW YORK HUB</b><br>NEW YORK | 338   | 40,351,656         | വ       | 596,976                                         | 343        | 40,948,632         |
| BUFFALO HUB<br>BUFFALO          | 113   | 9,706,710          | 21      | 1,811,747                                       | 134        | 11,518,457         |
| PHILADELPHIA HUB<br>CHARLESTON  | 20    | 1.482.490          | 18      | 1.323.483                                       | 38         | 2.805.973          |
| NEWARK                          | 171   | 17,607,889         |         |                                                 | 171        | 17,607,889         |
| PHILADELPHIA                    | 176   | 16,255,887         | 19      | 1,766,807                                       | 195        | 18,022,694         |
| PITTSBURGH                      | 06    | 7,065,508          | 16      | 1,274,083                                       | 106        | 8,339,591          |
| TOTAL                           | 457   | 42,411,774         | 53      | 4,364,373                                       | 510        | 46,776,147         |
| <b>BALTIMORE HUB</b>            |       |                    |         |                                                 |            |                    |
| BALTIMORE                       | 74    | 5,925,919          | 10      | 770,979                                         | 84         | 6,696,898          |
| RICHMOND                        | 76    | 5,232,195          | 24      | 1,663,196                                       | 100        | 6,895,391          |
| WASHING LON                     | 80    | 5,5//,584          | 1       |                                                 | 68         | 5,577,584          |
| IOIAL                           | 218   | 16,735,698         | 34      | 2,434,175                                       | 252        | 19,169,873         |

|                                                                                                       | Σ                            | METROPOLITAN                                                                |                             | NONMETRO                                                                 |                               | TOTALS                                                                      |
|-------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------|
| OFFICES                                                                                               | UNITS                        | CAPITAL<br>ADVANCE                                                          | UNITS                       | CAPITAL<br>ADVANCE                                                       | UNITS                         | CAPITAL<br>ADVANCE                                                          |
| GREENSBORO HUB<br>COLUMBIA<br>GREENSBORO<br>TOTAL                                                     | 65<br>103<br>168             | 4,902,565<br>9,310,862<br>14,213,427                                        | 20<br>62<br>62              | 1,511,717<br>3,746,240<br>5,257,957                                      | 85<br>145<br>230              | 6,414,282<br>13,057,102<br>19,471,384                                       |
| <b>ATLANTA HUB</b><br>ATLANTA<br>ATLANTA<br>KNOXVILLE<br>LOUISVILLE<br>NASHVILLE<br>SAN JUAN<br>TOTAL | 88<br>50<br>53<br>108<br>357 | 6,014,762<br>3,253,956<br>3,932,028<br>3,966,153<br>8,552,474<br>25,719,373 | 37<br>15<br>33<br>20<br>119 | 2,532,809<br>948,613<br>2,474,050<br>1,381,882<br>1,105,329<br>8,442,683 | 125<br>65<br>78<br>122<br>476 | 8,547,571<br>4,202,569<br>6,406,078<br>5,348,035<br>9,657,803<br>34,162,056 |
| JACKSONVILLE<br>HUB<br>BIRMINGHAM<br>JACKSON<br>JACKSONVILLE<br>TOTAL                                 | 78<br>36<br>317<br>431       | 5,295,482<br>2,348,015<br>21,315,915<br>28,959,412                          | 26<br>31<br>76              | 1,795,380<br>2,002,532<br>1,278,578<br>5,076,490                         | 104<br>67<br>336<br>507       | 7,090,862<br>4,350,547<br>22,594,493<br>34,035,902                          |
| CHICAGO HUB<br>CHICAGO<br>INDIANAPOLIS<br>TOTAL                                                       | 181<br>84<br>265             | 17,512,508<br>6,395,358<br>23,907,866                                       | 27<br>22<br>49              | 2,591,634<br>1,700,484<br>4,292,118                                      | 208<br>106<br>314             | 20,104,142<br>8,095,842<br>28,199,984                                       |
| COLUMBUS HUB<br>CINCINNATI<br>CLEVELAND<br>COLUMBUS<br>TOTAL                                          | 60<br>51<br>220              | 4,272,943<br>8,761,247<br>3,731,036<br>16,765,226                           | 5<br>17<br>35               | 358,186<br>1,037,994<br>1,203,664<br>2,599,844                           | 65<br>122<br>68<br>255        | 4,631,129<br>9,799,241<br>4,934,700<br>19,365,070                           |

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|                                                      |                 | METROPOLITAN                         |                  | NONMETRO                            |                  | TOTALS                               |
|------------------------------------------------------|-----------------|--------------------------------------|------------------|-------------------------------------|------------------|--------------------------------------|
| OFFICES                                              | UNITS           | CAPITAL<br>ADVANCE                   | UNITS            | CAPITAL<br>ADVANCE                  | UNITS            | CAPITAL<br>ADVANCE                   |
| DETROIT HUB<br>DETROIT                               | 110             | 9,229,049                            | ى<br>ا           | 420,371                             | 115              | 9,649,420                            |
| GRAND RAPIDS<br>TOTAL                                | 49<br>159       | 3,532,275<br>12,761,324              | 18<br>23         | 1,270,098<br>1,690,469              | 67<br>182        | 4,802,373<br>14,451,793              |
| MINNEAPOLIS HUB<br>MINNEAPOLIS<br>MILWAUKEE<br>TOTAL | 67<br>78<br>145 | 6,010,497<br>6,644,383<br>12,654 880 | 26<br>27<br>53   | 2,320,859<br>2,284,925<br>4 605 784 | 93<br>105<br>198 | 8,331,356<br>8,929,308<br>17 260 664 |
| FT. WORTH HUB<br>FT_MORTH                            | 148             | 0 278 060                            | . U              | 200 000 0                           | Q                | 11 660 007                           |
| HOUSTON                                              | 84              | 5,425,520                            | 3 <del>1</del> 3 | 859,128                             | - <u>- 6</u>     | 6.284.648                            |
| LITTLE ROCK                                          | 45              | 2,678,163                            | 27               | 1,599,199                           | 72               | 4,277,362                            |
| NEW ORLEANS                                          | 88              | 5,719,114                            | 20               | 1,277,143                           | 108              | 6,996,257                            |
| SAN ANTONIO<br>TOTAI                                 | 86<br>451       | 5,271,379<br>28,372,236              | 16               | 964,830<br>6 991 237                | 102<br>563       | 6,236,209<br>35 363 173              |
|                                                      | 2               | F0,01 F,F00                          | 1                | 103(100)0                           | 200              | 0,1,000,00                           |
| DES MOINES                                           | 37              | 2,639,008                            | 24               | 1,714,937                           | 61               | 4,353,945                            |
| KANSAS CITY                                          | 68              | 4,913,251                            | 28               | 2,083,994                           | 96               | 6,997,245                            |
| OKLAHOMA CITY                                        | 54              | 3,417,029                            | 23               | 1,462,849                           | <i>11</i>        | 4,879,878                            |
| OMAHA                                                | 20              | 1,492,440                            | 16               | 1,184,354                           | 36               | 2,676,794                            |
| ST LOUIS                                             | 54              | 4,536,501                            | 20               | 1,661,719                           | 74               | 6,198,220                            |
| TOTAL                                                | 233             | 16,998,229                           | 111              | 8,107,853                           | 344              | 25,106,082                           |
| <b>DENVER HUB</b><br>DENVER                          | 67              | 6,517,787                            | 37               | 2,481,840                           | 134              | 8,999,627                            |

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|                                 |       | METROPOLITAN       |       | NONMETRO           |       | TOTALS             |
|---------------------------------|-------|--------------------|-------|--------------------|-------|--------------------|
| OFFICES                         | UNITS | CAPITAL<br>ADVANCE | UNITS | CAPITAL<br>ADVANCE | UNITS | CAPITAL<br>ADVANCE |
| SAN FRANCISCO<br>HUB            |       |                    |       |                    |       |                    |
| SAN FRANCISCO                   | 158   | 17,584,566         | 12    | 1,212,506          | 170   | 18,797,072         |
| HONOLULU                        | 20    | 3,581,856          | ഹ     | 895,464            | 25    | 4,477,320          |
| PHOENIX                         | 80    | 5,582,194          | 12    | 815,509            | 92    | 6,397,703          |
| SACRAMENTO                      | 60    | 5,493,345          | 10    | 892,209            | 70    | 6,385,554          |
| TOTAL                           | 318   | 32,241,961         | 39    | 3,815,688          | 357   | 36,057,649         |
| LOS ANGELES HUB<br>I OS ANGELES | 999   | 97 659 96 <b>4</b> | Ľ     | 462 656            | 304   | 06 111 80          |
|                                 | 2     | 1001100111         | 0     | 100,100            |       | F0, 11, 0F0        |
| SEATTLE HUB                     |       |                    |       |                    |       |                    |
| SEATTLE                         | 85    | 7,567,048          | 18    | 1,592,537          | 103   | 9,159,585          |
| ANCHORAGE                       | 20    | 3,581,856          | 5     | 895,464            | 25    | 4,477,320          |
| PORTLAND                        | 67    | 5,419,794          | 25    | 1,956,581          | 92    | 7,376,375          |
| TOTAL                           | 172   | 16,568,698         | 48    | 4,444,582          | 220   | 21,013,280         |
| NATIONAL TOTAL                  | 4,764 | 402,687,645        | 925   | 71,062,525         | 5,689 | 473,750,170        |

## III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description. HUD provides capital advances and contracts for project rental assistance in accordance with 24 CFR part 891. Capital advances may be used for the construction or rehabilitation of a structure, or acquisition of a structure with or without rehabilitation (including structures from the Federal Deposit Insurance Corporation (FDIC). Capital advance funds bear no interest and are based on development cost limits published in Section IV(D). Repayment of the capital advance is not required as long as the housing remains available for occupancy by very lowincome elderly persons for at least 40 years.

Project rental assistance contract (PRAC) funds are used to cover the difference between the tenants' contributions toward rent (30 percent of adjusted income) and the HUDapproved expense to operate the project. PRAC funds may also be used to provide supportive services and to hire a service coordinator in those projects serving frail elderly residents. The supportive services must be appropriate to the category or categories of frail elderly residents to be served.

(B) *Eligible Applicants.* Private nonprofit organizations and nonprofit consumer cooperatives who meet the threshold requirements contained in section V of the General Section of the SuperNOFA are the only eligible applicants under this section 202 Program. Neither a public body nor an instrumentality of a public body is eligible to participate in the program. See section IV(B) regarding limits on the total number of units and projects that an applicant may request.

(C) Eligible Activities. Section 202 capital advance funds must be used to finance the development of housing through new construction, rehabilitation, or acquisition of housing with or without rehabilitation. Capital advance funds may also be used in combination with other non-Section 202 funding sources to develop additional units for a mixed-finance project. Project rental assistance funds are provided to cover the difference between the HUD-approved operating costs and the amount the residents pay (each resident pays 30 percent of adjusted income) as well as to provide supportive services to frail elderly residents.

**Note:** For purposes of approving section 202 capital advances, HUD will consider proposals involving mixed-financing for additional units. However, you must obtain funds to assist the additional units with other than PRAC funds. HUD will not provide PRAC funds for non-section 202 units.

(D) Ineligible Activities. Section 202 funds may not be used for nursing homes, infirmaries, medical facilities, mobile home projects, community centers, headquarters for organizations for the elderly, nonhousekeeping accommodations, or refinancing of sponsor-owned facilities without rehabilitation.

**Note:** You may propose to rehabilitate an existing currently owned or leased structure that may or may not already serve elderly persons, except that the refinancing of any Federally funded or assisted project or project insured or guaranteed by a Federal agency is not permissible under this section 202 NOFA. HUD does not consider it appropriate to utilize scarce program resources to refinance projects that have already received some form of assistance under a Federal program. (For example, section 202 or section 202/8 direct loan projects cannot be refinanced with capital advances and project rental assistance.)

#### **IV. Program Requirements**

By signing Form HUD–92015–CA, Application for section 202 Capital Advance, you are certifying that you will comply with all program requirements listed in the General Section of this SuperNOFA as well as the following requirements:

(A) Statutory and Regulatory Requirements. In addition to the statutory, regulatory, threshold and public policy requirements listed in section V of the General Section of this SuperNOFA, you must comply with all statutory and regulatory requirements listed in sections III, IV and IX of this program section of the SuperNOFA.

(B) Application Unit/Project Limits. A Sponsor or Co-sponsor may not apply for more than 200 units of housing for the elderly in a single Hub or more than 10 percent of the total units allocated to all HUD Offices. Also, no single application may propose more than the number of units allocated to a HUD Office or 125 units, whichever is less. Reservations for projects will not be approved for fewer than 5 units. If the proposed project will be a scattered-site development, the 5-unit minimum requirement will apply to each site. Affiliated entities that submit separate applications are considered to be a single entity for the purpose of these limits.

(C) *HUD/RHS Agreement.* HUD and the Rural Housing Service (RHS) have an agreement to coordinate the administration of the agencies' respective rental assistance programs. As a result, HUD is required to notify RHS of applications for housing assistance it receives. This notification gives RHS the opportunity to comment if it has concerns about the demand for additional assisted housing and possible harm to existing projects in the same housing market area. HUD will consider RHS' comments in its review and application selection process.

(D) Development Cost Limits. (1) The following development cost limits, adjusted by locality as described in section IV(D)(2) of this program section of the SuperNOFA, below, will be used to determine the capital advance amount to be reserved for projects for the elderly:

(a) The total development cost of the property or project attributable to dwelling use (less the incremental development cost and the capitalized operating costs associated with any excess amenities and design features you must pay for) may not exceed:

Nonelevator Structures

\$41,238 per family unit without a bedroom;

\$47,548 per family unit with one bedroom;

\$57,344 per family unit with two bedrooms;

### For Elevator Structures

\$43,398 per family unit without a bedroom;

\$49,748 per family unit with one bedroom;

\$60,493 per family unit with two bedrooms.

(b) These cost limits reflect those costs reasonable and necessary to develop a project of modest design that complies with HUD minimum property standards; the accessibility requirements of § 891.120(b); and the project design and cost standards of § 891.120 and § 891.210.

(2) Increased development cost limits. (a) HUD may increase the development cost limits set forth in Section IV(D)(1) of this program section of the SuperNOFA, above, by up to 140 percent in any geographic area where the cost levels require, and may increase the development cost limits by up to

160 percent on a project-by-project basis. This increase may include covering additional costs to make dwelling units accessible through rehabilitation.

(b) If HUD finds that high construction costs in Alaska, Guam, the Virgin Islands, or Hawaii make it infeasible to construct dwellings, without the sacrifice of sound standards of construction, design, and livability, within the development cost limits provided in Section IV(D)(1) of this program section of the SuperNOFA, above, the amount of the capital advances may be increased to compensate for such costs. The increase may not exceed the limits established under this section (including any high cost area adjustment) by more than 50 percent.

(E) Minimum Capital Investment. Selected nonprofit organizations must provide a minimum capital investment of one-half of one percent of the HUDapproved capital advance amount, not to exceed \$10,000 in accordance with § 891.145, with the following exception. If you, as Sponsor or Co-Sponsor, have one or more Section 202 or one or more Section 811 project(s) under reservation, construction, or management in two or more different HUD geographical regions (Hubs), the minimum capital investment shall be one half of one percent of the HUD-approved capital advance amount, not to exceed \$25,000.

(F) Accessibility. Your project must meet accessibility requirements published at 24 CFR 891.120, 24 CFR 891.210, and Section 504 of the Rehabilitation Act of 1973, and, if new construction, the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100. In addition, 24 CFR 8.4(b)(5) prohibits the selection of a site or location which has the purpose or effect of excluding persons with disabilities from the Federally assisted program or activity. HUD will award higher points to applications that add accessible design features beyond those required under civil rights laws and regulations. (See section II of the General Section of this SuperNOFA.)

(G) Conducting Business in Accordance with HUD Core Values and Ethical Standards. Section 202 Sponsors are not subject to the requirements of 24 CFR parts 84 and 85 as outlined in the General Section of this SuperNOFA. However, Sponsors are still subject to the core values and ethical standards as they relate to the conflict of interest provisions in 24 CFR 891.130. To ensure compliance with the program's conflict of interest provisions, you are required to sign a Conflict of Interest Resolution and include it in your Section 202 application. Further, if awarded a section 202 fund reservation, the officers, directors, board members, trustees, stockholders and authorized agents of the section 202 Sponsor and Owner entities will be required to submit to HUD individual certifications regarding compliance with HUD's conflict of interest requirements.

(H) Ensuring the Participation of Small Businesses, Small Disadvantaged

Businesses, and Women-Owned Businesses. Although the section 202 program is not subject to the provisions of 24 CFR 85.36(e) as described in the corresponding paragraph in the General Section of the SuperNOFA, you are required to comply with Executive Order 12432, Minority Business Enterprise Development and Executive Order 11625, Prescribing Additional Arrangements for Developing and Coordinating a National Program for Minority Business Enterprise as they relate to the encouragement of HUD grantees to utilize minority business enterprises.

(I) *Fair Housing Requirements.* See Section V of the General Section of this SuperNOFA.

(J) Economic Opportunities for Low and Very Low-Income Persons (Section 3). See section V of the General Section of this SuperNOFA.

(K) Design and Cost Standards. You must comply with HUD's Section 202 design and cost standards (24 CFR 891.120 and 891.210), the Uniform Federal Accessibility Standards (24 CFR 40.7), Section 504 of the Rehabilitation Act of 1973 and HUD's implementing regulations at 24 CFR part 8, and for covered multifamily dwellings designed and constructed for first occupancy after March 13, 1991, the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100, and, where applicable, the Americans with Disabilities Act of 1990.

(L) Acquisition and Relocation. You must comply with the Uniform **Relocation** Assistance and Real Property Acquisition Policies Act of 1970, as amended (49 CFR part 24, and 24 CFR 891.155(e)) (URA) which covers the acquisition of sites, with or without, existing structures and with 24 CFR 8.4(b)(5) of the Section 504 regulations which prohibits discrimination based on disability in determining the site or location of a Federally-assisted facility. However, you are exempt from complying with the site acquisition requirements of the URA if you do not have the power of eminent domain and prior to entering into a contract of sale, option to purchase or any other method of obtaining site control, you inform the seller of the land (1) that you do not have the power of eminent domain and, therefore, you will not acquire the property if negotiations fail to result in an amicable agreement, and (2) of the estimate of the fair market value of the property. An appraisal is not required to meet this requirement, however, your files must include an explanation (with reasonable evidence) of the basis for the estimate.

(M) Formation of Owner Corporation. You must form an Owner (in accordance with 24 CFR 891.205) after issuance of the capital advance, must cause the Owner to file a request for determination of eligibility and a request for capital advance, and must provide sufficient resources to the Owner to ensure the development and long-term operation of the project, including capitalizing the Owner at firm commitment processing in an amount sufficient to meet its obligations in connection with the project.

(N) Supportive Services. You must not require residents to accept any supportive services as a condition of occupancy.

(O) *Davis-Bacon.* You must comply with the Davis-Bacon requirements and the Contract Work Hours and Safety Standards Act.

(P) Flood Disaster Protection Act of 1973 and Coastal Barrier Resources Act. You must comply with the requirements under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001–4128) and the Coastal Barrier Resources Act (16 U.S.C. 3601).

(Q) National Environmental Policy Act. You must comply with the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321) and applicable related environmental authorities at 24 CFR 50.4, HUD's programmatic implementing regulations at 24 CFR part 50 and 24 CFR 891.155(b), especially but not limited to the provision of information to HUD at 24 CFR 50.31(b) and you must comply with any environmental "conditions and safeguards" at 24 CFR 50.3(c).

(R) Sites. (1) Site Control. You must provide evidence of site control as described in this program section of the SuperNOFA and Exhibit 4(d) of Appendix A of the section 811 program section of this SuperNOFA.

(2) Phase I Environmental Site Assessment (ESA). You must submit a Phase I ESA in accordance with the American Society for Testing and Material (ASTM) Standards E 1527-97, as amended, completed or updated no earlier than six months prior to the application deadline date. Therefore, it is important that you start the Phase I ESA process as soon after publication of this SuperNOFA as possible. Documents providing guidance in choosing an environmentally safe site, entitled "Choosing an Environmentally Safe Site" and the "Supplemental Guidance, Environmental Information", are available on HUD's Web site at http:// www.HUD.gov.

(a) For a project that involves demolition and/or rehabilitation of structures built before 1978, the Phase I ESA must include the following: (i) An asbestos report that identifies the location and condition of any asbestos and (ii) a certification that any asbestos identified in the asbestos report that is in friable condition will be abated, that any non-friable asbestos that has been identified in the asbestos report and that will be affected by the demolition/ rehabilitation will be abated, and that any asbestos to be abated have been included within the project costs.

(b) For a project that does not involve demolition and/or rehabilitation of structures built before 1978, the Phase I ESA must include a certification to the same.

If the Phase I ESA indicates the possible presence of contamination and/ or hazards, you must decide whether to continue with this site or choose another site. Should you choose another site, the same Phase I ESA process identified above must be followed for the new site.

**Note:** If the property is to be acquired from the FDIC, include a copy of the FDIC prepared Transaction Screen Checklist or Phase I ESA, and applicable documentation, per the FDIC Environmental Guidelines.

(3) *Phase II ESA*. If you choose to continue with the original site on which the Phase I ESA indicated contamination or hazards, you must undertake a detailed Phase II ESA by an appropriate professional. If the Phase II ESA reveals site contamination, the extent of the contamination and a plan for clean-up of the site must be submitted to the local HUD Office.

The plan for clean-up must include a contract for remediation of the problem(s) and an approval letter from the applicable Federal, State, and/or local agency with jurisdiction over the site.

In order for the application to be considered for review under this FY 2003 funding competition, you must submit this information to the local HUD Office on or before July 14, 2003.

**Note:** This could be an expensive undertaking. You must pay for the cost of any clean-up and/or remediation.

(S) *Delinquent Federal Debt.* See Section V of the General Section of this SuperNOFA.

(T). Commercial Facilities. A commercial facility for the benefit of the residents may be located and operated in the section 202 project. However, the commercial facility cannot be funded with the use of section 202 capital advance or PRAC funds. The maximum amount of space permitted for a commercial facility and other community space cannot exceed 10 percent of the total project cost. An exception to this 10 percent limitation is if the project involves acquisition or rehabilitation and the additional space was incorporated in the existing structure at the time the proposal was submitted to HUD. Commercial facilities are considered public accommodations under Title III of the Americans with Disabilities Act of 1990 (ADA), and thus must comply with all the accessibility requirements of the ADA.

(U) False Statements. See section V of the General Section of this SuperNOFA.

(V) Expiration of Section 202 Funds. The FY 2003 Consolidated Appropriations require HUD to obligate all Section 202 funds appropriated for FY 2003 by September 30, 2006. Under 31 U.S.C. Section 1551, no funds can be disbursed from the account after September 30, 2011. Under Section 202, obligation of funds occurs for both capital advances and project rental assistance upon fund reservation and acceptance. If all funds are not disbursed by HUD and expended by the project Owner by September 30, 2011, the funds, even though obligated, will expire and no further disbursements can be made from this account. In submitting an application you need to carefully consider whether your proposed project can be completed through final capital advance closing no later than September 30, 2011. Furthermore, all unexpended balances, including any remaining balance on PRAC contracts, will be cancelled as of October 1, 2011. Amounts needed to maintain PRAC payments for any remaining term on the affected contracts beyond that date will have to be funded from other current appropriations.

#### V. Application Selection Process

(A) *Review for Curable Deficiencies.* You should ensure that your application is complete and that you have an original and four copies before submitting it to the appropriate HUD Office. HUD will screen all applications received by the deadline for curable deficiencies. A curable deficiency is a missing Exhibit or portion of an Exhibit that will not affect the rating of the application. The following is a list of the deficiencies that will be considered curable in a Section 202 application:

Exhibits (See Appendix A of the Section 811 Program Section of the SuperNOFA)

- (1) Form 92015–CA (Application Form)\*
- (2) (a) Articles of Incorporation\*(b) By-laws\*
- (c) IRS tax exemption ruling\* (4) (c)(ii) Energy efficiency
- (d)(i) Evidence of site control (d)(ii) Evidence site is free of

- limitations, restrictions or reverters (d)(vi) Phase I Environmental Site Assessment
- (d)(vii) Letter from State Historic Preservation Officer (SHPO)
- (7) Relocation
- (8) (a) Form HUD 424, Application for Federal Assistance
  - (b) Standard Form LLL, Disclosure of Lobbying Activities, if applicable
  - (c) Form HUD–424B, Applicant Assurances and Certifications
  - (d) Form HUD 2880, Applicant/ Recipient Disclosure/Update Report
  - (e) Form HUD–2991, Certification of Consistency with Consolidated Plan
     (f) Form–HUD–92041, Sponsor's
  - Conflict of Interest Resolution
  - (g) Form HUD–92042, Sponsor's Resolution for Commitment to Project\*
  - (i) Form HUD–2530, Previous Participation Certification.

The HUD Office will notify you in writing if your application is missing any of the above exhibits or portions of exhibits and you will be given 14 days from the date of the HUD notification to submit the information required to cure the noted deficiencies. The items identified by an asterisk (\*) must be dated on or before the application deadline date.

(B) *Rating.* HUD will review and rate your application in accordance with the Application Selection Process in the General Section of this SuperNOFA with the following exception. HUD will not reject your application based on technical review without notifying you of that rejection with all the reasons for rejection, and providing you an opportunity to appeal. You will have 14 calendar days from the date of HUD's written notice to appeal a technical rejection to the HUD Office.

Your application will be either rated or technically rejected at the end of technical review. If your application meets all program eligibility requirements after completion of technical review, including HUD approval of you, the section 202 applicant, based on HUD's evaluation of the applicant's previous participation activities as reported on Form HUD-2530, Previous Participation Certification, it will be rated according to the rating factors in Section V(D) below. The HUD Office will make a determination on any appeals before making its selection recommendations.

If an Exhibit or portion of an Exhibit listed above as curable is not discovered as a missing item until technical processing, HUD will provide you with 14 calendar days in which to cure the deficiency.

(C) Ranking and Selection Procedures. Applications submitted in response to the advertised metropolitan allocations or nonmetropolitan allocations that have a total base score (without the addition of RC/EC/EZ bonus points) of 75 points or more and meet all of the applicable threshold requirements of section V(B) of the General Section of the SuperNOFA will be eligible for selection, and HUD will place them in rank order per metropolitan or nonmetropolitan allocation. These applications, after adding any bonus points for RC/EC/EZ, will be selected based on rank order, up to and including the last application that can be funded out of each HUD Program Center Office's metropolitan or nonmetropolitan allocation. HUD Program Center Offices will not skip over any applications in order to select one based on the funds remaining. After making the initial selections in each allocation area, however, HUD Program Center Offices may use any residual funds to select the next rank-ordered application by reducing the number of units by no more than 10 percent. rounded to the nearest whole number, provided the reduction will not render the project infeasible. For this purpose, however, HUD will not reduce the number of units in projects of five units or less.

Once this process has been completed, HUD Program Center Offices may combine their unused metropolitan and nonmetropolitan funds in order to select the next ranked application in either category, using the unit reduction policy described above, if necessary.

After the HUD Program Center Offices have funded all possible projects based on the process above, combined metropolitan and nonmetropolitan residual funds from all HUD Program Center Offices within each Multifamily Hub will be combined. First, these funds will be used to restore units to projects reduced by HUD Program Center Offices based on the above instructions. Second, additional applications within each Multifamily Hub will be selected in rank order with only one application selected per HUD Program Center Office. More than one application may be selected per HUD Program Center Office if there are no approvable applications in other HUD Program Center Offices within the Multifamily Hub. This process will continue until there are no more approvable applications within the Multifamily Hub that can be selected with the remaining funds. Applications may not be skipped over to select one based on funds remaining. However, the HUD Multifamily Hub may use any

remaining residual funds to select the next rank-ordered application by reducing the number of units by no more than 10 percent rounded to the nearest whole number, provided the reduction will not render the project infeasible or result in the project being less than five units.

Funds remaining after the Multifamily Hub selection process is completed will be returned to Headquarters. HUD Headquarters will use these residual funds first to restore units to projects reduced by HUD Program Center or Multifamily Hub Offices as a result of the instructions for using their residual funds. Second, HUD Headquarters will use these funds for selecting applications based on HUD Program Center Offices' rankings, beginning with the highest rated application nationwide. However, after restoring units to projects where necessary, priority will be given to those applications for projects in nonmetropolitan areas, if necessary to meet the statutory requirement pertaining to section 202 funding in nonmetropolitan areas. Only one application will be selected per HUD Program Center Office from the national residual amount. If there are no approvable applications in other HUD Program Center Offices, the process will begin again with the selection of the next highest rated application nationwide. This process will continue until all approvable applications are selected using the available remaining funds. In order to use as much of the available remaining funds as possible, HUD Headquarters may skip over a higher-rated application.

(D) Factors for Award Used To Evaluate and Rate Applications. HUD will rate applications that successfully complete technical processing using the Rating Factors set forth below and in accordance with the application submission requirements identified in Appendix A of the section 811 program section of the SuperNOFA. The maximum number of points an application may receive under this program is 102. This includes two RC/ EZ/EC bonus points, as described in the General Section of the SuperNOFA.

## Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (25 Points)

This factor addresses the extent to which you have the organizational resources to successfully implement the proposed activities in a timely manner. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 2, 3(a), 3(b), 3(e) and 6 of Appendix A of the Section 811 program section of the SuperNOFA.

In rating this factor, HUD will consider the extent to which your application demonstrates your ability to develop and operate the proposed housing on a long-term basis, considering the following:

(a) (15 points). The scope, extent, and quality of your experience in providing housing or related services to those proposed to be served by the project and the scope of the proposed project (*i.e.*, number of units, services, relocation costs, development, and operation) in relationship to your demonstrated development and management capacity as well as your financial management capability;

(b)(i) (5 points). The scope, extent, and quality of your experience in providing housing or related services to minority persons or families. (b)(ii) (5 points). The scope, extent,

(b)(ii) (5 points). The scope, extent, and quality of your ties to the community at large and to the minority and elderly communities in particular.

For the purpose of this program section of the SuperNOFA, the term "minority" encompasses the basic racial and ethnic categories for Federal statistics and administrative reporting, as defined in the General Section of the SuperNOFA in the section entitled "Race and Ethnicity."

To earn the maximum number of points under this subcriterion, you must describe both your relationships over time with the minority community and significant previous experience in providing housing and/or supportive services to minorities generally and to minority elderly in particular. For the purpose of this competition, "significant previous experience" means that the previous housing assistance or related services to minorities, *i.e.*, the percentage of minorities being provided housing or related services in your current developments, was equal to or greater than the percentage of minorities in the jurisdiction where the previous housing or services occurred.

(c) (-2 to -4 points). HUD will deduct (except if the delay was beyond your control) 2 points if a fund reservation you received under either the section 202 Program of Supportive Housing for the Elderly or the section 811 Program of Supportive Housing for Persons with Disabilities has been extended beyond 24 months, 3 points if beyond 36 months, and 4 points if beyond 48 months. Examples of such delays include, but are not limited to, initial closing delays that are: (1) Directly attributable to HUD, (2) directly attributable to third party opposition, including litigation, and (3) due to a

disaster, as declared by the President of the United States.

(d) (-1 point). HUD will deduct 1 point if amendment money was required as a result of the delay (except if the delay was beyond your control).

# Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor addresses the extent to which there is a need for funding the proposed activities to address a documented problem in the target area. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 4(a) and 4(b) of Appendix A of the section 811 program section of the SuperNOFA. HUD will take into consideration the following in evaluating this factor:

The extent of the need for the project in the area based on a determination by the HUD Office. In making this determination, HUD will consider your evidence of need in the area, as well as other economic, demographic, and housing market data available to the HUD Office. The data should include a general assessment of the current conditions in the market for the type of housing proposed, an estimate of the demand for additional housing of the type proposed in the applicable housing market area; as well as, information on the numbers and types of existing comparable Federally assisted housing units for the elderly (HUD and RHS), current occupancy in such housing and recent market experience, comparable assisted housing for the elderly under construction or for which fund reservations have been issued, and, in accordance with an agreement between HUD and RHS, comments from RHS on the demand for additional comparable subsidized housing and the possible harm to existing projects in the same housing market areas. The Department will also review more favorably those applications which establish a connection between the proposed project and the community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. You must show how your proposed project will address an impediment to fair housing choice described in the AI or meet a need identified in the other type of planning document.

In evaluating this Factor, HUD will rate your application as follows:

(a) (12 points). The extent of the need for the project in the area based on a determination by the HUD Office, taking into consideration the Sponsor's evidence of need in the area, as well as other economic, demographic and housing market data available to HUD.

(b) (3 points). The extent that a connection has been established between the project and the community's Consolidated Plan, Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization.

## Rating Factor 3: Soundness of Approach (45 Points)

This factor addresses the quality and effectiveness of your proposal and the extent to which you involve elderly persons, including elderly minority persons, in the development and operation of the project. There must be a clear relationship between your proposed design, proposed activities, the community's needs and purposes of the program funding for your application to receive points for this factor. Submit information responding to this factor in accordance with **Application Submission Requirements** in Exhibits 3(f), 4(c), 4(d) and 5 of Appendix A of the section 811 program section of the SuperNOFA. In evaluating this factor, HUD will consider the following:

(a)(i) (15 points). The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended occupants; adequacy of utilities and streets; freedom of the site from adverse environmental conditions; compliance with site and neighborhood standards (24 CFR 891.125(a), (d) and (e));

(a)(ii) (-1 point). The site(s) is not already permissively zoned for the intended use.

(b) (10 points). The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minority elderly persons/families, and affirmatively furthering fair housing. In reviewing this criterion, HUD will assess whether the site meets the site and neighborhood standards at 24 CFR 891.125(b) and (c) by examining relevant data in your application or in the HUD Office. Where appropriate, HUD may visit the site.

(i) The site will be deemed acceptable if it increases housing choice and opportunity by:

-Expanding housing opportunities in non-minority neighborhoods (if located in such a neighborhood). The term "nonminority area" is defined as one in which the minority population is lower than 10 percent; or —Contributing to the revitalization of and reinvestment in minority neighborhoods, including improvement of the level, quality and affordability of services furnished to minority elderly. You should refer to the Site and Neighborhood Standards provisions of the regulations governing the section 202 Supportive Housing for the Elderly program (24 CFR 891.125(b) and (c)) when considering sites for your project.

(ii) For the purpose of this competition, the term "minority neighborhood (area of minority concentration)" is defined as one where any one of the following statistical conditions exists:

—The percentage of persons of a particular racial or ethnic minority is at least 20 points higher than the minority's or combination of minorities' percentage in the housing market as a whole; or,

—The neighborhood's total percentage of minority persons is at least 20 points higher than the total percentage of minorities for the housing market as a whole; or,

—In the case of a metropolitan area, the neighborhood's total percentage of minority persons exceeds 50 percent of its population.

(c) (4 points). The extent to which your proposed design will meet the special physical needs of elderly persons;

(d) (3 points). The extent to which the proposed size and unit mix of the housing will enable you to manage and operate the housing efficiently and ensure that the provision of supportive services will be accomplished in an economical fashion;

(e) (3 points). The extent to which the proposed design of the housing will accommodate the provision of supportive services that are expected to be needed, initially and over the useful life of the housing, by the category or categories of elderly persons the housing is intended to serve;

(f) (3 points). The extent to which the proposed supportive services meet the identified needs of the anticipated residents; and

(g) (3 points). The extent to which you demonstrate that the identified supportive services will be provided on a consistent, long-term basis.

(h) (1 point). The proposed design incorporates visitability standards and universal design in the construction or rehabilitation of the project.

(i) (3 points) Your involvement of elderly persons, particularly minority elderly persons, in the development of the application and your intent to involve elderly persons, particularly minority elderly persons, in the development and operation of the project.

# Rating Factor 4: Leveraging Resources (5 Points)

This factor addresses your ability to secure other community resources which can be combined with HUD's program resources to achieve program purposes. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 3(c) and 3(d) of Appendix A of the section 811 program section of the SuperNOFA.

(a) (2 points). The extent of local government support (including financial assistance, donation of land, provision of services, etc.) for the project; and

(b) (3 points). The extent of your activities in the community, including previous experience in serving the area where the project is to be located, and your demonstrated ability to enlist volunteers and raise local funds.

## Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability and, as such, emphasizes HUD's commitment to ensuring that you keep the promises made in your application. This factor requires that you clearly identify the benefits or outcomes of your project and develop an evaluation plan to measure performance, which includes what you are going to measure, how you are going to measure it, and the steps you will have in place to make adjustments to your project development timeline should you not be able to achieve any of the major milestones. This Factor addresses the extent to which your project will implement practical solutions that result in residents achieving independent living, educational opportunities, and improved living environments. Finally, this factor addresses the extent to which the long-term viability of your project will be sustained for the duration of the 40-year capital advance period. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 3(g), 3(h), and 3(i) of Appendix A of the section 811 program section of the SuperNOFA.

(a) (5 points). The extent to which your project development timeline is indicative of your full understanding of the development process and will, therefore, result in the timely development of your project.

(b) (2 points). The extent to which your project will implement practical

solutions that will result in assisting residents in achieving independent living, educational opportunities, and improved living environments; and

(c) (3 points). The extent to which you demonstrated that your project will remain viable as housing with the availability of supportive services for very low-income elderly persons for the 40-year capital advance period.

## **Bonus Points**

(2 bonus points) Location of proposed site in an RC/EZ/EC area, as described in the General Section of this SuperNOFA. Submit the information responding to the bonus points in accordance with the Application Submission Requirements in Exhibit 8(h) of Appendix A of the section 811 program section of the SuperNOFA.

(E) Applicant Debriefing. You may request a debriefing on your application in accordance with the General Section of this SuperNOFA, with the exception that the request must be made to the Director of Multifamily Housing in the HUD Field Office to which you sent your application.

## VI. Application Submission Requirements

The application submission requirements are contained in Appendix A of the section 811 program section of this SuperNOFA. Your application must include all of the information, materials, forms, and exhibits listed in Appendix A of the section 811 program section of the SuperNOFA (unless you were selected for a section 202 fund reservation within the last three funding cycles). If you qualify for this exception, you are not required to submit the information described in Exhibits 2(a). (b), and (c) of Appendix A of the section 811 program section of the SuperNOFA, which are the articles of incorporation, (or other organizational documents), bylaws, and the IRS tax exemption, respectively. If there has been a change in any of these documents since your previous HUD approval, you must submit the updated information in your application. The HUD Office will verify your indication of previous HUD approval by checking the project number and approval status with the appropriate HUD Office based on the information submitted.

In addition to this relief of paperwork burden in preparing applications, you will be able to submit information and exhibits you have previously prepared for prior applications under section 202, section 811, or other funding programs. Examples of exhibits that may be readily adapted or amended to decrease the burden of application preparation include, among others, those on previous participation in the section 202 or section 811 Programs, your experience in the provision of housing and services, supportive services plans, community ties, and experience serving minorities.

## VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

## VIII. Formation of Owner Corporation for Development of Section 202 Projects and for Section 202 Projects Involving Mixed-Financing

Applicant eligibility for purposes of applying for a section 202 fund reservation under this NOFA has not changed; *i.e.*, all section 202 Sponsors and Co-Sponsors must be private nonprofit organizations and nonprofit consumer cooperatives. However, the Owner corporation, when later formed by the Sponsor, may be (1) a singlepurpose private nonprofit organization that has tax-exempt status under section 501(c)(3) or section 501(c)(4) of the Internal Revenue Code of 1986, (2) nonprofit consumer cooperative, OR (3) for purposes of developing a mixedfinance project for developing additional units over and above the section 202 units, a for-profit limited partnership with a nonprofit entity as the sole general partner.

## **IX.** Authority

The Section 202 Supportive Housing for the Elderly Program is authorized by section 202 of the Housing Act of 1959 (12 U.S.C. 1701q), as amended by section 801 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101-625; approved November 28, 1990); the Housing and Community Development Act of 1992 (Pub. L. 102-550; approved October 28, 1992), the Rescissions Act (Pub. L. 104–19; enacted on July 27, 1995); the American Homeownership and Economic Opportunity Act of 2000 (Pub. L. 106-569; approved December 27, 2000); and the Consolidated Appropriations Resolution, 2003 (Pub. L. 108-7, approved February 20, 2003).

### Appendix A

#### Addresses for Submitting Applications

Please see Appendix B of the section 811 program section of this SuperNOFA. Submit your completed application (an original and four copies) to the Director of the appropriate Multifamily Hub Office or Multifamily Program Center as listed in Appendix B of the section 811 program section of this SuperNOFA. See section I., Address for Submitting Applications, of this program NOFA, for the exceptions regarding where to file your application.

## Appendix B

The forms, which are required for your section 202 program application

are in Appendix A of the section 811 program section of this SuperNOFA. BILLING CODE 4210-32-P

# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# SECTION 811 PROGRAM OF SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES (SECTION 811 PROGRAM)

Billing Code 4210-32-C

### Funding Availability for the Section 811 Program of Supportive Housing for Persons with Disabilities (Section 811 Program)

#### Additional Overview

Purpose of the Program. This program provides funding for supportive housing for very low-income persons with disabilities who are at least 18 years old. Additionally, organizations receiving funds must assure that an array of community support services are identified and available. (Please note that funding for a related program, Mainstream Housing Opportunities for Persons with Disabilities, is found elsewhere in this SuperNOFA.)

*Available Funds.* Approximately \$116.8 million plus any carryover funds available.

*Eligible Applicants.* Nonprofit organizations that have a section 501(c)(3) tax exemption from the Internal Revenue Service. (See section III(B) of this NOFA). (See section VIII of this NOFA for information regarding the formation of the Owner corporation.)

*Eligible Activities.* New construction, rehabilitation, or acquisition (with or without rehabilitation) of housing (see section III(C) of this NOFA).

Application Deadline. June 13, 2003. Match Requirements. None.

#### Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following additional information.

### I. Application Due Date, Further Information, and Technical Assistance

Application Due Date. An original and four copies of your completed application must be submitted to the appropriate HUD field office no later than the application due date.

See the General Section, Mailing and Receipt Procedures and Proof of Timely Submission, of this SuperNOFA for specific procedures governing the submission of applications to HUD field offices.

Address for Submitting Applications. Submit an original and four copies of your completed application to the Director of the appropriate Multifamily Hub Office or Multifamily Program Center as listed in Appendix B to this program section of the SuperNOFA with the following exceptions:

1. Applications for projects proposed to be located within the jurisdiction of the Sacramento, California Office must be submitted to the San Francisco, California Office.

2. Applications for projects proposed to be located within the jurisdiction of

the Cincinnati, Ohio Office must be submitted to the Columbus, Ohio Office.

3. Applications for projects proposed to be located within the jurisdiction of the Washington, DC Office must be submitted to the Baltimore, Maryland Office.

4. Applications for projects proposed to be located within the jurisdiction of the Grand Rapids, Michigan Office must be submitted to the Detroit, Michigan Office.

The SuperNOFA also includes a listing of the Multifamily Hubs and Program Centers, their addresses and telephone numbers, including TTY (text telephone) numbers. This information is also available from HUD's SuperNOFA Information Center at 1–800–HUD–8929 and from the Internet through the HUD Web site at *http://www.hud.gov/grants.* Persons with hearing or speech impairments may call the Center's TTY number at 1–800–HUD–2209.

All information required to complete and return a valid application is included in the General Section and this Program Section of the SuperNOFA, including appendices. Copies of the General Section, this Program Section, and appendices, including the application, are available and may be downloaded from HUD's Web site at http://www.hud.gov.

*For Further Information and Technical Assistance.* You may contact the appropriate Multifamily Hub Office or Multifamily Program Center, or Gail Williamson at HUD Headquarters at (202) 708–3000 (this is not a toll-free number), or access the Internet at *http://www.hud.gov/grants.* Persons with hearing and speech impairments may access the above number via TTY by calling the Federal Relay Service at 1– 800–877–8339 (this is a toll-free number).

HUD encourages minority organizations and grassroots organizations (e.g., civic organizations, faith-communities and grassroots faithbased and other community-based organizations) to participate in this program and strongly recommends prospective applicants attend the local HUD Office workshop. At the workshops, HUD will explain application procedures and requirements, as well as address concerns such as local market conditions, building codes and accessibility requirements, historic preservation, floodplain management, other environmental requirements, displacement and relocation, zoning, and housing costs. If you are interested in attending the workshop, make sure that your name, address and telephone number are on the appropriate HUD

Office's mailing list so that you will be informed of the date, time and place of the workshop. Persons with disabilities should call the appropriate HUD Office to assure that any necessary arrangements can be made to enable their attendance and participation in the workshop.

If you cannot attend the workshop, call the appropriate HUD Office if you have any questions regarding the submission of applications to that particular office and to request any materials distributed at the workshop.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. It is strongly recommended that potential applicants, especially those who may be applying for section 811 funding for the first time, tune in to this broadcast, if at all possible. Copies of the broadcast tapes are also available from the SuperNOFA Information Center. For more information about the date and time of the broadcast, you should consult the HUD Web site at http://www.hud.gov/grants.

#### **II. Amount Allocated**

For FY 2003, \$116,810,724 for capital advances is available for the Section 811 Program of Supportive Housing for Persons with Disabilities. The **Consolidated Appropriations** Resolution, 2003 (Pub. L. 108-7, approved February 20, 2003) (FY 2003 Consolidated Appropriations) provides \$250,515,000 for capital advances, including amendments to capital advance contracts for supportive housing for persons with disabilities, as authorized by section 811 of the National Affordable Housing Act of 1990 (NAHA); and for project rental assistance for supportive housing for persons with disabilities under section 811 of the NAHA, including amendments to contracts for such assistance and renewal of expiring contracts for such assistance for up to a 1-year term and for tenant-based rental assistance contracts and renewal of expiring contracts for such assistance entered into pursuant to section 811 of the NAHA

\$53.6 million (25% of the appropriated amount remaining after the deductions for project rental assistance (PRAC) renewals, renewals of expiring contracts for tenant-based assistance, and the amount to be transferred to the Working Capital Fund) is available for tenant-based rental assistance for persons with disabilities. These funds are administered through public housing agencies (PHAs) and nonprofit organizations under the Mainstream Housing Opportunities for Persons with Disabilities Program that is found elsewhere in this SuperNOFA.

In accordance with the waiver authority provided in the FY 2003 Consolidated Appropriations, the Secretary is waiving the following statutory and regulatory provision: The term of the project rental assistance contract is reduced from 20 years to 5 years. HUD anticipates that at the end of the contract terms, renewals will be approved subject to the availability of funds. In addition to this provision, HUD will reserve project rental assistance contract funds based on 75 percent rather than on 100 percent of the current operating cost standards for approved units in order to take into account the average tenant contribution toward rent.

The allocation formula used for section 811 reflects the "relevant characteristics of prospective program participants," as specified in 24 CFR 791.402(a). The FY 2003 formula consists of the following data element from the 2000 Census: The number of non-institutionalized persons age 16 to

64 with a disability. The data on disability status were derived from answers to a two-part question that asked about the existence of the following long-lasting conditions: (a) Blindness, deafness, or a severe vision or hearing impairment (sensory disability) and (b) a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying (physical disability); and a four-part question that asked if the individual had a physical, mental, or emotional condition lasting 6 months or more that made it difficult to perform certain activities. The four activity categories were: (a) Learning, remembering, or concentrating (mental disability); (b) dressing, bathing, or getting around inside the home (selfcare disability); (c) going outside the home alone to shop or visit a doctor's office (going outside the home disability); and (d) working at a job or business (employment disability). Under the Section 811 Program, each HUD Office jurisdiction receives sufficient capital advance funds for a minimum of 10 units. The total amount

of capital advance funds to support this minimum set-aside is then subtracted from the total capital advance available. The remainder is fair shared to each HUD Office jurisdiction whose fair share would exceed the set-aside based on the allocation formula fair share factors described below.

The fair share factors were developed by taking the count of disabilities in the data element for each state, or state portion, of each local HUD Office jurisdiction as a percent of the data element from the 2000 Census, described above, for the total United States. The resulting percentage for each local HUD Office is then adjusted to reflect the relative cost of providing housing among the local HUD Office jurisdictions. The adjusted needs percentage for each local HUD Office is then multiplied by the total amount of capital advance funds available nationwide.

The section 811 capital advance funds have been allocated, based on the formula above, to 51 local HUD Offices as shown on the following chart: BILLING CODE 4210-32-P Fiscal Year 2003 Allocations for Supportive Housing for Persons

# with Disabilities

# [Fiscal Year 2003 Section 811 Allocations]

| Office            | Capital Advance<br>Authority | <u>Units</u> |
|-------------------|------------------------------|--------------|
|                   |                              |              |
| Boston Hub:       |                              |              |
| Boston            | \$3,632,336                  | 39           |
| Hartford          | 2,245,965                    | 24           |
| Manchester        | 1,751,827                    | 24           |
| Providence        | 953,813                      | 10           |
| Total             | 8,583,941                    | 97           |
| New York Hub:     |                              |              |
| New York          | 6,641,995                    | 58           |
| Total             | 6,641,995                    | <u>58</u>    |
| Buffalo Hub:      |                              |              |
| Buffalo           | 2,141,585                    | 26           |
| Total             | 2,141,585                    | 26           |
| Philadelphia Hub: |                              |              |
| Newark            | 4,482,779                    | 45           |
| Pittsburgh        | 1,656,375                    | 22           |
| Philadelphia      | 3,324,883                    | 37           |
| Charleston        | 1,475,945                    | 21           |
| Total             | 10,939,982                   | 125          |
| Baltimore Hub:    |                              |              |
| Baltimore         | 1,697,173                    | 22           |
| Richmond          | 1,918,803                    | 29           |
| D.C.              | 2,186,276                    | 27           |
| Total             | 5,802,252                    | 78           |
| Greensboro Hub:   |                              |              |
| Columbia          | 2,376,877                    | 32           |
| Greensboro        | 4,522,261                    | 52           |
| Total             | 6,899,138                    | 84           |

| Atlanta Hub:                 |                                      |                         |
|------------------------------|--------------------------------------|-------------------------|
| Atlanta                      | 3,394,946                            | 51                      |
| San Juan                     | 2,744,052                            | 36                      |
| Louisville                   | 2,455,763                            | 34                      |
| Knoxville                    | 629,536                              | 10                      |
| Nashville                    | 1,119,399                            | 17                      |
| Total                        | 10,343,696                           | 148                     |
| Jacksonville Hub:            |                                      |                         |
| Jacksonville                 | 6,038,870                            | 92                      |
| Birmingham                   | 2,320,615                            | 35                      |
| Jackson                      | 1,679,904                            | 26                      |
| Total                        | 10,039,389                           | 153                     |
| Objecto Tuba                 |                                      |                         |
| Chicago Hub:                 | 5,910,337                            | 63                      |
| Chicago                      |                                      |                         |
| Indianapolis<br><b>Total</b> | <u>2,783,123</u><br><b>8,693,460</b> | <u>38</u><br><b>101</b> |
| TOLAL                        | 8,095,400                            | 101                     |
| Columbus Hub:                |                                      | 1.0                     |
| Cincinnati                   | 696,103                              | 10                      |
| Cleveland                    | 1,372,104                            | 18                      |
| <u>Columbus</u>              | 707,514                              | 10                      |
| Total                        | 2,775,721                            | 38                      |
| Detroit Hub:                 |                                      |                         |
| Detroit                      | 2,638,606                            | 32                      |
| <u>Grand Rapids</u>          | 696,103                              | 10                      |
| Total                        | 3,334,709                            | 42                      |
| Minneapolis Hub:             |                                      |                         |
| Milwaukee                    | 2,478,760                            | 30                      |
| Minneapolis                  | 2,355,869                            | 27                      |
| Total                        | 4,834,629                            | 57                      |
| Fort Worth Hub:              |                                      |                         |
| Fort Worth                   | 3,836,864                            | 63                      |
| Houston                      | 629,536                              | 10                      |
| Little Rock                  | 1,531,828                            | 26                      |
| New Orleans                  | 2,140,496                            | 34                      |
| San Antonio                  | 596,252                              | 10                      |
| Total                        | 8,734,976                            | 143                     |
| Kansas City Hub:             |                                      |                         |
| Des Moines                   | 1,424,719                            | 21                      |
| Kansas City                  | 1,715,413                            | 25                      |
| Omaha                        | 724,632                              | 10                      |
| Oklahoma City                | 1,736,312                            | 28                      |
| St. Louis                    | 816,875                              | 10                      |
|                              | 6,417,951                            | 94                      |

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| Denver Hub:        |               |       |
|--------------------|---------------|-------|
| Denver             | 3,172,424     | 47    |
| Total              | 3,172,424     | 47    |
| San Francisco Hub: |               |       |
| Honolulu (Guam)    | 1,711,728     | 10    |
| Phoenix            | 2,293,719     | 34    |
| Sacramento         | 890,099       | 10    |
| San Francisco      | 3,066,499     | 32    |
| Total              | 7,962,045     | 86    |
|                    |               |       |
| Los Angeles Hub:   |               |       |
| Los Angeles        | 3,598,683     | 40    |
| Total              | 3,598,683     | 40    |
| Seattle Hub:       |               |       |
| Anchorage          | 1,711,728     | 10    |
| Portland           | 1,281,595     | 18    |
| Seattle            | 2,900,835     | 33    |
| Total              | 5,894,158     | 61    |
| National Total     | \$116,810,724 | 1,478 |

BILLING CODE 4210-32-C

# III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description. HUD provides capital advances and contracts for project rental assistance in accordance with 24 CFR part 891. Capital advances may be used to construct, rehabilitate, or acquire structures (including structures from the Federal Deposit Insurance Corporation (FDIC)), to be developed into a variety of housing options described in section III(C) below. Capital advance funds bear no interest and are based on development cost limits in section IV(E) below. Repayment of the capital advance is not required as long as the housing remains available for at least 40 years for occupancy by very low-income persons with disabilities. PRAC funds are used to cover the difference between the tenants' contributions toward rent (30 percent of adjusted income) and the HUD-approved cost to operate the project.

(B) *Eligible Applicants.* Nonprofit organizations with a section 501(c)(3) tax exemption from the Internal Revenue Service and who meet the threshold requirements contained in Section V of the General Section of the SuperNOFA are the only eligible applicants for this program. See section IV(B) regarding limits on the total number of units and projects that an applicant may request.

(C) Eligible Activities. Section 811 capital advance funds must be used to finance the development of housing through new construction, rehabilitation, or acquisition with or without rehabilitation. Capital advance funds may also be used in combination with other non-Section 811 funding sources to develop additional units for a mixed-finance project. Project rental assistance funds are provided to cover the difference between the HUDapproved operating costs and the amount the residents pay (each resident pays 30 percent of adjusted income). The types of housing that can be developed with Section 811 capital advance funds include independent living projects, dwelling units in multifamily housing developments, condominium and cooperative housing and small group homes.

**Note:** For purposes of approving Section 811 capital advances, HUD will consider a proposal involving mixed-financing for additional units if you have legal control of an approvable site and the additional units do not cause the project, as a whole, to exceed the project size limits if the additional units will also house persons with disabilities. However, you must obtain funds to assist the additional units with other than PRAC funds. HUD will not provide PRAC funds for non-Section 811 units.

(D) *Ineligible Activities*. Section 811 funds may not be used for any of the following:

- (1) Nursing homes, infirmaries and medical facilities;
  - (2) Transitional housing;
  - (3) Manufactured housing;
  - (4) Intermediate care facilities;
  - (5) Community centers, with or

without special components for use by persons with disabilities;

(6) Sheltered workshops and centers for persons with disabilities;

(7) Headquarters for organizations for persons with disabilities; and

(8) Refinancing of Sponsor-owned facilities without rehabilitation.

Note: You may propose to rehabilitate an existing currently-owned or leased structure that may or may not already serve persons with disabilities, except that the refinancing of any federally funded or assisted project or project insured or guaranteed by a federal agency is not permissible under this Section 811 NOFA. HUD does not consider it appropriate to utilize scarce program resources to refinance projects that have already received some form of assistance under a federal program. (For example, section 202, section 202/8 or section 202/ PAC direct loan projects cannot be refinanced with capital advances and project rental assistance.)

### **IV. Program Requirements**

By signing Form HUD–92016–CA, Application for a Section 811 Capital Advance, you are certifying that you will comply with the program requirements listed in the General Section of this SuperNOFA as well as the following requirements:

(A) Statutory and Regulatory Requirements. In addition to the statutory, regulatory, threshold and public policy requirements listed in Section V of the General Section of this SuperNOFA, you must comply with all statutory and regulatory requirements listed in Sections III, IV and IX of this program section of the SuperNOFA.

(B) Application Unit/Project Limits. A Sponsor or Co-Sponsor may not apply for more than 70 units of housing or 4 projects (whichever is less) for persons with disabilities in a single Hub. In addition, a Sponsor or Co-Sponsor may not apply for more units in a given HUD Office than allocated for the section 811 program in that HUD Office, or for more than 10 percent of the total units allocated in all HUD Offices. If the proposed project will be an independent living project, your application must request at least five units, not necessarily in one structure. If your proposed project will be a group home,

you must request at least two units per group home. If your proposed project will be a combination of an independent living project and a group home, your application must request at least the minimum number of units for each project type (*i.e.*, 5 units for an independent living project and 2 units for a group home). Affiliated entities that submit separate applications are considered a single entity for the purpose of these limits.

(Ċ) Project Size Limits. (1) Independent living project. The minimum number of units that can be applied for in one application is five. All of the units are not required to be in one structure and they may be on scattered sites. The maximum number of persons with disabilities that can be housed in an independent living project is 14 plus one additional one or two bedroom unit for a resident manager, if necessary. However, if the proposed independent living project will be located on the same site or on an adjacent site containing existing housing for persons with disabilities, the total persons with disabilities housed in both the existing and the proposed project cannot exceed 14.

(2) If you are submitting an application for an independent living project with site control, you may request an exception to the above project size limit by providing the information required in Exhibit 4(d)(ix) in Appendix A of this program section of the SuperNOFA.

(3) Group home. The minimum number of persons with disabilities that can reside in a group home is two, and the maximum number is six. An additional one-bedroom unit can be provided for a resident manager. Only one person per bedroom is allowed, unless two residents choose to share one bedroom or a resident determines he/ she needs another person to share his/ her bedroom.

(D) HUD/RHS Agreement. HUD and the Rural Housing Service (RHS) have an agreement to coordinate the administration of the agencies' respective rental assistance programs. As a result, HUD is required to notify RHS of applications for housing assistance it receives. This notification gives RHS the opportunity to comment if it has concerns about the demand for additional assisted housing and possible harm to existing projects in the same housing market area. HUD will consider RHS comments in its review and application selection process.

(E) Development Cost Limits. (1) The following development cost limits, adjusted by locality as described in Section IV(E)(2) below, must be used to determine the capital advance amount reserved for projects for persons with disabilities:

(a) For independent living projects and dwelling units in multifamily housing developments, condominium and cooperative housing: The total development cost of the project attributable to dwelling use (less the incremental development cost and the capitalized operating costs associated with any excess amenities and design features you will pay for) may not exceed:

Non-Elevator Structures:

\$41,238 per family unit without a bedroom;

\$47,548 per family unit with one bedroom;

\$57,344 per family unit with two bedrooms;

\$73,400 per family unit with three bedrooms;

\$81,770 per family unit with four bedrooms.

For Elevator Structures:

\$43,398 per family unit without a bedroom;

\$49,748 per family unit with one bedroom;

\$60,493 per family unit with two bedrooms;

\$78,257 per family unit with three bedrooms;

\$85,902 per family unit with four bedrooms.

(b) For group homes only:

TYPE OF DISABILITY

| # Residents | Physical/<br>developmental | Chronic<br>mental<br>illness |
|-------------|----------------------------|------------------------------|
| 2           | \$166,022                  | \$160,262                    |
| 3           | 178,533                    | 172,340                      |
| 4           | 191,045                    | 183,069                      |
| 5           | 203,556                    | 193,798                      |
| 6           | 216,054                    | 204,527                      |

(c) These cost limits reflect those costs reasonable and necessary to develop a project of modest design that complies with HUD minimum property standards; the minimum group home requirements of 24 CFR 891.310(a) (if applicable); the accessibility requirements of 24 CFR 891.120(b) and 891.310(b); and the project design and cost standards of 24 CFR 891.120.

### (2) Increased Development Cost Limits

(a) HUD may increase the development cost limits set forth in Section IV(E)(1) of this program section of the SuperNOFA by up to 140 percent in any geographic area where the cost levels require, and may increase the development cost limits by up to 160 percent on a project-by-project basis. This increase may include covering additional costs to make dwelling units accessible through rehabilitation.

(b) If HUD finds that high construction costs in Alaska, Guam, the Virgin Islands or Hawaii make it infeasible to construct dwellings, without the sacrifice of sound standards of construction, design, and livability, within the development cost limits provided in Section IV(E)(1) of this program section of the SuperNOFA, the amount of capital advances may be increased to compensate for such costs. The increase may not exceed the limits established under this section (including any high cost area adjustment) by more than 50 percent.

(c) For group homes only, HUD Offices may approve increases in the development cost limits in Section IV(E)(1)(b), above, in areas where you can provide sufficient documentation that high land costs limit or prohibit project feasibility. An example of acceptable documentation is evidence of at least three land sales that have actually taken place (listed prices for land are not acceptable) within the last two years in the area where your project is to be built. The average cost of the documented sales must exceed ten percent of the development cost limit for your project in order for an increase to be considered.

(F) Minimum Capital Investment. Selected nonprofit organizations must provide a minimum capital investment of one-half of one percent of the HUDapproved capital advance amount not to exceed a maximum of \$10,000 in accordance with 24 CFR 891.145.

(G) Accessibility. Your project must meet accessibility requirements published at 24 CFR 891.120, 24 CFR 891.310 and Section 504 of the Rehabilitation Act of 1973, and, if new construction, the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100. In addition, 24 CFR 8.4(b)(5) prohibits the selection of a site or location which has the purpose or effect of excluding persons with disabilities from the federally assisted program or activity. HUD will award higher points to applications that add accessible design features beyond those required under civil rights laws and regulations. See Section II (C) of the General Section of this SuperNOFA.

(H) Conducting Business in Accordance With Core Values and Ethical Standards. Section 811 Sponsors are not subject to the requirements of 24 CFR parts 84 and 85 as outlined in the General Section of this SuperNOFA. However, Sponsors are still subject to the core values and ethical standards as they relate to the conflict of interest provisions in 24 CFR 891.130. To ensure compliance with the program's conflict of interest provisions, you are required to submit a signed Conflict of Interest Resolution and include it in your Section 811 application. Further, if awarded a Section 811 fund reservation, the officers, directors, board members, trustees, stockholders and authorized agents of the Section 811 Sponsor and Owner entities will be required to submit to HUD individual certifications regarding compliance with HUD's conflict of interest requirements.

(I) Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses. Although the Section 811 program is not subject to the provisions of 24 CFR 85.36(e) as described in the corresponding paragraph in the General Section of the SuperNOFA, you are required to comply with Executive Order 12432, Minority Business Enterprise Development and Executive Order 11625, Prescribing Additional Arrangements for Developing and Coordinating a National Program for Minority Business Enterprise as they relate to the encouragement of HUD grantees to utilize minority business enterprises.

(J) *Fair Housing Requirements.* See Section V of the General Section of this SuperNOFA.

(K) Economic Opportunities for Low and Very Low Income Persons. See Section V of the General Section of this SuperNOFA.

(L) Design and Cost Standards. You must comply with HUD's Section 811 project design and cost standards (24 CFR 891.120 and 891.310), the Uniform Federal Accessibility Standards (24 CFR 40.7), Section 504 of the Rehabilitation Act of 1973 and HUD's implementing regulations at 24 CFR part 8, and for covered multifamily dwellings designed and constructed for first occupancy after March 13, 1991, the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100, and the Americans with Disabilities Act of 1990, where applicable.

(M) Acquisition and Relocation. You must comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (49 CFR part 24 and 24 CFR part 891.155(e)) (URA), which covers the acquisition of sites, with or without existing structures and with 24 CFR 8.4(b)(5) of the Section 504 regulations which prohibits discrimination based on disability in determining the site or location of a federally-assisted facility. However, you are exempt from complying with the site acquisition requirements of the URA if you do not have the power of eminent domain and prior to entering into a contract of sale, option to purchase or any other method of obtaining site control, you inform the seller of the land: (1) That you do not have the power of eminent domain and, therefore, you will not acquire the property if negotiations fail to result in an amicable agreement, and (2) of the estimate of the fair market value of the property. An appraisal is not required to meet this requirement, however, your files must include an explanation, with reasonable evidence of the basis for the estimate.

(N) Formation of Owner Corporation. You must form an "Owner" in accordance with 24 CFR 891.305 after issuance of the capital advance; cause the Owner to file a request for determination of eligibility and a request for capital advance, and provide sufficient resources to the Owner to ensure the development and long-term operation of the project, including capitalizing the Owner at firm commitment processing in an amount sufficient to meet its obligations in connection with the project.

(O) Supportive Services. You are required to include a Supportive Services Plan and a certification from the appropriate state or local agency that the provision of services identified in your Supportive Services Plan is well designed to address the individual health, mental health and other needs of persons with disabilities who will live in your proposed project. Exhibit 5 in Appendix A of this program section of the SuperNOFA, below, outlines the information that must be in the Supportive Services Plan. You must submit one copy of your Supportive Services Plan to the appropriate state or local agency well in advance of the application submission deadline date for the state or local agency to review your Supportive Services Plan and complete the Supportive Services Certification and return it to you so that you can include it in the application you submit to HUD.

(1) HUD will reject your application if the supportive services certification:

(a) Is not submitted with your application *and* is not submitted to HUD within the 14-day cure period; or

(b) Indicates that the provision of supportive services is not well designed to address the individual health, mental health and other needs of persons with disabilities who will live in your project; or (c) Indicates that the provision of supportive services will not enhance independent living success or promote the dignity of the persons with disabilities who will live in your proposed project.

(2) In addition, if the agency completing the certification will be a major funding or referral source for your proposed project or be responsible for licensing the project, HUD will reject your application if either the agency's supportive services certification indicates—or, where the agency fails to complete item 3 or 4 of the certification, HUD determines that:

(a) You failed to demonstrate that supportive services will be available on a consistent long-term basis; and/or

(b) The proposed housing is not consistent with state or local agency plans/policies addressing the housing needs of people with disabilities.

Any prospective resident of a Section 811 project who believes he/she needs supportive services must be given the choice to be responsible for acquiring his/her own services or to take part in your Supportive Services Plan which must be designed to meet the individual needs of each resident.

You must not require residents to accept any supportive services as a condition of occupancy or admission.

(P) *Davis-Bacon*. You must comply with the Davis-Bacon Requirements and the Contract Work Hours and Safety Standards Act.

(Q) Flood Disaster Protection Act of 1973 and Coastal Barriers Resources Act. You must comply with the requirements under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001– 4128) and the Coastal Barrier Resources Act (16 U.S.C. 3601).

(R) National Environmental Policy Act. You must comply with the National Environmental Policy Act of 1969 (NEPA)(42 U.S.C. 4321) and applicable related environmental authorities at 24 CFR 50.4 and HUD's programmatic implementing regulations at 24 CFR part 50 and 24 CFR 891.155(b), especially, but not limited to, the provision of information to HUD at 24 CFR 50.31(b) and you must comply with any environmental conditions and safeguards at 24 CFR 50.3(c).

(S) Sites. (1) Site Control or Site Identification. In your application, you must provide either:

(a) Evidence of Site Control—If you have control of a site at the time you submit your application, you must include evidence of such as described in Exhibit 4(d)(i) in Appendix A of this program section of the SuperNOFA relative to site control. or (b) Site Identification—If you do not have site control of one or more of your sites, you must provide the information required in Exhibit 4(d)(x) in Appendix A of this program section of the SuperNOFA under "site identified" for any site not under control as a reasonable assurance that site control will be obtained within six months of fund reservation notification.

(2) Phase I Environmental Site Assessment (ESA)—If you have control of the site(s) at the time you submit your application, you must submit a Phase I ESA, in accordance with the American Society for Testing and Material (ASTM) Standards E 1527–97, as amended, completed or updated no earlier than six months prior to the application deadline date, in order for the application to be considered as an application with site control. The Phase I ESA must be completed and submitted with the application. The Phase I study is not a curable deficiency for the Section 811 Program. Therefore, it is important that you start the Phase I ESA process as soon after publication of this SuperNOFA as possible. Documents providing guidance in choosing an environmentally safe site, entitled "Choosing An Environmentally Safe Site" and the "Supplemental Guidance Environmental Information", are available on HUD's Web site at www.hud.gov.

(a) For a project that will involve demolition and/or rehabilitation of a structure(s) built before 1978, the Phase I must include the following: (i) an asbestos report that identifies the location and condition of any asbestos, and (ii) a certification that any asbestos identified in the asbestos report that is in friable condition will be abated, that any non-friable asbestos that has been identified in the asbestos report and that will be affected by the demolition/ rehabilitation will be abated, and that any asbestos to be abated have been included within the project costs.

(b) For a project that does not involve demolition/rehabilitation of a structure(s) built before 1978, the Phase I must include a certification to the same.

If the Phase I ESA indicates the possible presence of contamination and/ or hazards, you must decide whether to continue with this site or choose another site. Should you choose another site, the same Phase I ESA process identified above must be followed for the new site.

**Note:** If the property is to be acquired from the FDIC, include a copy of the FDIC prepared Transaction Screen Checklist or Phase I ESA, and applicable documentation, per the FDIC Environmental Guidelines.

(3) Phase II ESA—If you choose to continue with the original site on which the Phase I ESA indicated contamination or hazards, you must undertake a detailed Phase II ESA by an appropriate professional. If the Phase II ESA reveals site contamination, the extent of the contamination and a plan for clean-up of the site must be submitted to the local HUD Office. The plan for clean-up must include a contract for remediation of the problem(s) and an approval letter from the applicable federal, state, and/or local agency with jurisdiction over the site.

In order for your application to be considered as an application with site control you must submit this information to the local HUD Office on or before July 14, 2003.

**Note:** This could be an expensive undertaking. You must pay for the cost of any clean-up and/or remediation.

(4) If your application contains evidence of site control where either the evidence or the site is not approvable, your application will *not* be rejected provided you indicate in your application that you are willing to seek an alternate site and provide an assurance that site control will be obtained within six months of fund reservation notification.

(T) *Lead-Based Paint.* You must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821–4846) and implementing regulations at 24 CFR part 35.

(U) *Delinquent Federal Debt.* See Section V of the General Section of this SuperNOFA.

(V) Commercial Facilities. A commercial facility for the benefit of the residents may be located and operated in the Section 811 project. However, the commercial facility cannot be funded with the use of Section 811 capital advance or PRAC funds. The maximum amount of space permitted for a commercial facility and other community space cannot exceed 10 percent of the total project cost. An exception to this 10 percent limitation is if the project involves acquisition or rehabilitation and the additional space was incorporated in the existing structure at the time the proposal was submitted to HUD. Commercial facilities are considered public accommodations under Title III of the Americans with Disabilities Act of 1990 (ADA), and thus must comply with all the accessibility requirements of the ADA.

(W) *False Statements.* See Section V of the General Section of this SuperNOFA.

(X) Expiration of Section 811 Funds. The FY 2003 Consolidated Appropriations requires HUD to obligate all Section 811 funds appropriated for FY 2003 by September 30, 2006. Under 31 U.S.C. 1551, no funds can be disbursed from this account after September 30, 2011. Under Section 811, obligation of funds occurs for both capital advances and project rental assistance upon fund reservation and acceptance. If all funds are not disbursed by HUD and expended by the project Owner by September 30, 2011, the funds, even though obligated, will expire and no further disbursements can be made from this account. In submitting an application, you need to carefully consider whether your proposed project can be completed through final capital advance closing no later than September 30, 2011. Furthermore, all unexpended balances, including any remaining balance on PRAC contracts, will be cancelled as of October 1, 2011. Amounts needed to maintain PRAC payments for any remaining term on the affected contracts beyond that date will have to be funded from other current appropriations.

### V. Application Selection Process

(A) *Review for Curable Deficiencies.* You should ensure that your application is complete and that you have an original and four copies before submitting it to the appropriate HUD office. HUD will screen all applications received by the deadline to determine if there are any curable deficiencies. A curable deficiency is a missing Exhibit or portion of an Exhibit that will not affect the rating of your application. The following is a list of the only deficiencies that will be considered curable in a Section 811 application:

## Exhibits

(1) Form 92016–CA (Application Form)\*

- (2) (a) Articles of Incorporation\*(b) By-laws\*
- (c) IRS tax exemption ruling\*
- (4) (c)(ii) Energy efficiency
- (d)(vii) Letter from the State Historic Preservation Officer (SHPO)
- (d)(viii) Seek alternate site
  - (5) Supportive Services Plan
  - (7) Relocation
- (8) (a) Form HUD–424, Application for Federal Assistance
- (b) Standard Form LLL, Disclosure of Lobbying Activities (if applicable)
- (c) Form HUD–424B, Applicant Assurances and Certifications
- (d) Form HUD–2880, Applicant/
- Recipient Disclosure/Update Report (e) Form HUD–2991, Certification of
- Consistency with Consolidated Plan

- (f) Form HUD–92041, Sponsor's Conflict of Interest Resolution
- (g) Form HUD–92042, Sponsor's Resolution for Commitment to Project\*
- (i) Form HUD–2530, Previous Participation Certification
- (j) Form HUD–92043, Supportive Services Certification

The HUD Office will notify you in writing if your application is missing any of the above exhibits or portions of exhibits and will give you 14 days from the date of the HUD notification to submit the information required to cure the noted deficiencies. The items identified by an asterisk (\*) must be dated on or before the application deadline date.

(B) *Rating.* HUD will review and rate your application in accordance with the Application Selection Process in the General Section of this SuperNOFA with the following exception. HUD will not reject your application based on technical review without notifying you of the rejection with all the reasons for rejection and providing you an opportunity to appeal. You will have 14 calendar days from the date of HUD's written notice to appeal a technical rejection to the HUD Office.

Your application(s) will be either rated or technically rejected at the end of technical review. If your application meets all program eligibility requirements after completion of technical review, including HUD approval of you, the Section 811 applicant, based on HUD's evaluation of your previous participation activities as reported on Form HUD-2530, Previous Participation Certification, your application will be rated according to the Rating Factors in Section V(D) below. The HUD Office will make a determination on any appeals before making its selection recommendations.

If an Exhibit or portion of an Exhibit listed above as curable is not discovered as missing until technical processing, HUD will provide you with 14 calendar days in which to cure the deficiency.

(C) Ranking and Selection Procedures. Applications that have a total base score of 75 points or more (without the addition of RC/EC/EZ bonus points) and meet all of the applicable threshold requirements of Section V(B) of the General Section of the SuperNOFA will be eligible for selection and will be placed in rank order. HUD will select applications, after adding any bonus points for RC/EC/EZ, based on rank order, up to and including the last application that can be funded out of each HUD Program Center Office's allocation. HUD Program Center Offices will not skip over any applications in order to select one based on the funds

remaining. After making the initial selections, however, HUD Program Center Offices may use any residual funds to select the next rank-ordered application by reducing the number of units by no more than 10 percent, rounded to the nearest whole number, provided the reduction will not render the project infeasible. For this purpose, however, HUD will not reduce the number of units in projects of five units or less.

After the HUD Program Center Offices have funded all possible projects based on the process above, residual funds from all HUD Program Center Offices within each Multifamily Hub will be combined. First, these funds will be used to restore units to projects reduced by HUD Program Center Offices based on the above instructions. Second, additional applications within each Multifamily Hub will be selected in rank order with only one application selected per HUD Program Center Office. More than one application may be selected per HUD Program Center Office if there are no approvable applications in other HUD Program Center Offices within the Multifamily Hub. This process will continue until there are no more approvable applications within the Multifamily Hub that can be selected with the remaining funds. Applications may not be skipped over to select one based on funds remaining. However, the HUD Multifamily Hub may use any remaining residual funds to select the next rankordered application by reducing the number of units by no more than 10 percent rounded to the nearest whole number, provided the reduction will not render the project infeasible or result in the project being less than 5 units.

Funds remaining after the Multifamily Hub selection process is completed will be returned to Headquarters. HUD Headquarters will use these funds first to restore units to projects reduced by HUD Program Center or Multifamily Hub Offices as a result of the instructions for using their residual funds. Second, HUD Headquarters will use these funds for selecting applications based on HUD Program Center Offices' rankings, beginning with the highest rated application nationwide. Only one application will be selected per HUD Program Center Office from the national residual amount. If there are no approvable applications in other HUD Program Center Offices, the process will begin again with the selection of the next highest rated application nationwide. This process will continue until all approvable applications are selected using the available remaining funds.

Headquarters may skip over a higher rated application in order to use as much of the available remaining funds as possible.

(D) Factors For Award Used To Evaluate and Rate Applications. HUD will rate applications that successfully complete technical processing using the Rating Factors set forth below and in accordance with the application submission requirements in Appendix A of this program section of the SuperNOFA. The maximum number of points an application may receive under this program is 102. This includes two (2) RC/EZ/EC bonus points, as described in the General Section of this SuperNOFA.

### Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (30 Points)

This factor addresses the extent to which you have the organizational resources to successfully implement the proposed activities in a timely manner. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 2, 3(a), 3(b), 3(e), and 6 of Appendix A to this program section of the SuperNOFA.

In rating this factor, HUD will consider the extent to which your application demonstrates your ability to develop and operate the proposed housing on a long-term basis, considering the following:

(a) (15 points) The scope, extent, and quality of your experience in providing housing or related services to those proposed to be served by the project and the scope of the proposed project (i.e., number of units, services, relocation costs, development, and operation) in relationship to your demonstrated development and management capacity as well as your financial management capability;

(b)(i) (5 points) The scope, extent, and quality of your experience in providing housing or related services to minority persons or families.

(b)(ii) (5 points) The scope, extent, and quality of your ties to the community at large and to the minority and disability communities in particular.

For the purpose of this program section of the SuperNOFA, the term "minority" encompasses the basic racial and ethnic categories for federal statistics and administrative reporting, as defined in the General Section of the SuperNOFA in the section entitled "Race and Ethnicity."

To earn the maximum number of points under this subcriterion, you must describe both your relationships over time with the minority community and significant previous experience in providing housing and/or supportive services to minorities generally and to minority persons with disabilities, in particular. For the purpose of this competition, "significant previous experience" means that the previous housing assistance or related services to minorities, i.e., the percentage of minorities being provided housing or related services in your current developments, was equal to or greater than the percentage of minorities in the jurisdiction where the previous housing or services occurred.

(c) (-2 to -4 points) HUD will deduct (except if the delay was beyond your control) 2 points if a fund reservation you received under either the Section 811 program of Supportive Housing for Persons with Disabilities or the Section 202 program of Supportive Housing for the Elderly has been extended beyond 24 months, 3 points if beyond 36 months, and 4 points if beyond 48 months. Examples of delays beyond your control include, but are not limited to, initial closing delays that are: (1) Directly attributable to HUD, (2) directly attributable to third party opposition, including litigation, and (3) due to a disaster, as declared by the President of the United States.

(d) (-1 point) HUD will deduct 1 point if amendment money was required as a result of the delay (except if the delay was beyond your control).

(e) (5 points) You have experience in developing integrated housing (e.g., condominium units scattered within one or more buildings or noncontiguous independent living units on scattered sites) and/or the proposed project will be an integrated housing model.

# Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor addresses the extent to which there is a need for funding the proposed activities to address a documented problem in the target area. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 4(a) and 4(b) of Appendix A of this program section of the SuperNOFA. HUD will consider the following in evaluating this factor:

The extent of the need for the project in the area based on a determination by the HUD Office. In making this determination, HUD will consider your evidence of need in the area, as well as other economic, demographic, and housing market data available to the HUD Office. The data should include a general assessment of the current conditions in the market for the type of housing proposed, an estimate of the demand for additional housing of the type proposed in the applicable housing market area; as well as, information on the numbers and types of existing comparable subsidized housing for persons with disabilities, current occupancy in such housing and recent market experience, comparable subsidized housing for persons with disabilities under construction or for which fund reservations have been issued, and, in accordance with an agreement between HUD and RHS, comments from RHS on the demand for additional comparable subsidized housing and the possible harm to existing projects in the same housing market area. The Department also will review more favorably those applications which establish a connection between the proposed project and the community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. You must show how the proposed project will address an impediment to fair housing choice described in the AI or meet a need identified in the other type of planning document.

In evaluating this factor, HUD will rate your application as follows:

(a) (12 points) The extent of the need for the project in the area based on a determination by the HUD Office, taking into consideration the Sponsor's evidence of need in the area, as well as other economic, demographic and housing market data available to HUD.

(b) (3 points) The extent that a connection has been established between the project and the community's Consolidated Plan, Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization.

### Rating Factor 3: Soundness of Approach (40 Points)

This factor addresses the quality and effectiveness of your proposal, the extent to which you involved persons with disabilities, including minority persons with disabilities in the development of the application and will involve them in the development and operation of the project, and the extent to which you coordinated your application with other organizations, including local independent living centers, with which you share common goals and objectives and are working toward meeting these objectives in a holistic and comprehensive manner. There must be a clear relationship between the proposed activities, the community's needs and purposes of the program funding for your application to receive points for this factor. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 2(d), 3(f), 3(j), 4(c), 4(d), and 5 of Appendix A of this program section of the SuperNOFA. In evaluating this factor, HUD will consider the following:

(a)(i) (10 points) Site approvability-The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended tenants; adequacy of utilities and streets, and freedom of the site from adverse environmental conditions (based on site visit for site control projects only); and compliance with site and neighborhood standards in 24 CFR 891.125(a), (d), and (e). Sites where amenities are accessible other than by project residence or private vehicle will be rated more favorably:

(a)(ii) (5 points) Site control—If your application contains legally acceptable site control for all proposed sites and all of the proposed sites are approvable (i.e., receive a score of 1 or higher on Criterion (a)(i)), your application will receive 5 points for site control.

(a)(iii) (-1 point) One or more of your proposed sites is not permissively zoned for the intended use.

(b) (10 points) The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minorities and persons with disabilities and affirmatively furthering fair housing. In reviewing this criterion, HUD will assess whether the site meets the site and neighborhood standards at 24 CFR 891.125(b) and (c) by examining relevant data in your application or in the HUD Office. If appropriate, HUD may visit the site.

(i) The site will be deemed acceptable if it increases housing choice and opportunity by:

—Expanding housing opportunities in non-minority neighborhoods if located in such a neighborhood. ("Nonminority area" is defined as one in which the minority population is lower than 10 percent); or

--Contributing to the revitalization of and reinvestment in minority neighborhoods, including improvement of the level, quality and affordability of services furnished to minority persons with disabilities. You should refer to the Site and Neighborhood Standards provisions of the regulations governing the Section 811 Supportive Housing Program (24 CFR 891.125(b) and (c)) when considering sites for your projects.

(ii) For the purpose of this competition, the term "minority neighborhood (area of minority concentration)" is defined as one where any one of the following statistical conditions exists:

—The percentage of persons of a particular racial or ethnic minority is at least 20 points higher than the minority's or combination of minorities' percentage in the housing market as a whole; or,

—The neighborhood's total percentage of minority persons is at least 20 points higher than the total percentage of minorities for the housing market area as a whole; or

—In the case of a metropolitan area, the neighborhood's total percentage of minority persons exceeds 50 percent of its population.

(c)(i) (4 points) The extent to which the proposed design of the project (exterior and interior) and its placement in the neighborhood will meet the individual needs of the residents and will facilitate their integration into the surrounding community and promote their ability to live as independently as possible;

(c)(ii) (1 point) The proposed design incorporates visitability standards and universal design in the construction or rehabilitation of the project.

(d) (5 points) At least 51% of your board members are persons with disabilities.

(e) (3 points) You involved persons with disabilities (including minority persons with disabilities) in the development of the application, and will involve persons with disabilities (including minority persons with disabilities) in the development and operation of the project;

(f) (2 points) The extent to which you coordinated your application with other organizations (including local independent living centers; a list of such can be obtained from the local HUD Office) that will not be directly participating in your project, but with which you share common goals and objectives and are working toward meeting these goals and objectives in a holistic and comprehensive manner;

# **Rating Factor 4: Leveraging Resources** (5 Points)

This factor addresses your ability to secure other community resources that can be combined with HUD's program resources to achieve program purposes. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 3(c) and (d) of Appendix A of this program section of the SuperNOFA.

(a) (2 points) The extent of local government support (including financial assistance, donation of land, provision of services, etc.) for the project; and

(b) (3 points) The extent of your activities in the community, including previous experience in serving the area where the project is to be located and your demonstrated ability to enlist volunteers and raise local funds.

### Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability and, as such, emphasizes HUD's commitment to ensuring that you keep the promises made in your application. This factor requires that you clearly identify the benefits or outcomes of your project and develop an evaluation plan to measure performance, which includes what you are going to measure, how you are going to measure it and the steps you will have in place to make adjustments to your project development timeline should you not be able to achieve any of the major milestones. This factor addresses the extent to which your project will implement practical solutions that result in residents achieving independent living, economic empowerment, educational opportunities and improved living environments. Finally, this factor addresses the extent to which the longterm viability of your project will be sustained for the duration of the 40-year capital advance period. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 3(g), 3(h), and 3(i), in Appendix A of this program section of the SuperNOFA.

(a) (5 points) The extent to which your project development timeline is indicative of your full understanding of the development process and will, therefore, result in the timely development of your project.

(b) (2 points) The extent to which your project will implement practical solutions that will result in assisting residents in achieving independent living, economic empowerment, educational opportunities, and improved living environments (*e.g.*, activities that will improve computer access, literacy and employment opportunities). (c) (3 points) The extent to which you demonstrated that your project will remain viable as housing with the availability of supportive services for very low income persons with disabilities for the 40-year capital advance period.

#### Bonus Points

(2 bonus points) Location of proposed site in an RC/EZ/EC area, as described in the General Section of this SuperNOFA. Submit the information responding to the bonus points in accordance with the Application Submission Requirements in Exhibit 8(h) in Appendix A of this program section of the SuperNOFA.

(E) Applicant Debriefing. You may request a debriefing on your application in accordance with the General Section of this SuperNOFA, with the exception that the request must be made to the Director of Multifamily Housing in the HUD Field Office to which you sent your application.

### VI. Application Submission Requirements

The application submission requirements are contained in Appendix A of this program section of the SuperNOFA. Your application must include all of the information, materials, forms, and exhibits listed in Appendix A of this program section of the SuperNOFA (unless you were selected for a Section 811 fund reservation within the last three funding cycles). If you qualify for this exception, you are not required to submit the information described in Exhibit 2(a), (b), and (c), in Appendix A of this program section of the SuperNOFA, which are the articles of incorporation (or other organizational documents), by-laws, and the IRS tax exemption, respectively. If there has been a change in any of these documents since your previous HUD approval, you must submit the updated information in your application. The HUD Office will verify your indication of previous HUD approval by checking the project number and approval status with the appropriate HUD Office based on information submitted.

In addition to this relief of paperwork burden in preparing applications, you are able to use information and exhibits previously prepared for prior applications under Section 811, Section 202, or other funding programs. Examples of exhibits that may be readily adapted or amended to decrease the burden of application preparation include, among others, those on previous participation in the Section 202 or Section 811 programs, your experience in the provision of housing and services, supportive services plans, community ties, and experience serving minorities.

### VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

### VIII. Formation of Owner Corporation for Development of Section 811 Projects and for Section 811 Projects Involving Mixed-Financing

Applicant eligibility for purposes of applying for a Section 811 fund reservation under this NOFA has not changed; i.e., all Section 811 Sponsors and Co-Sponsors must be nonprofit organizations. However, the Owner corporation, when later formed by the Sponsor, may be (1) a single-purpose nonprofit organization that has taxexempt status under Section 501(c)(3) of the Internal Revenue Code of 1986, or (2) for purposes of developing a mixedfinance project for developing additional units over and above the Section 811 units, a for-profit limited partnership with the nonprofit entity as the sole general partner.

### IX. Authority

Section 811 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101-625, approved November 28, 1990), as amended by the Housing and Community Development Act of 1992) (Pub. L. 102-550, approved October 28, 1992); the Rescissions Act (Pub. L. 104-19, approved July 27, 1995); the American Homeownership and Economic Opportunity Act of 2000 (Pub. L. 106-569, approved December 27, 2000) and the Fiscal Year 2003 Consolidated Appropriations (Pub. L. 108–7, approved February 20, 2003) authorized a new supportive housing program for persons with disabilities, and replaced assistance for persons with disabilities previously covered by section 202 of the Housing Act of 1959 (section 202 continues, as amended by section 801 of the NAHA, and the HCD Act of 1992, to authorize supportive housing for the elderly).

BILLING CODE 4210-32-P

# APPENDIX A

U.S. Department of Housing and Urban Development Office of the Assistant Secretary for Housing Federal Housing Commissioner -2003

# SECTION 202

# SUPPORTIVE HOUSING FOR THE ELDERLY

# APPLICATION

SECTION 811

# SUPPORTIVE HOUSING FOR

# PERSONS WITH DISABILITIES

APPLICATION

The public reporting burden for this collection of information is estimated to average 15,960 hours per response for the Section 202 Supportive Housing Program for the Elderly and 10,556 hours per response for the Section 811 Supportive Housing Program for Persons with Disabilities, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, to the Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. 2502-0267 for the Section 202 program and OMB Approval No. 2502-0462 for the Section 811 program. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The information submitted in response to the Notice of Funding Availability for the Section 202 Supportive Housing Program for the Elderly and the Section 811 Supportive Housing Program for Persons with Disabilities is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545).

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

# APPLICATION

# SECTION 202 OR SECTION 811

<u>INTRODUCTION</u>: This constitutes the Application to apply for funding under the Section 202 Supportive Housing for the Elderly or the Section 811 Supportive Housing for Persons with Disabilities Capital Advance Program. You MUST contact the local HUD Office to obtain information about the submission of applications relevant to that Office. (NOTE: Attachment 1 is a list of the local HUD Offices for you to use in determining the appropriate HUD Office to which you should submit your application.)

You must submit an original and four (4) copies of your application in response to a <u>Federal Register</u> Notice of Funding Availability (NOFA). The original and four copies **must be postmarked on or before midnight of June 13, 2003, and received in the local HUD Office within 15 days of the due date**. It is strongly recommended that you submit your application by mail **via the United States Postal Service.** Please refer to the General Section of the SuperNOFA for further instructions regarding application mailing and receipt procedures.

# NOTE: You may apply for a scattered site project in one application.

<u>CONTENTS OF APPLICATION</u>: The Application for a Section 202 or Section 811 Capital Advance consists of four parts with a total of eight Exhibits. Included with the eight Exhibits are prescribed forms, certifications and resolutions. The components of the Application are:

- Part 1 Application Form for Section 202 or Section 811 Supportive Housing - Capital Advance (Exhibit 1)
- Part 2 Your Ability to Develop and Operate the Proposed Project (Exhibits 2 and 3)
- Part 3 The Need for Supportive Housing for the Target Population in the Area to be Served, Site Control (and/or Identification of Site if 811) and Suitability of Site, Adequacy of the Provision of Supportive Services and of the Proposed Project (Exhibits 4 and 5)
- Part 4 General Application Requirements, Certifications and Resolutions (Exhibits 6 through 8)

<u>GENERAL INSTRUCTIONS FOR PREPARING APPLICATION</u>: Please submit your application using the attached format, indexed and tabbed accordingly. The Application includes:

- 1. The <u>Table of Contents</u> which serves as a checklist for you to identify the submission page for the exhibit/portion of the exhibit in the order in which the application is to be assembled.
- 2. The <u>Rating Factors</u> for rating your application and the criteria necessary to receive bonus points.
- 3. The <u>Application Contents</u> identified by the Part of the application and the relevant exhibits. Parts 2 and 3 include exhibits related to the rating criteria and bonus points. All required forms are included in the section pertaining to the specific exhibits. (NOTE: Information relating to the Phase I Environmental Site Assessment, Exhibit 4(d)(vi) must be obtained from the local HUD Office.)
- 4. <u>Attachments</u>
  - 1. Letter Requesting SHPO/THPO Review
  - Choosing An Environmentally Safe Site (found on www.hud.gov)
  - 3. Supplemental to Choosing An Environmentally Safe Site
- 5. The <u>Application Evaluation</u> for you to provide HUD with comments and suggestions about the Application.
- 6. The <u>Acknowledgment of Application Receipt</u> you will receive with the date that HUD received your application and whether or not your application will receive further consideration.

Before preparing your application, you should carefully review the requirements of the Regulations (24 CFR Part 891) and general program instructions in Handbook 4571.3 REV-1, Section 202 Capital Advance Program for Housing the Elderly or Handbook 4571.2, Section 811 Capital Advance Program for Housing Persons with Disabilities. Note: Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedure, 72 Stat. 967 shall apply to all information supplied in the application submission). (18 U.S.C. 1001, among other things, provides that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.)

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| PART | Ι | - | APPLICATION | I FORM | FOR  | SECTION | 202 | OR  | SECTION | 811 |
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|      |   |   | SUPPORTIVE  | HOUSIN | 1G - | CAPITAL | ADV | NCI | 3       |     |
|      |   |   |             |        |      |         |     |     |         |     |

EXHIBIT 1: Form HUD-92015-CA, Application for Section 202 Supportive Housing Capital Advance, OR

> Form HUD-92016-CA, Application for Section 811 Supportive Housing Capital Advance

# PART II - YOUR ABILITY TO DEVELOP AND OPERATE THE PROPOSED PROJECT

- EXHIBIT 2: Your Legal Status
  - (a) Articles of Incorporation (or other organizational documents)
  - (b) By-laws
  - (c) IRS Tax Exemption Ruling

[EXCEPTION: SEE EXHIBIT TO DETERMINE IF YOU MAY BE EXEMPT FROM SUBMITTING THESE DOCUMENTS.]

(d) Section 811 Applicants Only - the number of people on your board and the number of board members who have disabilities

# EXHIBIT 3: Your purpose, community ties and experience:

- (a) Purpose(s), current activities, how long you have been in existence
- (b) Ties to the community at large, to the target population, and description of geographic areas served
- (c) Local government support for project \_

|                      |                                          |                                                                                                                                                                                                           | PAGE       |
|----------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
|                      | (d)                                      | Letters of support for your organiza-<br>tion and for the proposed project                                                                                                                                |            |
|                      | (e)                                      | Housing and/or supportive services<br>experience                                                                                                                                                          |            |
|                      | (f)                                      | Efforts to involve target population                                                                                                                                                                      |            |
|                      | (g)                                      | Description of practical solutions<br>to be implemented                                                                                                                                                   |            |
|                      | (h)                                      | Project Development Timeline                                                                                                                                                                              |            |
|                      | (i)                                      | Description of how project will remain viable                                                                                                                                                             |            |
|                      | (j)                                      | For Section 811 only,<br>Identification/coordination with<br>other organizations                                                                                                                          |            |
| T2<br>S1<br>81<br>PF | ARGET PO<br>TE CON<br>1) AND<br>ROVISION | FOR SUPPORTIVE HOUSING FOR THE<br>OPULATION IN THE AREA TO BE SERVED,<br>FROL (AND/OR IDENTIFICATION OF SITE IF<br>SUITABILITY OF SITE, ADEQUACY OF THE<br>N OF SUPPORTIVE SERVICES AND OF THE<br>PROJECT |            |
| EXHIBIT 4:           | Proje                                    | ect information including:                                                                                                                                                                                |            |
|                      | (a)                                      | Evidence of need for project                                                                                                                                                                              | . <u> </u> |
|                      | (b)                                      | How project will benefit target population and community                                                                                                                                                  |            |
|                      | (c)                                      | A narrative description of the project, including:                                                                                                                                                        |            |
|                      |                                          | (i) Building design                                                                                                                                                                                       |            |
|                      |                                          | (ii) Whether and how project will<br>promote energy efficiency                                                                                                                                            |            |
|                      |                                          | (iii) If applicable, description of plans and actions to create a mixed-finance project                                                                                                                   |            |
|                      | (d)                                      | Evidence of site control and<br>permissive zoning, <b>OR</b> identification<br>of site if applying for Section 811                                                                                        |            |
|                      |                                          | or site if apprying for section off                                                                                                                                                                       |            |

-

| without having site<br>latter case skip to<br><b>Site</b> below): |  |
|-------------------------------------------------------------------|--|
|                                                                   |  |

# Evidence of Site Control

- (i) Site control document(s)
- (ii) Evidence site is free of limitations, restrictions, or reverters
- (iii) Evidence of permissive zoning or statement of proposed action required to make project permissible
- (iv) Narrative topographical/ demographic description of site/area suitability, how site will promote greater housing opportunities for minorities/target population
- (v) Racial composition/concentration map of site
- (vi) Phase I Environmental Site Assessment
- (vii) Letter to State/Tribal Historic Preservation Office (SHPO/THPO)

Response from SHPO/THPO

## NOTE: (viii) through (xiv) apply to 811 Only

- (viii)Willingness to seek an alternate site
- (ix) Request for exception to project size limits (if applicable) why site was selected and: (ILP with site control only)
  - (<u>A</u>) Preference/acceptance of people with disabilities to live in proposed housing \_\_\_\_\_

|        | ( <u>B</u> )     | Increased number of people<br>warranted by market<br>conditions in area                                 |  |
|--------|------------------|---------------------------------------------------------------------------------------------------------|--|
|        | ( <u>C</u> )     | Compatibility of project<br>with other residential<br>development and population<br>density of the area |  |
|        | ( <u>D</u> )     | Increased number of people<br>will not prohibit<br>successful integration<br>into the community         |  |
|        | ( <u>E</u> )     | Marketability of project<br>in the community                                                            |  |
|        | ( <u>F</u> )     | Project size consistent<br>with State and/or local<br>policies governing similar<br>housing             |  |
|        | ( <u>G</u> )     | Willingness to have<br>application processed at<br>project size limit                                   |  |
| Ident: | ificati          | on of a Site (811 only):                                                                                |  |
| (x)    | Locati           | on of site                                                                                              |  |
| (xi)   | site;            | undertaken to identify<br>what must be done to<br>site control                                          |  |
| (xii)  | Whethe           | r site is properly zoned                                                                                |  |
| (xiii) | Status           | of the sale of the site                                                                                 |  |
| (xiv)  | Whethe<br>reloca | r the site would involve<br>tion                                                                        |  |

-

# EXHIBIT 5: Supportive Services Plan

- **202** Provision of supportive services:
- (a) Description of services
- (b) Public/private funding sources for proposed services
- (c) Manner in which services will be provided

### OR

# 811

- (a) Description of occupancy
- (b) Request for approval to limit occupancy, if applicable, including:
  - (<u>i</u>) Description of population to which occupancy will be limited
  - (<u>ii</u>) Why it is necessary to limit occupancy, including:
    - (A)How goals of 811 will still be achieved
    - (B)Why housing and services needs cannot be met in more integrated setting \_\_
  - (<u>iii</u>) Experience in providing housing and/or supportive services to proposed population
  - (<u>iv</u>) How you will ensure occupants will be integrated into neighborhood and community \_\_\_\_\_
- (c) Supportive services needs of proposed population

|    | (d)     | List of community service providers with letters of intent                                                   |   |
|----|---------|--------------------------------------------------------------------------------------------------------------|---|
|    | (e)     | Evidence of each service<br>provider's capability and<br>experience                                          |   |
|    | (f)     | Extent of State and local agency involvement in project                                                      |   |
|    | (g)     | Letter indicating your<br>commitment to make services<br>available or coordinate their<br>availability       |   |
|    | (h)     | How residents will be afforded                                                                               |   |
|    | (i)     | Whether project will include manager's unit                                                                  |   |
|    | (j)     | Statement that you will<br>not condition occupancy on<br>the resident's acceptance of<br>supportive services | - |
| ÂL | APPLICA | TION REQUIREMENTS, CERTIFICATIONS                                                                            |   |

## PART IV - GENERAL APPLICATION REQUIREMENTS, CERTIFICATIONS AND RESOLUTIONS

EXHIBIT 6: A list of applications, if any, you have submitted or are planning to submit to any other HUD Office in response to the Section 202 or Section 811 NOFA, and required information about each

### EXHIBIT 7: 2

## A statement that:

- (a) Identifies all persons occupying property on application submission date
- (b) Indicates estimated cost of relocation payments/other services
- (c) Identifies staff organization that will carry out relocation activities

|         |        | (d)   | Identifies all persons who have moved from site within past 12 months    |
|---------|--------|-------|--------------------------------------------------------------------------|
| NOTE :  |        |       | ll Section 202 applications and Section<br>ions with site control only   |
| EXHIBIT | 8:     | CERTI | IFICATIONS AND RESOLUTIONS:                                              |
|         |        | (a)   | Form HUD-424                                                             |
|         |        | (b)   | Standard Form LLL, Disclosure of Lobbying Activities, if applicable      |
|         |        | (c)   | Form HUD-424B, Applicant Assurances and Certifications                   |
|         |        | (d)   | Applicant/Recipient Disclosure/Update<br>Report (HUD-2880)               |
|         |        | (e)   | Certification of Consistency with<br>the Consolidated Plan (HUD-2991)    |
|         |        | (f)   | Sponsor's Conflict of Interest<br>Resolution (HUD-92041)                 |
|         |        | (g)   | Sponsor's Resolution for Commitment<br>to Project (HUD-92042)            |
|         |        |       | Certification of Consistency with the RC/EZ/EC Strategic Plan (HUD-2990) |
|         |        |       | Form HUD-2530, Previous Participation<br>Certificate                     |
|         | Sectio | on 81 | 1 ONLY - Also submit the following:                                      |

(j) Supportive Services Certification (HUD-92043)

### RATING FACTORS AND BONUS POINTS

Below are the Rating Factors and Bonus Points and the corresponding application Exhibits that will be reviewed to determine the ratings and the eligibility for bonus points:

1. CAPACITY OF THE APPLICANT AND RELEVANT ORGANIZATIONAL STAFF (Exhibit References: Exhibits 2, 3(a), 3(b), 3(e), and 5)

In rating this factor, HUD will consider the extent to which the application demonstrates your ability to develop and operate the proposed housing on a long-term basis, considering the following: (25 points for 202, 30 points for 811)

- (a) The scope, extent and quality of your experience in providing housing or related services to those proposed to be served by the project and the scope of the proposed project (i.e., number of units, services, relocation costs, development, and operation) in relationship to your demonstrated development and management capacity as well as your financial management capability. (15 points)
- (b) (i) The scope, extent and quality of your experience in providing housing or related services to minority persons or families. (5 points)
  - (ii) The scope, extent and quality of your ties to the community at large and to the minority and elderly (202) disability (811) communities in particular.(5 points)
- (c) A fund reservation you received under either the Section 202 program of Supportive Housing for the Elderly or the Section 811 program of Supportive Housing for Persons with Disabilities has been extended beyond 24 months (-2 points), 36 months (-3 points), or 48 months (-4 points) (except if the delay was beyond your control).
- (d) Amendment money was required as a result of the delay in (c) above (except if the delay was beyond your control). (-1 point)
- (e) You have experience in developing integrated housing (e.g., condominium units scattered within one or more buildings or non-contiguous independent living units on scattered sites) and/or the proposed project will be an integrated housing model. (Section 811 only) (5 points)

# 2. NEED/EXTENT OF THE PROBLEM

(Exhibit References: Exhibits 4(a) and 4(b))

In determining the extent to which there is a need for funding the proposed supportive housing project to address a documented problem in the target area, HUD will consider the extent of the need for the project in the area based on a determination by the HUD Office. This determination will be made by considering your evidence of need in the area, as well as other economic, demographic, and housing market data available to the HUD Office. HUD will also view more favorably those applications which establish a connection between the proposed project and the Community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. **(15 points)** 

- (a) The extent of the need for the project in the area based on a determination by the HUD Office, taking into consideration your evidence of need in the area, as well as other economic, demographic and housing market data available to HUD. (12 points)
- (b) The extent that a connection has been established between the project and the community's Consolidated Plan, Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. (3 points)

# 3. SOUNDNESS OF APPROACH (Exhibit References: Exhibits 2(d)(811 only), 4(c), 4(d), and 5)

In determining the quality and effectiveness of the project as well as the relationship between the project, the community's needs and purposes of the program funding, HUD will consider: (45 points for 202, 40 points for 811)

## Section 202

 (a) (i) The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended tenants, adequacy of utilities and streets, freedom of the site from adverse environmental conditions, and compliance with site and neighborhood standards. (15 points)

- (ii)The proposed site is not permissively zoned for the intended use. (-1 point)
- (b) The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minority elderly persons/families and affirmatively furthering fair housing. (10 points)
- (c) The extent to which the proposed design will meet the special physical needs of elderly persons the housing is expected to serve. (4 points)
- (d) The extent to which the proposed site and unit mix of the housing will enable you to manage and operate the housing efficiently and ensure that the provision of supportive services will be accomplished in an economical fashion. (3 points)
- (e) The extent to which the proposed design of the housing will accommodate the provision of supportive services that are expected to be needed, initially and over the useful life of the housing, by the category or categories of elderly persons the housing is expected to serve. (3 points)
- (f) The extent to which the proposed supportive services meet the identified needs of the anticipated residents.(3 points)
- (g) The extent to which you demonstrated that the identified supportive services will be provided on a consistent, long-term basis. (3 points)
- (h) The proposed design incorporates visitability standards and universal design in the construction or rehabilitation of the project.
   (1 point)
- (i) Your involvement of elderly persons, particularly minority elderly persons, in the development of the application and your intent to involve elderly persons, particularly minority elderly persons in the development and operation of the project. (3 points)

# Section 811

 (a) (i) Site approvability - The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended tenants; adequacy of utilities and streets, and freedom of the site from adverse environmental conditions (based on site visit for site control projects only); and compliance with site and neighborhood standards in 24 CFR 891.125 (a), (d), and (e). Sites where amenities are accessible other than solely by project residence or private vehicle will be rated more favorably. (10 points)

- (ii) Site control If your application contains legally acceptable site control for all proposed sites and all of the proposed sites are approvable (i.e., receive a score of 1 or higher on Criterion (a)(i) above), your application will receive 5 points for site control. (5 or 0 points)
- (iii)One or more of your proposed sites is not permissively zoned for the intended use. (-1 point)
- (b) The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minority persons with disabilities and affirmatively furthering fair housing. (10 points)
- (c) (i) The extent to which the proposed design of the project (exterior and interior), and its placement in the neighborhood, will meet the individual needs of the residents and will facilitate their integration into the surrounding community and promote their ability to live as independently as possible. (4 points)
  - (ii) The proposed design incorporates visitability standards and universal design. (1 point)
- (d) At least fifty-one percent of your board is comprised of persons with disabilities. (5 or 0 points)
- (e) You involved persons with disabilities (including minority persons with disabilities) in the development of the application, and will involve persons with disabilities (including minority persons with disabilities) in the development and operation of the project. (3 points)
- (f) The extent to which you coordinated your application with other organizations (including local independent living centers; a list of such can be obtained from the local HUD Office) that will not be directly participating in your project, but with which you share common goals and objectives and are working toward meeting these goals and objectives in a holistic and comprehensive manner. (2 points)

# 4. LEVERAGING RESOURCES (Exhibit References: Exhibits 3(a), 3(b), 3(c), 3(d) and 3(e))

In determining your ability to secure other community resources which can be combined with HUD's program resources to achieve program purposes, HUD will consider: (5 points)

- (a) The extent of local government support (including financial assistance, donation of land, provision of services, etc.) for the project. (2 points)
- (b) The extent of your activities in the community, including previous experience in serving the area where the project is to be located, and your demonstrated ability to enlist volunteers and raise local funds.
   (3 points)

# 5. ACHIEVING RESULTS AND PROGRAM EVALUATION

(Exhibit References: Exhibits, 3(g), 3(h) and 3(i))

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability and, as such, emphasizes HUD's commitment to ensuring that you keep the promises made in your application. This factor requires that you clearly identify the benefits or outcomes of your project and develop an evaluation plan to measure performance, which includes what you are going to measure, how you are going to measure it and the steps you will have in place to make adjustments to your project development timeline should you not be able to achieve any of the major milestones. In addition, this factor addresses the extent to which your project will implement practical solutions that will result in assisting residents in achieving independent living, educational opportunities, economic empowerment (811 only), and improved living environments. Finally, in determining the above as well as how the longterm viability of your project will be sustained over the 40 year capital advance period and whether your project will provide activities to support HUD's FY 2003 SuperNOFA Policy Priorities (811 only) HUD will consider: (10 points)

- (a) The extent to which your project development timeline is indicative of your full understanding of the development process and will, therefore, result in the timely development of your project. (5 points)
- (b) The extent to which your project will implement practical solutions that will result in assisting residents to achieve independent living, educational opportunities, economic empowerment (811 only) and improved living environments (e.g., activities that

will improve computer access, literacy and employment opportunities (811 only). (2 points)

(c) The extent to which you demonstrated that your project will remain viable as housing with the availability of supportive services for the target population for the 40-year capital advance period. (3 points)

## BONUS POINTS (2 bonus pts)

(Exhibit References: Exhibits 1 and 8(h))

Location of proposed site in a high performing Federally designated RC/EZ/EC community that will serve residents of the RC/EZ/EC and is consistent with the strategic plan of the RC/EZ/EC.

# PART I

# APPLICATION FOR SECTION 202 SUPPORTIVE HOUSING - CAPITAL ADVANCE (FORM HUD-92015-CA)

# OR

APPLICATION FOR SECTION 811 SUPPORTIVE HOUSING - CAPITAL ADVANCE (FORM HUD-92016-CA)

# EXHIBIT 1

Supportive Housing for the Elderly Section 202 Application for Capital Advance Summary Information U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner OMB Approval No. 2502-0267 (exp.7/31/2002)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. HUD 202 Project Number PRAC Number

| Use Only                                                                                                                   |                                         | ł                                                                                                                                                              |                                                                                                           |                                       |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1. Sponsor's Name(s), Address(es) & Telep                                                                                  | hone Number (\$)                        | 51 percent of the boar<br>Is this sponsor a mino                                                                                                               | gnation. A minority sponso<br>d members are minority.<br>rity applicant? Yes<br>neric code as shown below | No No                                 |
| 1a. Sponsor is a "grassroots" organization                                                                                 | Yes No                                  | Codes: 2 - Black; 3 -                                                                                                                                          | Native American; 4 - Hispa<br>iic; 6 - Asian Indian                                                       |                                       |
| 3a. Address of Site                                                                                                        | Zone, (2<br>Planning<br>(Contact        | c be located within the bour<br>Enterprise Community. (3) (<br>Community, or (5) Renewal<br>local HUD Office for informa<br>No<br>blease place the appropriate | Jrban Enhanced Enterprise<br>Community?<br>lion on these designated a                                     | Community, (4) Strategic<br>reas.)    |
| 4a. Congressional District                                                                                                 | 5. Type of Area                         | 6. Capital Advance Amount Re                                                                                                                                   |                                                                                                           | lental Assistance Contract            |
| 4b. Census Tract                                                                                                           | Metropolitan                            | \$                                                                                                                                                             | Amount F<br>\$                                                                                            | Requested                             |
| 8. Total No. of 8a. Number & Typ                                                                                           | e of Resident Units Proposed            | 8b. Resident Manager's Unit (cr                                                                                                                                | eck appropriate type)                                                                                     | • • • • • • • • • • • • • • • • • • • |
| 202 Units Effic                                                                                                            | ciency One bedroom                      | Efficiency                                                                                                                                                     | One bedroom                                                                                               | Two bedroom                           |
| 9. Number of Buildings 10. Type of Project<br>New Co<br>Rehabili<br>Acquisiti                                              | nstruction tation                       | 11. Type of Building(s)<br>Row/Townhou<br>Walk-up<br>Elevator                                                                                                  | se Semi-detached<br>Detached                                                                              |                                       |
| 12. Number of Stories 13. Number of Par                                                                                    | king Spaces 14. Check utilities and ser | vices not included in the rent and                                                                                                                             | to be paid directly by the tenan                                                                          | ıt.                                   |
|                                                                                                                            | Electric                                | Water Heat                                                                                                                                                     | Gas                                                                                                       |                                       |
| 15. Off-Site Facilities<br>Public At Site Feet fro<br>Water<br>Sewer<br>Paving<br>Gas<br>Electric                          | 16a. Community Spaces t                 | De included in Project                                                                                                                                         | b. Mixed-Finance or Mixed-Us<br>For Additional Units                                                      | No                                    |
| 17. Unusual Site Features                                                                                                  | 18. Mark one box                        | Name, Address & Telephone                                                                                                                                      | Number                                                                                                    |                                       |
| None     Poor Drain       Cuts     Retaining Y       Fill     Rock Foun       Erosion     High Water       Other (specify) | Walls Agent<br>dations Authorized       |                                                                                                                                                                |                                                                                                           |                                       |
| 9. If Sponsor is applying for more than a<br>Program Name                                                                  | ne HUD program from the SuperNOF        | A, indicate which application(                                                                                                                                 | s) contain the forms with orig<br>Form                                                                    | ginal signatures.                     |
| <b>-</b>                                                                                                                   |                                         |                                                                                                                                                                | ·                                                                                                         |                                       |
|                                                                                                                            |                                         |                                                                                                                                                                |                                                                                                           |                                       |
| 0. Sponsor's Attorney (name, address & telep                                                                               | hone number)                            | By (Signature of Sponsor's A                                                                                                                                   | uthorized Representative)                                                                                 |                                       |
|                                                                                                                            |                                         | Type in Name                                                                                                                                                   |                                                                                                           |                                       |
|                                                                                                                            |                                         |                                                                                                                                                                |                                                                                                           |                                       |

form HUD-92015-CA (04/2002) ref: Handbook 4571.3 Rev-1

### EXHIBIT 1

Supportive Housing for Persons with Disabilities Section 811

# **Application for Capital Advance**

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

OMB Approval No. 2502-0462 (exp.6/30/2002)

| Namel(h, Address(se), Contact Person, and Telephone Number(s) of Sponsor(s)      Manody Sponsor Designation: A minority sponsor is one in which all     St person of the board members are minority.     Is this sponsor a minority applicant?     Yes     No     Yes, 'Identify by numeric code as shown below     Codes: 2: Black; 3: A shally Address     Address     Social Advance     Anount Requested     Social Advance     Socia      | For HUD H<br>Use Only                                                                                          | UD Pr            | oject        | Numl           | ber           |                        |              |             |                                 |                                     |                                    | PRA                    | RAC Number                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------|--------------|----------------|---------------|------------------------|--------------|-------------|---------------------------------|-------------------------------------|------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|--|
| 1a. Spore is a "graseroet" organization       Yes       No       4. Hispanic;       5. Asian Positie 6. Asian Indian         3a. Location of Site (elly & State)       a. Will project be located within the boundaries of a Federally-designated; (1) Empow         a. Congressional District       5. Capital Advance<br>Amount Requested       a. Will project be located within the boundaries of a Federally-designated; (1) Empow         4a. Congressional District       5. Capital Advance<br>Amount Requested       T. Application FUOD Contains       But Control         4b. Census Tract       5       S       Capital Advance<br>Amount Requested       T. Application Contains       Sa. Occupancy Type       Sb. Basincised Company         5       Project Rental Assistance Contract Amount Requested       T. Application Contains       Sa. Occupancy Type       Sb. Basincised Cocupancy Requested         5       Total Dealow, include the<br>Total Entry of the State of the Contains       Sa. Occupancy Type       Sb. Basincised Cocupancy Requested         5       Total Dealow, Include the<br>Total Dealow Protect(S), Include the<br>Total Dealow Protect(S), Include the<br>Total Dealow Protect(S), Include the<br>Total Dealow Protect(S), Include the<br>The Total District Categories       Sa. Madress         6       Project Type & Number of Units/Residents Proposed       Address         6       No. definition Residents Proposed       Address         741       Linit Residentis       Unit (YrN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1. Name(s), A                                                                                                  | Addres           | s(es)        | , Con          | tact F        | erson, and             | Telephone    | Number(s    | ) of Spo                        | onsor(s)                            | 51 p<br>ts th                      | erce<br>is sp          | ent of the board members are minority.<br>sponsor a minority applicant? Yes No                                |  |
| as Location of Site (city & State)       is Will project be located within the boundaries of a Federally-designated: (1) Empower Zone, (2) Enterprise Community, (3) Usan Enhanced Enterprise Community (Contenteign Economy (Contenteign Economy (Contenteign Economy))?         4a. Congressional District       5. Capital Advance Announ Requested S       S. Capital Advance S         6. Creaves Tract:       S       Second HUD Otics for information on these designated areas.)         6. Creaves Tract:       S       Second HUD Otics for information on these designated areas.)         6. Creaves Tract:       S       Second HUD Otics for information on these designated areas.)         9. Project Type       Note Tractional Contains       Second HUD Otics for information on these designated areas.)         9. Project Type       Note Tractional Contains       Second HUD Otics for information on these designated areas.)         9. Project Type       Note Tractional Contains       Second HUD Otics for information on these designated areas.)         9. Project Type       Note Tractional Contains       Second HUD Otics for information on these designated areas.)         9. Project Type Second HUD Otics for information on these designated areas.)       If Yes, Yes I Montains on the designated areas.)         9. Project Type Second HUD Otics for information on these designated areas.)       Second HUD Otics for information on these designated areas.)         9. Independent Living Project       Execonon HUD Otics for information on these design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | de Ceonsoria                                                                                                   | - <b>'</b> ero   |              |                |               | ation [                | 7            |             |                                 |                                     | Cod                                |                        | •                                                                                                             |  |
| Zone, (2) Enterprise Community, (3) Uniterprise Community, (3) Uniterprise Community, (3) Uniterprise Community, (4) Uniterprise Community, (5) Uniterprise Community, (6) Uniterprise Community, (7) Uniterpr                               |                                                                                                                |                  |              |                |               |                        | 1.65         | L           |                                 |                                     | [                                  |                        |                                                                                                               |  |
| 4a. Congressional District       5. Capital Advance<br>Amount Requisited       If *Yes,* please indicate appropriate number as shown above.         4b. Census Tract       5         5. Project Rental Assistance Contract Amount Requested       7. Application Contains       9a. Occupancy Type       9b. Restricted Occupancy Required         7       Mote: For a group home(s)in 10. below, include the<br>image of disabled residents in both the * Total       7. Application Contains       9a. Occupancy Type       9b. Restricted Occupancy Required         7       Mote: For a group home(s)in 10. below, include the<br>image of disabled residents in both the * Total       1. Type of Construction       9b. Occupancy Type       9b. Destricted Occupancy Required         10. Intis, For thin image from the rotal<br>units* category.       1. Second Construction       New Construction       New Construction       New Construction         8. To the independent living project(s), in the * Total       New Construction       Acquisition       Address         9. Independent Living Project       If * Yes, * Identify subcation       Address       41         9. Independent Living Project       Total Disabled       Resident Mgr.       Total       Address         9. Independent Living Project       Inits by No.       Inits Project       Address       41         9. Independent Living Project       Inits Project       Inits Project       Address <td< td=""><td></td><td></td><td></td><td></td><td>-,</td><td></td><td></td><td></td><td>2<br/>(</td><td>Cone, (2<br/>4) Strate<br/>Contact lo</td><td>) Enterp<br/>egic Plan<br/>cal HUD C</td><td>rise<br/>hing<br/>Office</td><td>e Community, (3) Urban Enhanced Enterprise Commun<br/>g Community, or (5) Renewal Community?</td></td<>                                                                                                                                                                                                                                                                                    |                                                                                                                |                  |              |                | -,            |                        |              |             | 2<br>(                          | Cone, (2<br>4) Strate<br>Contact lo | ) Enterp<br>egic Plan<br>cal HUD C | rise<br>hing<br>Office | e Community, (3) Urban Enhanced Enterprise Commun<br>g Community, or (5) Renewal Community?                   |  |
| 40. Census Tract       \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4a. Congressio                                                                                                 | nal Dis          | strict       |                |               |                        |              |             |                                 | _                                   |                                    |                        |                                                                                                               |  |
| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                  |              |                |               |                        |              | a           |                                 |                                     |                                    |                        |                                                                                                               |  |
| ries. For an independent living project (s), include Acquisition Identity Categories Identity | \$<br>Note: For a g<br>number of d                                                                             | roup             | hom<br>ed re | e(s)i<br>eside | n 10.<br>ents | below, ir<br>in both l | nclude the   | 8. Type     | Evidence<br>dentific<br>of Cons | ce of Site<br>cation of<br>truction | Site                               | 9a.                    | Physically Disabled Yes<br>Developmentally Disabled No<br>Chronically Mentally III If "Yes," identify subcate |  |
| a. Group Home       Sile       No. of Disabled Unit (Y/N)       Address         #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ries. For an<br>Resident Mar                                                                                   | indep<br>nager   | end          | ent li         | iving         | project(s              | i), include  |             | lehabil                         | itation                             | 'n                                 |                        |                                                                                                               |  |
| Site     Diabled<br>Residents     Unit (Y/N)     Address       #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                | Hom              | e            |                |               |                        | ,            | ised        |                                 |                                     |                                    | I                      |                                                                                                               |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Site                                                                                                           | Site Disabled    |              |                |               |                        |              |             |                                 |                                     |                                    | Address                |                                                                                                               |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                  |              |                |               |                        |              |             |                                 |                                     |                                    |                        |                                                                                                               |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                  |              |                | <u>-</u>      |                        |              |             |                                 |                                     |                                    |                        |                                                                                                               |  |
| b. Independent Living Project         Site       Units by No.<br>of Bedrooms       Total Disabled       Resident Mgr.<br>Units       Total       Address         #1       Imits       Residents       Units       Address         #2       Imits       Residents       Units       Address         #3       Imits       Resident Mgr.       Imits       Address         #4       Imits       Imits       Imits       Imits         c. Condominium       Imits       Imits       Resident Mgr.       Total         Site       Units by No.<br>of Bedrooms       Total Disabled<br>Imits       Resident Mgr.       Total         #4       Imits       Imits       Resident Mgr.       Total       Imits         #4       Imits       Imits       Resident Mgr.       Total       Imits         #1       Imits       Imits       Residents       Imit (Y/N)       Imits         #1       Imits       Imits       Imits       Imits       Imits         #3       Imits       Imits       Imits       Imits       Imits         #3       Imits       Imits       Imits       Imits       Imits         Imits       Imits       Imits       Imits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                  |              | -+             |               |                        |              |             |                                 |                                     |                                    |                        |                                                                                                               |  |
| Site     of Bedrooms     Total Disabled     Resident Mgr.     Total     Address       #1     1     2     3     1     1     1     1       #2     1     1     1     1     1     1     1       #3     1     1     1     1     1     1     1       #4     1     1     1     1     1     1     1       #4     1     1     1     1     1     1     1       #4     1     1     1     1     1     1     1       #1     1     1     1     1     1     1       Site     Units by No.<br>of Bedrooms     Total Disabled<br>Units     Resident Mgr.<br>Units     Total<br>Units     Address       #1     1     1     2     3     Units     Residents     Units       #2     1     1     2     3     Units     Resident Mgr.<br>Units     Total     Address       #1     1     1     2     3     Units     Resident Mgr.<br>Units     Total     Maddress       #2     1     1     1     1     1     1     1     1       #3     1     1     1     1     1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                | ndeni            | Livi         | ng P           | roje          | ct                     |              |             |                                 | <u></u>                             |                                    |                        |                                                                                                               |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Site of Bedrooms                                                                                               |                  |              |                | 4 i l         |                        |              |             |                                 |                                     |                                    | Address                |                                                                                                               |  |
| #3     mail       #4     mail       c. Condominium       Site     Units by No.<br>of Bedrooms       0     1       2     1       #1     1       #2     1       #3     1       #4     1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | #1                                                                                                             |                  | 1            | -              | Ť             | 01110                  | , realder    |             | 1419                            | Grate                               | 1                                  |                        | ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩                                                                         |  |
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| c. Condominium           Site         Units by No.<br>of Bedrooms         Total Disabled         Resident Mgr.<br>Units         Total         Address           #1         I         I         I         III         IIII         Address           #1         I         IIII         IIIIII         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | #3                                                                                                             |                  |              |                |               |                        |              |             |                                 |                                     |                                    |                        |                                                                                                               |  |
| Site     Units by No.<br>of Bedrooms     Total Disabled<br>Units     Resident Mgr.<br>Unit (Y/N)     Total<br>Units     Address       #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | #4                                                                                                             |                  |              |                |               |                        |              |             |                                 |                                     |                                    |                        |                                                                                                               |  |
| Site     Units by No.<br>of Bedrooms     Total Disabled<br>Units     Resident Mgr.<br>Unit (Y/N)     Total     Address       #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | c. Condor                                                                                                      | niniu            | m            |                |               |                        |              |             |                                 |                                     |                                    |                        |                                                                                                               |  |
| #1     #2       #2     #3       #4     #4       Note: If an elevator structure in b or c above, indicate by placing an "E" next to the total number of units for each applicable site.       otats                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Site                                                                                                           | Site of Bedrooms |              |                |               |                        |              |             | nt Mgr.                         | Total                               |                                    |                        | Address                                                                                                       |  |
| #2     #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | #4                                                                                                             | 0                | 1            | 2              | 13            | Units                  | Resident     | s Unit (    | Y/N)                            | Units                               |                                    |                        | ·                                                                                                             |  |
| #3     #4     #4       Note: If an elevator structure in b or c above, indicate by placing an "E" next to the total number of units for each applicable site.       otats                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                  |              |                |               | <u> </u>               | <u> </u>     | +           |                                 | <u> </u>                            |                                    |                        |                                                                                                               |  |
| #4     #4       Note: If an elevator structure in b or c above, indicate by placing an "E" next to the total number of units for each applicable site.       otals       Units (Section 811)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                  |              |                |               | t                      | <del> </del> | +           |                                 | <u> </u>                            |                                    |                        |                                                                                                               |  |
| Note: If an elevator structure in b or c above, indicate by placing an "E"<br>next to the total number of units for each applicable site.<br>otals<br>Units (Section 811)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                  |              |                |               | +                      | <u> </u>     |             |                                 |                                     |                                    |                        |                                                                                                               |  |
| next to the total number of units for each applicable site.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                | alour            | tor -        | 17110          |               |                        | hove in      | L ficato by | ntanin                          | 0.25.5                              | 1                                  |                        |                                                                                                               |  |
| Units (Section 811)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | next to the                                                                                                    | total            | numt         | ber o          | of un         | its for eac            | ch applica   | ble site.   | PidGill                         | שמוו ב                              |                                    |                        |                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | nite (           | Sect         | ion            | 811           |                        |              | ,           |                                 |                                     |                                    |                        |                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |                  |              |                |               |                        | Miv          | ed Finer    | nce or                          | Mixed I                             | Ise Proi                           | ect f                  | for Additional Units                                                                                          |  |
| Sites Yes No # of Add'I Units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | the second s |                  |              | 0016           |               | •                      | WIX          |             |                                 |                                     |                                    |                        |                                                                                                               |  |

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| Electric<br>Water<br>Heat<br>Gas                                                                                   | Cuts<br>Fill<br>Erosion  | Poor Drainage<br>Retaining Walls<br>Rock Foundations<br>High Water Table | Other (specify)                        |                           |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------|----------------------------------------|---------------------------|
| Off-Site Facilities:       Public       At Site       Ft. from S       Water       Paving       Gas       Electric | 1                        | community Spaces to be Included                                          | inProject: (identified by site no      | . indicated in 10 above): |
| If Sponsor is applying for more than one HUE<br>Program Name                                                       | ) program from the Super | NOFA, indicate which applicat                                            | tion(s) contain the forms with<br>Form | n original signatures,    |
|                                                                                                                    |                          |                                                                          |                                        |                           |
| Name, Address and Telephone Number of (mark                                                                        | one box)                 |                                                                          |                                        |                           |
| Agent<br>Authorized Representative<br>Sponsor's Allorney (name, address and telephone                              | ə number)                |                                                                          |                                        | <b>16</b>                 |
| ' (signature of sponsor's authorized represer                                                                      | ntative)                 |                                                                          |                                        |                           |
| Type in Name                                                                                                       |                          |                                                                          |                                        |                           |
| Title                                                                                                              |                          |                                                                          |                                        |                           |
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## PART II

## YOUR ABILITY TO DEVELOP AND OPERATE THE PROPOSED PROJECT

- EXHIBIT 2 Evidence of your legal status (Private Nonprofit or Nonprofit Consumer Cooperative if applying for Section 202 or Nonprofit with 501(c)(3) IRS tax exemption if applying for Section 811)(If another organization(s) is co-sponsoring the application with you, each Co-Sponsor must also submit the following):
  - (a) Articles of Incorporation, constitution, or other organizational documents
  - (b) By-laws
  - (c) IRS tax exemption ruling (this must be submitted by all Sponsors, including churches)

[EXCEPTION: IF YOU RECEIVED A SECTION 202 (IF APPLYING FOR SECTION 202) OR SECTION 811 (IF APPLYING FOR SECTION 811) FUND RESERVATION WITHIN THE LAST THREE FUNDING CYCLES, YOU ARE NOT REQUIRED TO SUBMIT THE DOCUMENTS DESCRIBED IN (a), (b), and (c) ABOVE. INSTEAD, SUBMIT THE PROJECT NUMBER OF THE LATEST APPLICATION AND THE HUD OFFICE TO WHICH IT WAS SUBMITTED. IF THERE HAVE BEEN ANY MODIFICATIONS OR ADDITIONS TO THE SUBJECT DOCUMENTS, INDICATE SUCH, AND SUBMIT THE NEW MATERIAL.]

(d) **Section 811 Applicants Only** - The number of people on your board and the number of board members who have disabilities

- EXHIBIT 3 Your purpose, community ties and experience:
  - (a) A description of your purpose(s), current activities, and how long you have been in existence.
  - (b) A description of your ties to the community in which your project will be located and to the minority and elderly (202) or disability (811) communities in particular, including a description of the specific geographic area(s) in which you have served.
  - (c) A description of local government support for the project (including financial assistance, donation of land, provision of services, etc.).
  - (d) Letters of support for your organization and for the proposed project from organizations familiar with the housing and supportive services needs of the target population (elderly (202) or persons with disabilities ((811) e.g., the local center for independent living, the Statewide Independent Living Council) that you expect to serve in the proposed project.
  - (e) A description of your housing and/or supportive services experience. The description should include any rental housing projects (including any integrated housing developments if applying for Section 811) and/or supportive services facilities that you sponsored, own and/or operate, your past or current involvement in any programs other than housing that demonstrates your management capabilities (including financial management) and experience, your experience in serving the target population (the elderly, including elderly persons with disabilities, and/or families and minorities (202), or persons with disabilities and minorities (811)); and the reasons for receiving any increases in fund reservations for developing and/or operating previously funded Section 202 or Section 811 projects.

The description should include data on the facilities and services provided, the racial/ethnic composition of the populations served, if available, and information and

testimonials from residents or community leaders on the quality of the activities. Examples of activities that could be described include housing counseling, nutrition and food services, special housing referral, screening and information projects.

(f) A description of your efforts to involve members of the target population (elderly persons, including minority elderly persons (202), or person with disabilities including minority persons with disabilities and persons with disabilities similar to those of the prospective residents (811)) in the development of the application as well as your intent to involve the target population in the development and operation of the project.

#### (g) **202**

A description of the practical solutions you will implement which will enable residents of your project to achieve independent living. In addition, describe the educational opportunities you will provide for the residents and how you will provide them. This description should include any activities that will enhance the quality of life for the residents. And, finally, describe how your proposed project will be an improved living environment for the residents when compared to their previous place of residence.

#### 811

A description of the practical solutions you will implement which will enable residents of your project to achieve independent living and economic empowerment. In addition, describe the educational opportunities you will provide for the residents and how you will provide them. This description should include the activities you will undertake to improve computer access, literacy and employment opportunities (e.g., provide programs that can teach residents how to use computers to become educated as well as

achieve economic self-sufficiency through job training and placement). And, finally, describe how your proposed project will be an improved living environment for the residents when compared to their previous place of residence.

- (h) Describe your plan for completing the proposed project. Include a project development timeline which lists the major development stages for the project with associated dates that must be met in order to get the project to initial closing and start of construction within the 18-month fund reservation period as well as the full completion of the project, including final closing.
- (i) Describe how you will ensure that your proposed project will remain viable as housing with the availability of supportive services for the target population for the 40-year capital advance period. This description should address the measures you would take should any of the following occur:
  - (i) funding for any of the needed supportive services becomes depleted;
  - (ii) if, for any state funded services for your project, the state changes its policy regarding the provision of supportive services to projects such as the one you propose; or
  - (iii)if the need for housing for the population you will be serving wanes over time, causing vacancies in your project.
- (j) A description of the steps you took to coordinate your application with other organizations (e.g., the local center for independent living) that will not be directly involved in your project but with which you share common goals and objectives, to complement and/or support the proposed project so that the project will provide a comprehensive and holistic solution to the needs of persons with disabilities.(811 Only)

## PART III

## THE NEED FOR SUPPORTIVE HOUSING FOR THE TARGET POPULATION, SITE CONTROL (AND/OR IDENTIFICATION OF SITE IF 811) AND SUITABILITY OF SITE

ADEQUACY OF THE PROVISION OF SUPPORTIVE SERVICES AND OF THE PROPOSED PROJECT

#### EXHIBIT 4 - Need and Project Information

(a) Evidence of need for supportive housing.

#### 202

Include a description of the category or categories of elderly persons the housing is intended to serve and evidence demonstrating sustained effective demand for supportive housing for that population in the market area to be served, taking into consideration the occupancy and vacancy conditions in existing Federally assisted housing for the elderly (HUD and the Rural Housing Service (RHS)) e.g., public housing), State or local data on the limitations in activities of daily living among the elderly in the area; aging in place in existing assisted rentals; trends in demographic changes in elderly population and households; the numbers of income eligible elderly households by size, tenure and housing condition; the types of supportive services arrangements currently available in the area; and the use of such services as evidenced by data from local social service agencies or agencies on aging. Also, a description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the project.

#### 811

Include a description of the proposed population and evidence demonstrating sustained effective demand for supportive housing for the proposed population in the market area to be served, taking into consideration the occupancy and vacancy conditions in existing comparable subsidized housing for persons with disabilities, State or local needs assessments of persons with disabilities in the area, the types of supportive services arrangements currently available in the area, and the use of such services as evidenced by data from local social service agencies. Also, a description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the project.

- (b) A description of how the proposed project will benefit the target population and the community in which it will be located.
- (c) Description of the project.
  - (i) **202**

Narrative description of the building design including a description of the number of units with bedroom distribution, any special design features including any features that incorporate visitability standards and universal design, amenities, and/or community space, and how this design will facilitate the delivery of services in an economical fashion and accommodate the changing needs of the residents over the next 10-20 years.

#### 811

Narrative description of the building(s) including the number and type of structure(s), number of units with bedroom distribution if independent living units (including dwelling units in multifamily housing developments, condominiums and cooperatives), number of bedrooms if group home, number of residents with disabilities, and any resident manager per structure; identification of all community spaces, amenities or features planned for the housing and a description of how the spaces, amenities, or features will be used, and the extent to which they are necessary to accommodate the needs of the proposed residents. A narrative description of the building design (both interior and exterior), including any special design features, as well as any features that incorporate visitability standards and universal design. Also include a description of how the design of the proposed project will facilitate the integration of the residents into the surrounding community and promote

the ability of the residents to live as independently as possible.

NOTE: (202 and 811) If the community spaces, amenities, or features do not comply with the project design and cost standards of 24 CFR 891.120 and the special project standards of 24 CFR 891.210 (202) or 891.310 (811), you must demonstrate your ability and willingness to contribute both the incremental development cost and continuing operating cost associated with the community spaces, amenities, or features;

- (ii) Describe whether and how the project will promote energy efficiency, including any plans to incorporate energy efficiency features in the operation of the project through the use of Energy Star labeled products and appliances and, if applicable, innovative construction or rehabilitation methods or technologies to be used that will promote efficient construction.
- (iii)For site control applications, if applicable, a description of any plans and actions you have taken to create a mixed-finance project by developing additional units (i.e., in addition to the 202 or 811 units, whichever is applicable) with the use of 202 or 811 capital advance funds, whichever is applicable, in combination with other funding sources. Provide copies of any letters you have sent seeking outside funding for the non-202 or non-811 units and any responses thereto. You must also demonstrate your ability to proceed with the development of a 202 or 811 project that will not involve mixedfinancing, as proposed in your application, in the event you are later unable to obtain the necessary outside funding or HUD disapproves your proposal for a mixed-finance project.

NOTES: 1) Approval of the Section 202 or Section 811 capital advance will not necessarily be approval of the mixedfinance proposal. If approved for a reservation of capital advance funds, you will be required to submit, after reservation of capital advance funds, a detailed proposal outlining how you will fund both development and operation of the additional units in accordance with HUD instructions that will be issued later. Based on the strength of your organization and HUD's prior experience with your projects, as well as your outline of your intentions, at the time of making the fund reservation, HUD will determine whether you will be permitted to submit a mixedfinance proposal at a later time. Only those Sponsors that indicate in their application for a fund reservation an intention to propose additional units will be eligible to submit, at a later time, a mixedfinance proposal for additional units. (A mixed-finance project does not include the development of Section 202 or Section 811 units using secondary/ supplementary financing or the development of a mixed-use project in which the Section 202 or Section 811 units are mortgaged separately from the other uses of the structure). 2) For a Section 811 mixed-finance project, the additional units cannot cause the project to exceed the project size limit for the type of project proposed, unless the additional units will house people who do not have a disability.

(d) Evidence of site control and permissive zoning.

**NOTE:** If you are applying for Section 811 without control of any or all of your proposed sites, you must provide the information under **Identification of a Site** below for any site you are submitting without evidence of control of that site.

- (i) Acceptable evidence of site control is limited to any one of the following:
  - (A) Deed or long-term leasehold which evidences that you have title to or a leasehold interest in the site. If a leasehold, the term of the lease must be at least 75 years;
  - (B) Contract of sale for the site which is free of any limitations affecting ability to deliver ownership to you after you receive and accept a notice of Section 202 or Section 811 capital advance. (The only condition for closing on the sale can be your receipt and acceptance of the capital advance.) The contract of sale cannot require closing earlier than the Section 202 or Section 811 closing (whichever is applicable);
  - (C) Option to purchase or for a longterm leasehold which must remain in effect for six months from the date on which the applications are due, must state a firm price binding on the seller, and be renewable at the end of the six month option period. The only condition on which the option may be terminated is if you are not awarded a fund reservation;
  - (D) If the site is covered by a mortgage under a HUD program, (e.g., a previously funded Section 202 or Section 811 project or an FHA-insured mortgage) you must submit evidence that consent to release of the site from the mortgage has been obtained or is being requested from HUD and from the mortgagee, if other than HUD; or

- For sites to be acquired from (E)a public body, evidence is needed that the public body possesses clear title to the site and has entered into a legally binding agreement to lease or convey the site to you after you receive and accept a notice of Section 202 or Section 811 capital advance. Where HUD determines that time constraints of the funding round will not permit you to obtain all of the required official actions (e.g., approval of Community Planning Boards) that are necessary to convey publicly-owned sites, you may include in your application a letter from the mayor or director of the appropriate local agency indicating that conveyance or leasing of the site is acceptable without imposition of additional covenants or restrictions, and only contingent on the necessary approval action. Such a letter of commitment will be considered sufficient evidence of site control.
- (ii) Whether you have title to the site, a contract of sale, an option to purchase, or are acquiring a site from a public body, you must provide evidence (a title policy or other acceptable evidence) that the site is free of any limitations, restrictions, or reverters which could adversely affect the use of the site for the proposed project for the 40-year capital advance period under HUD's regulations and requirements (e.g., reversion to seller if title is transferred). If the title evidence contains restrictions or covenants, copies of the restrictions or covenants must be submitted with the application. If the site is subject to any such limitations, restrictions, or reverters, the application will be rejected if it's a 202 or the site will be rejected if

it is an 811. Purchase money mortgages that will be satisfied from capital advance funds are not considered to be limitations or restrictions that would adversely affect the use of the site. If the contract of sale or option agreement contains provisions that allow a Sponsor not to purchase the property for reasons such as environmental problems, failure of the site to pass inspection, or the appraisal is less than the purchase price, then such provisions are not objectionable and a Sponsor is allowed to terminate the contract of sale or the option agreement.

**NOTE:** A proposed project site may not be acquired or optioned from a general contractor (or its affiliate) that will construct the Section 202 or Section 811 project or from any other development team member.

(iii)Evidence that the project as proposed is permissible under applicable zoning ordinances or regulations or a statement of the proposed action required to make the proposed project permissible and the basis for the belief that the proposed action will be completed successfully before the submission of the firm commitment application (e.g., a summary of the results of any requests for rezoning and/or the procedures for obtaining special or conditional use permits on land in similar zoning classifications and the time required for such rezoning, or preliminary indications of acceptability from zoning bodies, etc.).

**NOTE:** If applying for Section 811, you should be aware that under certain circumstances the Fair Housing Act requires localities to make reasonable accommodations to their zoning ordinances or regulations to offer persons with disabilities an opportunity

to live in an area of their choice. If you are relying upon a theory of reasonable accommodation to satisfy the zoning requirement, then you must clearly articulate the basis for your reasonable accommodation theory.

(iv) Narrative topographical and demographic description of the suitability of the site and area (as well as a description of the characteristics of the neighborhood (811 only)), how the site will promote greater housing opportunities for minority elderly and elderly persons with disabilities (202) or minority persons with disabilities (811), thereby affirmatively furthering fair housing.

> NOTE: You can best demonstrate your commitment to affirmatively furthering fair housing by describing how your proposed activities will assist the jurisdiction in overcoming impediments to fair housing choice identified in the applicable jurisdiction's Analysis of Impediments (AI) to Fair Housing Choice, which is a component of the jurisdiction's Consolidated Plan or any other planning document that addresses fair housing issues. The applicable Consolidated Plan and AI may be the Community's, the County's, or the State's, to which input should have been provided by local community organizations, agencies in the community and residents of the community. Alternatively, a document that addresses fair housing issues and remedies to barriers to fair housing in the community that was previously prepared by a local planning, or similar organization, may be used. For Section 202, applicable impediments could include the need for improved housing quality and services for elderly minority families, lack of affirmative marketing and outreach to minority elderly persons, and the need for

quality eldercare services within areas of minority concentration when compared with the type and quality of similar services and housing in nonminority areas. For **Section 811**, applicable impediments could include a lack of units that are accessible to persons with disabilities, a lack of transportation services or other assistance that would serve persons with disabilities, or the need for improved quality and services for all persons with disabilities.

(v) A map showing the location of the site, the racial composition of the neighborhood, and any areas of racial concentration.

> NOTE: For this competition, when determining the racial and ethnic composition of the neighborhood surrounding the proposed site, you should use the racial and ethnic data categories stated in the general Section of the SuperNOFA in the section entitled "Race and Ethnicity", and data from the 2000 Census of Population. Data from the 2000 Census may be found at <u>www.factfinder.census.gov/</u> servlet/BasicFactsServlet.

(vi) A Phase I Environmental Site Assessment (ESA), in accordance with the American Society for Testing and Material (ASTM) Standards E 1527-97, as amended, must be completed and submitted with the application. In order for the Phase I ESA to be acceptable, it must have been completed or updated no earlier than six months prior to the application deadline For the Section 811 program only, date. it is NOT a curable deficiency. Therefore, it is important to start the site assessment process as soon after the publication of the NOFA as possible.

For a project that will involve demolition and/or rehabilitation of a

structure(s) built before 1978, the Phase I must include the following: (1) an asbestos report that identifies the location and condition of asbestos, and (2) a certification that any asbestos identified in the asbestos report that is in friable condition will be abated, that any non-friable asbestos that has been identified in the asbestos report and that will be affected by the demolition/rehabilitation will be abated, and that any asbestos to be abated have been included within the project costs. For a project that does not involve demolition/rehabilitation of a structure(s) built before 1978, the Phase I must include a certification to the same.

If the Phase I ESA indicates the possible presence of contamination and/or hazards, you must decide whether to continue with this site or choose another site. Should you choose another site, the same Phase I ESA process identified above must be followed for the new site. If the property is to be acquired from the FDIC/RTC, include a copy of the FDIC/RTC prepared Transaction Screen Checklist or Phase I ESA and applicable documentation, per the FDIC/RTC Environmental Guidelines. If you choose to continue with the original site on which the Phase I ESA indicated contamination or hazards; you must undertake a detailed Phase II ESA by an appropriate professional.

If the Phase II Assessment reveals site contamination, you must submit the extent of the contamination and a plan for clean-up of the site including a contract for remediation of the problem(s) and an approval letter from the applicable Federal, State and/or local agency with jurisdiction over the site to the local HUD Office. The Phase II and any necessary plan for clean-up does not have to be submitted with the

application but must be submitted to the local HUD office by **July 14, 2003**. If it is not submitted by that date, the application will be rejected if it is a 202 application and the site will be rejected if it is an 811 application.

NOTE: You must pay for the cost of any clean-up or remediation which can be very expensive.

(vii)The letter you sent to the State/Tribal Historic Preservation Officer (SHPO/THPO) initiating consultation with their office and requesting their review of your determinations and findings with respect to the historical significance of your proposed project. A sample letter is included in Attachment 1 to this Application.

Also include the SHPO/THPO response to your letter.

#### (viii) through (xiv) apply to Section 811 only

- (viii)A statement that you are willing to seek a different site if the preferred site is unapprovable and that site control will be obtained within six months of notification of fund reservation. (Section 811 only)
  - (ix) If an exception to the project size limits is being requested, describe why the site was selected and demonstrate the following: (Only for Section 811 applications for independent living projects [not group homes] with site control)
    - (A) People with disabilities have indicated their acceptance or preference to live in housing with as many units/people as proposed for the project.

- (B) The increased number of units/people is warranted by the market conditions in the area in which the project will be located.
- (C) Your project is compatible with other residential development and the population density of the area in which the project is to be located.
- (D) The increased number of people will not prohibit their successful integration into the community.
- (E) The project is marketable in the community.
- (<u>F</u>) The size of the project is consistent with State and/or local policies governing similar housing for the proposed population.
- (G) A statement that you are willing to have your application processed at the project size limit should HUD not approve the exception.

#### Identification of a Site

If you have identified a site, but do not have it under control, you must submit the following information: (Section 811 only)

**NOTE:** If a Section 811 application is submitted without evidence of site control and does not provide a specific street address for the identified site(s) (e.g., only an indication that the project will be developed in a particular part of town but a site(s) has not been chosen) the application will be rejected.

(x) A description of the location of the site, including its street address, its unit number (if condominium), neighborhood/community characteristics (to include racial and ethnic data), amenities, adjacent housing and/or facilities, how the site will promote greater housing opportunities for minority persons with disabilities and affirmatively further fair housing.

You can best demonstrate your commitment to affirmatively furthering fair housing by describing how your proposed activities will assist the jurisdiction in overcoming impediments to fair housing choice identified in the community's AI or any other planning document that addresses fair housing issues. Examples of the applicable impediments include the need for improved housing quality and services for minority persons with disabilities and the need for quality services for persons with disabilities within the type and quality of similar services and housing in minority areas.

- (xi) A description of the activities undertaken to identify the site, as well as what actions must be taken to obtain control of the site, if approved for funding.
- (xii) An indication as to whether the site is properly zoned. If it is not, an indication of the actions necessary for proper zoning and whether these can be accomplished within six months of fund reservation award, if approved for funding.
- (xiii) A status of the sale of the site.
  - (xiv) An indication as to whether the site would involve relocation.

#### (EXHIBIT 5)

#### EXHIBIT 5 - Supportive Services Plan

- **202** Provision of supportive services in the proposed facility.
  - (a) A detailed description of the supportive services proposed to be provided to the anticipated occupancy.
  - (b) A description of public or private sources of assistance that reasonably could be expected to fund the proposed services.
  - (c) The manner in which such services will be provided to such persons (<u>i.e.</u>, on or off-site), including whether a service coordinator will facilitate the adequate provision of such services, and how the services will meet the identified needs of the residents.

**NOTE:** You may not require residents, as a condition of occupancy, to accept any supportive services.

811 A supportive services plan that includes:

**NOTE:** Your supportive services plan and the supportive services certification (Exhibit 8(j)) must be sent to the appropriate State or local agency (identified by the HUD Office) far enough in advance of the application deadline date so that the agency can review the plan, complete the certification and return both to you for inclusion in your application to HUD.

(a) A detailed description of whether the housing is expected to serve persons with physical disabilities, developmental disabilities, or chronic mental illness or any combination of the three. Include how and from whom/where persons will be referred and admitted for occupancy in the project. You may, with the approval of the Secretary,

limit occupancy within housing developed under this SuperNOFA to persons with disabilities who have similar disabilities and require a similar set of supportive services in a supportive housing environment. However, the Owner must permit occupancy by any qualified person with a disability who could benefit from the housing and/or services provided, regardless of the person's disability.

- (b) If requesting approval to limit occupancy, also submit the following:
  - (i) A description of the population of persons with disabilities to which occupancy will be limited.
  - (ii) An explanation of why it is necessary to limit occupancy of the proposed project(s) to the population described in (i) above, including the following:
    - (A) An explanation of how limiting occupancy to a subcategory of persons with disabilities promotes the goals of the Section 811 program.
    - (B) An explanation of why the housing and/or service needs of this population cannot be met in a more integrated setting.
  - (iii)A description of your experience in providing housing and/or supportive services to proposed occupants.
  - (iv) A description of how you will ensure that occupants of the proposed project will be integrated into the neighborhood and community.
  - (c) A detailed description of the supportive service needs of the persons

with disabilities that the housing is expected to serve.

- (d) A list of community service providers, (including consumer-controlled providers), including letters of intent to provide services to proposed residents from as many potential providers as possible.
- (e) The evidence of each service provider's capability and experience in providing such supportive services (even if you will be the service provider).
- Identification of the extent of (f) State and/or local agency involvement in the project (i.e., funding for the provision of supportive services, referral of residents, or licensing the project). If there will be any State or local agency involvement, a description of the State/local agency's philosophy/ policy concerning housing for the population to be served and a demonstration that your application is consistent with State and/or local agency plans and policies governing the development and operation of housing for persons with disabilities.
- (g) If you will be making any supportive services available to the residents or will be coordinating the availability of any supportive services, a letter providing:
  - (i) A description of the supportive services that you will make available to the residents or, if you will be coordinating the availability of any supportive services, a description of the supportive service(s) and how the coordination will be implemented;
  - (<u>ii</u>) An assurance that any supportive services that you will make

available to the residents will be based on their individual needs;

and

- (iii)A commitment to make the supportive services available or coordinate their availability for the life of the project.
- (h) A description of how the residents will be afforded opportunities for employment.
- (i) An indication as to whether the project will include a unit for a resident manager.
- (j) A statement that you will not condition occupancy on the resident's acceptance of any supportive services.

### PART IV

## GENERAL APPLICATION REQUIREMENTS, CERTIFICATIONS AND RESOLUTIONS

- EXHIBIT 6: A list of the applications, if any, you have submitted or are planning to submit to any other HUD Office in response to the Section 202 or Section 811 NOFA. Indicate by HUD Office, the proposed location by city and State and the number of units requested for each application. Include a list of all FY 2002 and prior year Section 202 and Section 811 capital advance projects to which you are a party. Identify each by project number and HUD Office and include the following information:
  - (a) whether the project has initially closed and, if so, when;
  - (b) if the project was older than 24 months when it initially closed (specify how old) or if older than 24 months now (specify how old) and has not initially closed, provide the reasons for the delay in closing;
  - (c) whether amendment money was or will be needed for any project in (b) above; and,
  - (d) those projects which have not been finally closed.

# EXHIBIT 7: A statement that: (not applicable to Section 811 applications without site control)

- (a) identifies all persons (families, individuals, businesses and nonprofit organizations) by race/minority group, and status as owners or tenants occupying the property on the date of submission of the application for a capital advance.
- (b) indicates the estimated cost of relocation payments and other services.
- (c) identifies the staff organization that will carry out the relocation activities.
- (d) identifies all persons that have moved from the site within the past 12 months.

[NOTE: IF ANY OF THE RELOCATION COSTS WILL BE FUNDED FROM SOURCES OTHER THAN THE SECTION 202 OR SECTION 811 CAPITAL ADVANCE, YOU MUST PROVIDE EVIDENCE OF A FIRM COMMITMENT OF THESE FUNDS. WHEN EVALUATING APPLICATIONS, HUD WILL CONSIDER THE TOTAL COST OF PROPOSALS (<u>i.e.</u>, COST OF SITE ACQUISITION, RELOCATION, CONSTRUCTION AND OTHER PROJECT COSTS).]

- **EXHIBIT 8:** Certifications and Resolutions (attached) In addition to the certifications and assurances listed in the General Section of the SuperNOFA with the exception of Form HUD-424A, Form HUD-424C, Form HUD-424D, Form HUD-424M and the OMB Circulars which are not required, you are required to submit signed copies of the following:
  - (a) Form HUD-424 Application for Federal Assistance, indication of whether you are delinquent on any Federal debt, and compliance with Executive Order 12372 (a certification that you have submitted a copy of your application, if required, to the State agency (Single Point of Contact) for state review in accordance with Executive Order 12372).
  - (b) Standard Form LLL Disclosure of Lobbying Activities (if applicable) - a disclosure of activities conducted to influence any Federal transactions. (See instructions for submitting this form in the Consolidated Application Submissions section of the General Section of the SuperNOFA.)
  - (c) Form HUD-424B, Applicant Assurances and Certifications. A certification to provide a drug-free workplace and a certification regarding debarment and suspension that attests to the ability of your principals (pursuant to 24 CFR 24.510).
  - (d) Applicant/Recipient Disclosure/Update Report, including Social Security and Employee Identification Numbers, (HUD-2880). A disclosure of assistance from other government sources received in connection with the project.
  - (e) Certification of Consistency with the Consolidated Plan (Plan), (HUD-2991) for the jurisdiction in which the proposed project will be located. The certification must be made by the unit of general local government if it is required to have, or has, a complete Plan. Otherwise, the certification may be made by the State, or by the unit of general local government if the project will be located within the jurisdiction of the unit of general local government authorized to use an abbreviated strategy, and if it is willing

#### (EXHIBIT 8 Cont'd)

to prepare such a Plan.

All certifications must be made by the public official responsible for submitting the Plan to HUD. The certifications must be submitted as part of the application by the application submission deadline date set forth in the program section of the SuperNOFA. The Plan regulations are published in 24 CFR part 91.

- (f) Sponsor's Conflict of Interest Resolution, (HUD-92041). <u>A certified Board Resolution</u> that no officer or director of the Sponsor or Owner has or will have any financial interest in any contract with the Owner or in any firm or corporation that has or will have a contract with the Owner, including a current listing of all duly qualified and sitting officers and directors by title and the beginning and ending dates of each person's term.
- (q) Sponsor's Resolution for Commitment to Project, (HUD-92042). A certified Board Resolution acknowledging responsibilities of sponsorship, long-term support of the project(s), your willingness to assist the Owner to develop, own, manage and provide appropriate services in connection with the proposed project, and that it reflects the will of your membership. Also, it shall indicate your willingness to fund the estimated start-up expenses, the Minimum Capital Investment (one-half of one-percent of the HUD-approved capital advance, not to exceed \$10,000 or for Section 202 national Sponsors, not to exceed \$25,000), and the estimated cost of any amenities or features (and operating costs related thereto) that would not be covered by the approved capital advance.
- (h) Certification of Consistency with the RC/EZ/EC Strategic Plan, (HUD-2990). A certification that the project is consistent with the RC/EZ/EC strategic plan, is located within the RC/EZ/EC, and serves RC/EZ/EC residents. (This certification is not required if the project site(s) will not be located in an RC/EZ/EC.)

#### (EXHIBIT 8 Cont'd)

- (i) Form HUD-2530, Previous Participation Certification. This form provides HUD with a certified report of all your previous participation in HUD multifamily housing projects. The information is used to determine if you meet the standards established to ensure that all principal participants in HUD projects will honor their legal, financial and contractual obligations and are acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency.
- (j) Supportive Services Certification, (HUD-92043) (Section 811 Only). A certification from the appropriate State or local agency (identified in the application or obtained from the local HUD Office), indicating whether the:
  - Provision of supportive services is well designed to serve the needs of persons with disabilities the housing is expected to serve;
  - (2) The provision of supportive services will enhance independent living success and promote the dignity of those who will access your proposed project;
  - (3) Supportive services will be available on a consistent, long-term basis; and
  - (4) Proposed housing is consistent with State or local plans and policies addressing the housing needs of people with disabilities if the State or local agency will provide funding for the provision of supportive services, refer residents to the project or license the project. (The name, address, and telephone number of the appropriate agency can also be obtained from the appropriate HUD Office.)

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## EXHIBIT 8(a)

| Application for                                                  | U.S. De      | partment of Housing                                | OMB A       | pproval No.2501-0017 (exp. 03/31/2005) |
|------------------------------------------------------------------|--------------|----------------------------------------------------|-------------|----------------------------------------|
| Federal Assistance                                               | and Urb      | an Development                                     |             |                                        |
|                                                                  |              |                                                    |             |                                        |
|                                                                  | 2. Date St   | ubmitted                                           | 4. HUD      | Application Number                     |
| 1. Type of Submission                                            |              |                                                    |             |                                        |
| Application Preapplication                                       | 3. Date an   | nd Time Received by HUD                            | 5. Exist    | ing Grant Number                       |
|                                                                  |              |                                                    |             |                                        |
|                                                                  |              |                                                    | 6. Appli    | cant Identification Number             |
|                                                                  |              |                                                    |             |                                        |
| 7. Applicant's Legal Name                                        |              | 8. Organizational Unit                             |             |                                        |
| · · · · · · · · · · · · · · · · · · ·                            |              |                                                    |             |                                        |
| 9. Address (give city, county, State, and zip code)              |              | 10. Name,title,telephone number,f                  |             |                                        |
| A. Address:                                                      |              | contacted on matters involving this                | s applicati | on (Including area codes)              |
| B. City:                                                         |              | A. Name:                                           |             |                                        |
| C. County:                                                       |              | B. Title:                                          |             |                                        |
| D. State:                                                        |              | C. Phone:                                          |             |                                        |
| E. Zip Code:                                                     |              | D. Fax:                                            |             |                                        |
| 14. Employer Identification Number (EIN) or CON                  |              | E. E-mail:<br>12. Type of Applicant (enter appro   | priato lott |                                        |
| 11. Employer Identification Number (EIN) or SSN                  |              | A. State                                           | •           | versity or College                     |
|                                                                  |              | A. State<br>B. County                              |             | an Tribe                               |
| 13. Type of Application                                          |              |                                                    |             | cally Designated Housing Entity (TDHE) |
|                                                                  |              | C. Municipal                                       |             |                                        |
| New Continuation Renewal R                                       | Revision     | D. Township                                        | L. Indi     |                                        |
|                                                                  | <b>-</b>     | E. Interstate                                      |             | ofit Organization                      |
| If Revision, enter appropriate letters in box(es)                | 1            | F. Intermunicipal                                  |             | n-profit                               |
| A. Increase Amount B. Decrease Amount C. Increase Duration       |              | G. Special District                                |             | blic Housing Authority                 |
| D. Decrease Duration E. Other (Specify)                          |              | H. Independent School District                     | P, Otr      | ner (Specify)                          |
| ,                                                                |              | 14. Name of Federal Agency                         |             | then Development                       |
|                                                                  |              | U.S. Department of Housin                          | <u> </u>    | rban Development                       |
| 15. Catalog of Federal Domestic Assistance (CFDA) Number         |              | <ol><li>Descriptive Title of Applicant's</li></ol> | Program     | Í                                      |
|                                                                  |              |                                                    |             |                                        |
| Title:                                                           |              |                                                    |             |                                        |
| Component Title:                                                 | . <u></u>    |                                                    |             |                                        |
| 17. Areas affected by Program (boroughs, cities, counties, State | es,          |                                                    |             |                                        |
| Indian Reservation, etc.)                                        |              |                                                    |             |                                        |
| 18a. Proposed Program start date 18b. Proposed Program e         | and date     | 19a. Congressional Districts of Ap                 | nlicant     | 19b. Congressional Districts of        |
| rou. Hoposed Hogidin oldit date fob. Hoposed Hogidin e           |              |                                                    | phoen       | Program                                |
| 20. Estimated Funding: Applicant must complete the Funding       | ng Matrix or | n Page 2.                                          |             |                                        |
| 21. Is Application subject to review by State Executive Order 12 | 372 Process  | ?                                                  |             |                                        |
| A. Yes 🔲 This preapplication/application was made ava            |              |                                                    | ess for rev | view on: Date                          |
| B. No Program is not covered by E.O. 12372                       |              |                                                    |             |                                        |
| Program has not been selected by State for n                     | eview.       |                                                    |             |                                        |
| 22. Is the Applicant delinquent on any Federal debt?             | No           |                                                    |             |                                        |
| Yes If "Yes," explain below or attach an explanation.            | 4            |                                                    |             |                                        |
|                                                                  |              |                                                    |             |                                        |
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|                                                                  |              |                                                    |             |                                        |
|                                                                  |              |                                                    | **          |                                        |

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Previous versions of HUD-424 and 424-M are obsolete

Page 1 of 2

| Funding I | VI | atı | ri X |
|-----------|----|-----|------|
|-----------|----|-----|------|

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

| Grant Program* | HUD   | Applicant | Other HUD | Other Federal | State | Local/Tribal | Other | Program | Total |
|----------------|-------|-----------|-----------|---------------|-------|--------------|-------|---------|-------|
|                | Share | Match     | Funds     | Share         | Share | Share        |       | Income  |       |
|                |       |           |           |               |       |              |       |         |       |
|                |       |           |           |               |       |              |       |         |       |
|                |       |           |           |               |       |              |       |         |       |
|                |       |           |           |               |       |              |       |         |       |
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| One of Taxata  |       |           |           |               |       |              |       |         |       |
| Grand Totals   |       |           |           |               |       |              |       |         |       |
|                |       |           |           |               |       |              |       |         |       |

For FHIPs, show both initiative and component

#### Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

| 23. Signature of Authorized Official | Name (printed)    |
|--------------------------------------|-------------------|
|                                      |                   |
| Title                                | Date (mm/dd/yyyy) |

Previous versions of HUD-424 and 424-M are obsolete.

Page 2 of 2

#### Instructions for the HUD-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form must be used by applicants requesting funding from the Department of Housing and Urban Development. This application form HUD-424 incorporates the Assurances and Certifications (HUD-424-B). You may either (1) attach the Assurances and Certifications to the application or (2) renew the certifications that you previously made on behalf of your organization and submitted to HUD if the legal name of your organization has not changed and you were the authorized representative who signed the Assurances and Certifications.

#### Item Number Instructions

 Please indicate whether your application is for a formal application submission or a preliminary application (pre-application). HUD does not accept pre-applications for programs funded through the SuperNOFA.
 Enter the date you are submitting your application to HUD.

2. Enter the date you are submitting your application to HOD

3. This box will be completed by HUD. When received by HUD, your application will be stamped:

(a) with a date; and

(b) with the time received.

4. Leave Blank. This will be completed by the HUD program office receiving your application. When HUD accepts electronic applications for the grant program you are applying for, this number will be computer generated.

5. If your application is to renew or continue an existing grant, provide the existing grant number. If a new award, please leave blank.

 Leave blank if you have not been provided a HUD ID number or user number. If you are a Public Housing Authority, enter your HUD issued Public Housing Authority ID number.

7. Enter the legal name of your organization applying for HUD funding.

8. Enter the name of the primary unit in your organization, if applicable, which will be responsible for the program.

9. Enter the complete address of your organization.

10. Enter the name, title, telephone number, fax number, and E-mail of the person to contact on matters related to your application.

11. Enter your organization's Employer Identification Number (EIN) as assigned by the Internal Revenue Service or if you are applying as an individual, your Social Security Number. 12. Choose from the list and enter the appropriate letter in the space provided. You must be an eligible applicant to apply for assistance. You must read the program information requirements to determine if you are a type of applicant that is eligible to apply for

13. Enter the type of application you are submitting for funding consideration.

Check the appropriate box.

assistance under the program.



14. Pre-filled.

"New" means you are applying for a new grant award.

"Continuation" means you are requesting an extension of an existing award.

"Renewal" means you are requesting funding for renewal of an existing grant. e.g. Supportive Housing

Program (SHP) or Shelter + Care grant. "Revision" means you are submitting a revision prior to the application due date in response to HUD's request

for clarification or modification to your initial submission.

15. Enter the Catalog of Federal Domestic Assistance (CFDA) number

and title and, if applicable, component title of the program.

16. Enter a brief description of your program and key activities.

17. Identify the location(s) where your activities will take place. If

this is the entire state, enter "Entire State".

18a. Enter the proposed start date.

18b. Enter the proposed end date.

19a. List the Congressional District(s) where your organization is located.

19b. List any Congressional District(s) where your program of activities or project sites will be located.

20. You must complete the funding matrix on page 2 of this form. Enter the following information:

Grant Program: The HUD funding program under which you are applying.

HUD Share: Please check the program requirements. Enter the amount of HUD funds you are requesting in your application.

Applicant Match: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Other Federal Share: Enter the amount of other Federal funds for your program of activities.

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## Instructions for the HUD-424 (Continued)

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is providing to your project or program of activities. Local/Tribal Share: Enter the amount of funds or cash equivalent of in-kind services your local/tribal government is providing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being provided to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate over the life of your award.

Total: Please total all columns and fill in the amounts.

21. You should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 or check your application kit to determine whether the State Intergovernmental Review Process is required.

22. This question applies to your applicant organization, not the person signing as your organization's authorized representative. Categories of debt include disallowed costs that requires repayment to HUD.

23. To be signed by the authorized representative of your organization. A copy of your governing body's authorization for you to sign this application must be available in your organization's office.

Previous versions of HUD-424 and 424-M are obsolete.

Page ii of ii

## EXHIBIT 8(b)

| DISCLOSUR                                                                                                                                                                                                                                                                                                                                                                                                                                      | E OF LOBBYIN                                                                                                                               | NG ACTIVITIES                                                                                                            | م<br>s                                                                                                                    | opproved by OMB<br>348-0046 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Complete this form to dis<br>(See re)                                                                                                                                                                                                                                                                                                                                                                                                          | close lobbying activities<br>verse for public burden (                                                                                     |                                                                                                                          | 352                                                                                                                       | 040-0040                    |
| 1. Type of Federal Action:<br>a. CONTRACT<br>b. GRÄNT<br>c. COOPERATIVE AGREEMENT<br>d. LOAN<br>e. LOAN GUARANTEE                                                                                                                                                                                                                                                                                                                              | 2. Status of Federal Acti<br>a. BID/OFFER/A<br>b. INITIAL AWA<br>c. POST-AWAR                                                              | ON:<br>PPLICATION<br>RD                                                                                                  | 3. Report Type<br>a. INITIAL FILING<br>b. MATERIAL CHANG<br>FOR MATERIAL CHANGE OF<br>YEAR QUARTER<br>DATE OF LAST REPORT | NLY:                        |
| fLOAN INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                | KNOWN:                                                                                                                                     | 5. If Reporting Entity in                                                                                                | No. 4 is Subawardee, Enter Na                                                                                             | ame and Address of          |
| Congressional District <i>, if known:</i><br>6. Federal Department/Agency                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            | Congressional District, <i>il</i><br>7. Federal Program Nam<br>CFDA Number, <i>if app</i>                                | e/Description:                                                                                                            |                             |
| 8. Federal Action Number <i>if known:</i><br>10a. Name and Address of Lobbying Entity<br>(If individual, last name, first name, MI)                                                                                                                                                                                                                                                                                                            |                                                                                                                                            | <ul> <li>S. Award Amount <i>if kno</i><br/>\$</li> <li>Individual Performing<br/>10A) (last name, firs</li> </ul>        | Services (including address if                                                                                            | different from No.          |
| 11. Amount of Payment (check all that apply):         \$                                                                                                                                                                                                                                                                                                                                                                                       | (attach Continuation shee                                                                                                                  | atis) SF LLL-A, if necessary!<br>13. Type of Payment (ch<br>a. RETAINER<br>b. ONE-TIME F<br>c. COMMISSIC<br>d. CONTINGEN | TEE<br>DN                                                                                                                 |                             |
| b. in-kind; specify: nature                                                                                                                                                                                                                                                                                                                                                                                                                    | e Performed and Date(s)                                                                                                                    | e. DEFERRED<br>f. OTHER; SPI                                                                                             |                                                                                                                           | (s) contacted, for          |
| Payment indicated in Item 11:                                                                                                                                                                                                                                                                                                                                                                                                                  | lattach Continuation shee                                                                                                                  | tt(s) SF LLL-A, if necessary)                                                                                            |                                                                                                                           |                             |
| 15. Continuation Sheet(s) SF-LLL-A attached:                                                                                                                                                                                                                                                                                                                                                                                                   | Yes D                                                                                                                                      | No                                                                                                                       |                                                                                                                           |                             |
| 11. Information requested through this form is authorize<br>section 1352. This disclosure of lobbying activities<br>sentation of fact upon which reliance was placed by<br>this transaction was made or entered into. This disclos<br>suant to 31 U.S.C. 1352. This information will be<br>inspection. Any person who fails to file the required<br>subject to a civil penalty of not less than \$10,000 a<br>\$100,000 for each such failure. | is a material repre-<br>the tier above when<br>sure is required pur-<br>available for public<br>t disclosure shall be<br>and not more than | Signature:<br>Printed Name:<br>Title:<br>Telephone No.:                                                                  | Date:                                                                                                                     |                             |

Federal Use Only:

AUTHORIZED FOR LOCAL REPRODUCTION Standard Form - LL 11.

#### INSTRUCTIONS

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- 2. Identify the status of the covered Federal action.
- Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- 4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known. 6.
- Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard. 7.
- Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
- Enter the most appropriate Federal identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
- For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
  - (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.
  - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 9a). Enter Last Name, First Name, and Middle Initial (MI).
- Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made. 12.
- Check the appropriate box(es). Check all boxes that apply. if payment is made through an in-kind contribution, specify the nature and value of the in-kind payment. 13.
- Check the appropriate box(es). Check all boxes that apply. In other, specify nature. 14.
- Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted. 15.
- Check whether or not a SF-LLL-A Continuation Sheet(s) is attached. 16.
  - The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

# EXHIBIT 8(c)

| Applicant Assurances and                                                                      | U.S. Department of Housing       | OMB Approval No. 2501-0017                                                                                     |
|-----------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------|
| Certifications                                                                                | and Urban Development            | (exp. 03/31/2005)                                                                                              |
| Instructions for the HUD-424-E                                                                |                                  | 1S                                                                                                             |
| As part of your application for HUD funding                                                   |                                  |                                                                                                                |
| or an an individual must provide the following                                                |                                  |                                                                                                                |
| best of your knowledge and belief, all asser                                                  |                                  |                                                                                                                |
|                                                                                               |                                  |                                                                                                                |
|                                                                                               |                                  |                                                                                                                |
| As the duly authorized representative of the                                                  | applicant, I certify that the    | 5. Will comply with the acquisition and relocation                                                             |
| applicant [Insert below the Name and title c                                                  | f the Authorized Representative, | requirements of the Uniform Relocation Assistance and                                                          |
| name of Organization and the date of signa                                                    | iture]:                          | Real Property Acquisition Policies Act of 1970, as                                                             |
| Name:, Tit                                                                                    |                                  | amended (42 U.S.C. 4601) and implementing regula-                                                              |
| Organization:                                                                                 |                                  | tions at 49 CFR Part 24 and 24 CFR 42, Subpart A.                                                              |
| 1. Has the legal authority to apply for Fede                                                  |                                  | 6. Will comply with the environmental requirements                                                             |
| institutional, managerial and financial capal                                                 |                                  | of the National Environmental Policy Act (42 U.S.C.                                                            |
| the non-Federal share of program costs) to                                                    |                                  | 4321 et seq.) and related Federal authorities prior to                                                         |
| the program as described in the application                                                   |                                  | the commitment or expenditure of funds for property<br>acquisition and physical development activities subject |
| has duly authorized the submission of the a                                                   |                                  | to implementing regulations at 24 CFR parts 50 or 58.                                                          |
| assurances and certifications, and authoriz<br>representative of the applicant to act in con  |                                  | 7. Will or will continue to provide a drug-free workplace                                                      |
| representative of the applicant to act in con<br>and to provide any additional information as |                                  | by:                                                                                                            |
| 2. Will administer the grant in compliance                                                    |                                  | <ul> <li>(a) Publishing a statement notifying employees that</li> </ul>                                        |
| Act of 1964 (42 U.S.C. 2000(d)) and imple                                                     |                                  | the unlawful manufacture, distribution, dispensing,                                                            |
| Part 1), which provide that no person in the                                                  |                                  | possession, or use of a controlled substance is                                                                |
| grounds of race, color or national origin, be                                                 |                                  | prohibited in the applicant's workplace and                                                                    |
| in, be denied the benefits of, or otherwise b                                                 |                                  | specifying the actions that will be taken against                                                              |
| under any program or activity that receives                                                   | Federal financial assistance     | employees for violation of such prohibition;                                                                   |
| OR if the applicant is a Federally recognize                                                  | d Indian tribe or its tribally   | (b) Establishing an on-going drug-free awareness                                                               |
| designated housing entity, is subject to the                                                  | Indian Civil Rights Act          | program to inform employees about -                                                                            |
| (25 U.S.C. 1301-1303).                                                                        | ,                                | <ol><li>The dangers of drug abuse in the workplace;</li></ol>                                                  |
| <ol><li>Will administer the grant in compliance</li></ol>                                     | with Section 504 of the          | (2) The applicant's policy of maintaining a drug-free                                                          |
| Rehabilitation Act of 1973 (29 U.S.C. 794),                                                   | as amended, and implement-       | workplace;                                                                                                     |
| ng regulations at 24 CFR Part 8, and the A                                                    | ge Discrimination Act of 1975    | (3) Any available drug counseling, rehabilitation, and                                                         |
| (42 U.S.C. 6101-07), as amended, and imp                                                      | plementing regulations at 24     | employee assistance programs; and                                                                              |
| CFR Part 146 which together provide that r                                                    |                                  | (4) The penalties that may be imposed upon employees                                                           |
| shall, on the grounds of disability or age, be                                                |                                  | for drug abuse violations occurring in the workplace;                                                          |
| n, be denied the benefits of, or otherwise b                                                  |                                  | (c) Making it a requirement that each employee to be                                                           |
| under any program or activity that receives                                                   |                                  | engaged in the performance of the grant be given a<br>copy of the statement required in Paragraph (a);         |
| except if the grant program authorizes or lin                                                 |                                  | (d) Notifying the employee in the statement required                                                           |
| ed populations, then the applicant will comp                                                  |                                  | by paragraph (a) that, as a condition of employment                                                            |
| equirements within the designated populat<br>4. Will comply with the Fair Housing Act (4      |                                  | under the grant, the employee will -                                                                           |
| mended, and the implementing regulations                                                      |                                  | (1) Abide by the terms of the statement; and                                                                   |
| prohibit discrimination in housing on the ba                                                  |                                  | (2) Notify the employer in writing of his or her                                                               |
| sex, disability, familial status, or national or                                              |                                  | conviction for a violation of a criminal drug statute                                                          |
| which is an Indian tribe or its instrumentalit                                                | • • • • • •                      | occurring in the workplace no later than five calen-                                                           |
| statute from coverage does not make this c                                                    |                                  | dar days after such conviction;                                                                                |
| except if the grant program authorizes or lir                                                 |                                  | ,                                                                                                              |
| to designated populations, then the applica                                                   |                                  |                                                                                                                |
|                                                                                               | lesignated population.           |                                                                                                                |

Page 1 of 2

# Applicant Assurances andU.S. Department of HousingCertifications (Continued)and Urban Development

OMB Approval No. 2501-0017 (exp. 03/31/2005)

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee has worked, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency;

 (g) Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs (a),
 (b), (c), (d), (e), and (f).

(h). The applicant may insert in the space provided below the site(s) for the performance of work or may provide this information in connection with each application.

(i). Place of Performance (street address, city, county, state, zip code)

 In accordance with 24 CFR Part 24, and its principals:
 (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 (b) Have not within a three year period preceding this proposal, been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

( c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in the preceding paragraph of this certification; and

(d) Where the applicant is unable to certify to any of the statements in this certification, an explanation shall be attached. (e) Will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction, " provided by the HUD without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

These certifications and assurances are material representations of the fact upon which HUD can rely when awarding a grant. If it is later determined that I, the applicant, knowingly made an erroneous certifications or assurance, I may be subject to criminal prosecution. HUD may also terminate the grant and take other available remedies.

Page 2 of 2

form HUD-424-B (01/2003)

# EXHIBIT 8(d)

| Applicant/Recipient<br>Disclosure/Update Report                                                                                                                                                                                                                                                                      | U.S. Department o<br>and Urban Develo                    |                                                                          | OMB Approva                                                         | I No. 2510-0011 (exp. 06/30/2003)                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Instructions. (See Public Reporting Statemer                                                                                                                                                                                                                                                                         | nt and Privacy Act                                       | Statement and                                                            | detailed instru                                                     | uctions on page 2.)                                                                                                                   |
| Applicant/Recipient Information                                                                                                                                                                                                                                                                                      | Indicate                                                 | whether this is a                                                        | an Initial Report                                                   | or an Update Report                                                                                                                   |
| 1. Applicant/Recipient Name, Address, and Phone (include                                                                                                                                                                                                                                                             | area code):                                              | :                                                                        |                                                                     | 2. Social Security Number or<br>Employer ID Number:                                                                                   |
|                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                          |                                                                     | = <u>-</u> .                                                                                                                          |
| 3. HUD Program Name                                                                                                                                                                                                                                                                                                  |                                                          |                                                                          |                                                                     | 4. Amount of HUD Assistance<br>Requested/Received                                                                                     |
| 5. State the name and location (street address, City and St                                                                                                                                                                                                                                                          | ate) of the project or act                               | ivity:                                                                   |                                                                     |                                                                                                                                       |
| Part I Threshold Determinations         1. Are you applying for assistance for a specific project or at terms do not include formula grants, such as public housi subsidy or CDBG block grants. (For further information stats).         Yes       No         If you answered "No" to either question 1 or 2, S      | ng operating ju<br>ee 24 CFR Sec. th<br>S                | risdiction of the D<br>is application, in (<br>ep. 30)? For furth<br>Yes | epartment (HUD)<br>excess of \$200,00<br>per information, se<br>No. | o receive assistance within the<br>, involving the project or activity in<br>0 during this fiscal year (Oct. 1 -<br>e 24 CFR Sec. 4.9 |
| However, you must sign the certification at the                                                                                                                                                                                                                                                                      | end of the report.                                       |                                                                          |                                                                     |                                                                                                                                       |
| Part II Other Government Assistance Pro<br>Such assistance includes, but is not limited to, any gra                                                                                                                                                                                                                  | ovided or Reque                                          | sted / Experience                                                        | cted Sources                                                        | and Use of Funds.                                                                                                                     |
| Department/State/Local Agency Name and Address                                                                                                                                                                                                                                                                       | Type of Assistance                                       | e A                                                                      | mount<br>ted/Provided                                               | Expected Uses of the Funds                                                                                                            |
|                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                          |                                                                     |                                                                                                                                       |
| (Note: Use Additional pages if necessary.)                                                                                                                                                                                                                                                                           | .1                                                       |                                                                          |                                                                     |                                                                                                                                       |
| <ul> <li>Part III Interested Parties. You must disclose</li> <li>1. All developers, contractors, or consultants involved in the project or activity and</li> <li>2. any other person who has a financial interest in the project assistance (whichever is lower).</li> </ul>                                         | application for the assist<br>t or activity for which th | e assistance is so                                                       | ught that exceeds                                                   | \$50,000 or 10 percent of the                                                                                                         |
| Alphabetical list of all persons with a reportable financial inte<br>in the project or activity (For individuals, give the last name fi                                                                                                                                                                              |                                                          |                                                                          | f Participation in<br>pject/Activity                                | Financial Interest in<br>Project/Activity (\$ and %)                                                                                  |
|                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                          |                                                                     |                                                                                                                                       |
| (Note: Use Additional pages if necessary.)<br>Certification<br>Warning: If you knowingly make a false statement on this for<br>United States Code. In addition, any person who knowingly<br>disclosure, is subject to civil money penalty not to exceed \$1<br>I certify that this information is true and complete. | and materially violates a                                | any required discl                                                       | I penalties under S<br>osures of informati                          | Section 1001 of Title 18 of the on, including intentional non-                                                                        |
| Signature:                                                                                                                                                                                                                                                                                                           |                                                          | Date: (mn                                                                | 1/dd/yyyy)                                                          |                                                                                                                                       |
| x                                                                                                                                                                                                                                                                                                                    |                                                          |                                                                          |                                                                     |                                                                                                                                       |
| <u></u>                                                                                                                                                                                                                                                                                                              |                                                          |                                                                          |                                                                     |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                          |                                                                     |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                          |                                                                     |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                          |                                                                     |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                          |                                                                     | Form <b>HUD-2880</b> (3/99)                                                                                                           |

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance. HUD will make available to the public and disclosure reports for five years in the case of applications for competitive assistance. HUD will make available along with the disclosure reports, but in no case for a period generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally three years in the case of other applications. Update reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

#### Instructions

#### Overview.

- A. Coverage. You must complete this report if:
  - You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the during the fiscal year;
     You are updating a prior report as discussed below; or
  - (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.
- B. Update reports (filed by "Recipients" of HUD Assistance): General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

#### Line-by-Line Instructions.

#### Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

- Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
- Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
- Applicants enter the HUD program name under which the assistance is being requested.
- 4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
- 5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

#### Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. Recipients filing Update Reports should not complete this Part.

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

# Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

- 1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
- State the type of other government assistance (e.g., loan, grant, loan insurance).
- Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
- 4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.
- B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds both from HUD and any other source - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

#### Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).
- Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

- Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
- Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
- Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
- 4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

#### Notes:

- 1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
- Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
- 3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
- 4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
- 5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

## EXHIBIT 8(e)

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Type or clearly print the following information:)

| Applicant Name:                             |                                       |
|---------------------------------------------|---------------------------------------|
|                                             |                                       |
| Project Name:                               |                                       |
|                                             |                                       |
| Location of the Broject                     |                                       |
| Location of the Project.                    |                                       |
| x                                           |                                       |
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|                                             |                                       |
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| Name of the Federal<br>Program to which the |                                       |
| applicant is applying:                      |                                       |
| 회                                           |                                       |
|                                             |                                       |
| Name of                                     |                                       |
| Certifying Jurisdiction:                    |                                       |
| Certifying Official                         |                                       |
| of the Jurisdiction                         |                                       |
| Name:                                       |                                       |
|                                             |                                       |
|                                             |                                       |
| Title:                                      |                                       |
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| Signature:                                  |                                       |
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| Date:                                       |                                       |
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Page 1 of 1

form HUD-2991 (3/98)

## EXHIBIT 8(f)

#### SPONSOR'S CONFLICT OF INTEREST RESOLUTION

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

OMB Approval No. 2502-0267 (exp. 12/31/2003)

Public reporting burden for this collection of information is estimated to average .40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is required for HUD's Supportive Housing for the Elderly under Section 202 and Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD in determining applicant eligibility and ability to develop housing for the elderly and for persons with disabilities within statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This collection of information does not collect any sensitive information. HUD does not ensure confidentiality.

TO: The Secretary of Housing and Urban Development

SUBJECT: Section 202 Program - Application for Fund Reservation Section 811 Program - Application for Fund Reservation

> Sponsor: Project Location:

WHEREAS, Section 202 of the Housing Act of 1959, as amended, authorizes the making of capital advances for housing for the elderly to private, nonprofit corporations, OR Section 811 of the National Affordable Housing Act of 1990, as amended, authorizes the making of capital advances to nonprofit corporations for housing for persons with disabilities, no part of the net earnings of which inure to the benefit of any member, founder, contributor or individual;

WHEREAS, HUD has implemented this statutory requirement by promulgating a regulation providing that the Sponsor may not be controlled by or under the direction of persons or firms seeking to derive profit or gain therefrom. The regulation also prohibits any officer or director of the Sponsor from having any financial interest in any contract in connection with the rendition of services, the provision of goods or supplies, procurement of furnishings or equipment, construction of the project, procurement of the site or any other matters whatsoever, except with respect to management or supportive services contracts entered into by the Owner with the Sponsor or its nonprofit affiliate.

WHEREAS, HUD has determined that assurance of compliance with this prohibition can best be obtained by requiring that all officers and directors of the Sponsor certify that they do not have and will not have during their term of office, any prohibited financial interest.

WHEREAS, because of the time constraints imposed under the application process and difficulties in meeting these deadlines caused by such factors as large boards and unavailability of officers and directors of the board, some prospective Sponsors have been unable or experienced hardship in obtaining all of the required certifications for submission with the applications for fund reservation.

WHEREAS, HUD is willing to defer submission of the required Sponsors' Conflict of Interest and Disclosure Certifications until the submission of the firm commitment applications by those Owners for which fund reservations were approved, if such certifications are provided by all the Sponsor's officers and directors listed below, who are duly qualified and sitting in these capacities from the date of the Sponsor's fund reservation application.

Page 1 of 2

form HUD-92041 (1/2003)

# [LIST THE NAME, TITLE, AND THE BEGINNING AND ENDING DATES OF THE TERM OF ALL OFFICERS AND DIRECTORS]

NOW, THEREFORE, in order to induce HUD to forego requiring submission of the Conflict of Interest and Disclosure Certifications until after projects have been selected and fund reservations granted, it is hereby resolved and agreed by the Board of Directors of the Sponsor:

1. That it will submit an updated Incumbency Certificate, in a form prescribed by HUD, showing all changes in incumbency for submission with the Owner's Application for Firm Commitment, initial closing and final closing.

2. That no officer or director of the Sponsor has or will be permitted to have any prohibited interest which would prevent him or her from signing the required Conflict of Interest and Disclosure Certification.

3. That the fund reservation will be subject to cancellation by HUD if the officers or directors of either the Sponsor or the Owner fail to submit Conflict of Interest and Disclosure Certifications duly executed by each and all of their respective officers and directors.

4. That no HUD capital advance funds or project rental assistance funds will be expended on account of any contract or arrangement where a conflict of interest is determined to exist, and the Sponsor shall be responsible for the payment of any and all obligations involving its officers and directors.

5. That should any contract or arrangement entered into by the Owner be determined by HUD to involve a conflict of interest, involving either the Sponsor's or Owner's officers or directors, the Sponsor will exercise its best efforts to cause the Owner to promptly cancel or terminate such contract or arrangement at HUD's request.

Adopted and approved by the Board of Trustees of the Sponsor on the

day of \_

Authorized Signature

Page 2 of 2

form HUD-92041 (1/2003)

## EXHIBIT 8(g)

#### SPONSOR'S RESOLUTION FOR COMMITMENT TO PROJECT

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner OMB Approval No. 2502-0267 (exp. 07/31/2002) OMB Approval No. 2502-0462 (exp. 06/30/2002)

Public reporting burden for this collection of information is estimated to average .40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is required for HUD's Supportive Housing for the Elderly under Section 202 and Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD in determining applicant eligibility and ability to develop housing for the elderly and for persons with disabilities within statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This collection of information does not collect any sensitive information. HUD does not ensure confidentiality.

TO: Secretary of Housing and Urban Development

SUBJECT:

Section 202 Program - Application for Fund Reservation Section 811 Program - Application for Fund Reservation

Sponsor: Project Location:

1. WHEREAS, under the Section 202 Program for Supportive Housing for the Elderly, the Sponsor acknowledges its responsibilities of sponsorship, long-term support, its willingness to assist the Owner to develop, own, manage and provide appropriate services in connection with the proposed project, and it reflects the will of its membership. The Sponsor is required to make a commitment to cover the estimated start-up expenses, the minimum capital investment of 1/2 of one percent of the HUD-approved capital advance, not to exceed \$25,000 (\$10,000 for sponsors not affiliated with a national sponsor) and the estimated cost of any amenities or features (and operating costs related thereto) which would not be covered by the approved capital advance.

OR

Whereas, under the Section 811 Program of Supportive Housing for Persons with Disabilities, the Sponsor acknowledges its responsibilities of sponsorship, long-term support, its willingness to assist the Owner to develop, own, manage and provide appropriate services in connection with the proposed project, and that it reflects the will of its membership. The Sponsor is required to make a commitment to cover the estimated start-up expenses, the minimum capital investment of 1/2 of one percent of the HUD-approved capital advance, not to exceed \$10,000 and the estimated cost of any amenities or features (and operating costs related thereto) which would not be covered by the approved capital advance.

2. WHEREAS, HUD has determined that assurance by the Sponsor of its commitment and willingness to provide those funds can best be assured by requiring a resolution of the Board of Directors that funds will be made available for such purposes.

3. NOW, THEREFORE, the Board of Directors of the Sponsor hereby resolves and agrees that funds will be available for the subject project to meet estimated start-up expenses, the minimum capital investment and the estimated cost of any amenities or features (and operating costs related thereto) which would not be covered by the approved capital advance.

| Adopted and approved by | of the Sponsor on the | dav | of |
|-------------------------|-----------------------|-----|----|
|                         |                       |     |    |

Authorized Signature

Page 1 of 1

form HUD-92042 (3/2002)

## EXHIBIT 8(h)

| Certi | ficat | tion | of   | Co | nsisten | су  |
|-------|-------|------|------|----|---------|-----|
| with  | the   | RC/  | 'EZ/ | EC | Strateg | lic |
| Plan  |       |      |      |    |         |     |

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in this application are consistent with the Strategic Plan of a Federally-designated Empowerment Zone (EZ), Enterprise Community (EC), an Urban Enhanced Enterprise Community, Strategic Planning Community or Renewal Community.

(Type or clearly print the following information)

Applicant Name

×.

Name of the Federal Program to which the applicant is applying

Name of RC/EZ/EC

I further certify that the proposed activities/projects will be located within the RC/EZ/EC/Urban Enhanced EC or Strategic Planning Community and will serve the RC/EZ/EC/Urban Enhanced EC, Strategic Planning Community residents, or Renewal Community. (2 points)

Name of the Official Authorized to Certify the RC/EZ/EC

εį

Title

Signature

Date (mm/dd/yyyy)

| Previous Participation<br>Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | OMB Approval No. 2502-0118<br>(exp. 2/29/2004)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Part I To be completed by Principals of Mult<br>Reason for Submitting Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | of Multifamily Projects. See Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | uctions For HUD HQ/FmHA use only                                                                      | A use only                                                                                                           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| 1. Agency Name and City where the application is filed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | flect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. Project Name, Pro                                                                                  | 2. Project Name, Project Number, City and Zip Code contained in the application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | hed in the application                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3. Loan or Contract Amount 4. Nur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <ol> <li>Number of Units or Beds</li> <li>See Section 2015</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5. Section of Act                                                                                     | 6. Type of Project (check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Rehabilitation                                                    | Proposed (New)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| List of All Proposed Principal Participants<br>7. Names and Addresses of All Known Principals and Affiliates (people, businesses & organizations)<br>proposing to participate in the project described above. (list names alphabetically; last, first, middle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s and Affiliates (people, businesses & organizations)<br>s and Affiliates (people, businesses & organizations)<br>ad above. (list names alphabetically, last, first, middle initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | izalions)<br>sl. middle (ntial)                                                                       | 8. Role of Each<br>Principal in Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul> <li>Expected % Owner<br/>ship interest in Project</li> </ul> | ╢╺━╍┼╍┼╍┼╸                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Certifications: 1 (meaning the individual who 2 signs as well as the corporations, partmerships or other parttes listed above who certify) hereby apply to HU or U USDA-FmHA, as the case may of the and project listed above based upon my following previous participation record and this calification. Certify that all the statements made by me are two, complete and correct to the best of my knowledge and belief and are made in good faith, founding the data contained in Schedule A and Exhibits signed by me and attached to this form. Warring: HUD willowing the condition function function in function in the condition of the data contained in Schedule A and Exhibits signed by me and attached to this form. Warring: HUD willowing the condition a literation of the fast contained in Schedule A and Exhibits signed by me and attached to this form. Warring: HUD willowing the condition a literation of the partite certify that: | who     2. For the period beginning 10 years prior to the date of this cartification, and except as shown reby we on the cartification, and except as shown any by me on the cartification.       may     a. No mortgage on a project listed by me has everbeenin default, assigned to the Government in my the mortgage on a project listed by me has everbeenin defaults assigned to the Government in the bundle of the mortgage been given;       i may     a. No mortgage on a project listed by me has everbeenin default, assigned to the Government in the project listed by me has nortgage failed, by the mortgages been given;       i may     b. I have not expensioned defaults or noncompliances under any Conventional time.       i may     b. I have not expension or defaults or noncompliances under any toron-mentional contract or Turnkey Contract of Sale in conmand       and     c. To the best of my Knowledge, there are no unresolved finding staledas a result of HUD audits, management reviews or other Governand       and     c. To the best of my Knowledge, there are not unresolved finding staleday the subject is and       and     c. To the one of the fory and an not presently, to my Knowledge, the subject of a completing or best of a leony and an not presently, to my Knowledge, the subject of a completion or the order of a felony and an not presently, to my Knowledge, the subject of a completion or the order of the order of a leony and an order order of a leony and an order of a leony and an order of a leony | Princip<br>9                                                                                          | <ul> <li>(A felorry is defined as arry offense punish-<br/>able by imprisonment for a term exceeding<br/>one year, but does not include any offense<br/>one year, but does not include any offense<br/>classified as a misclemeanor under the laws<br/>of a State and punishable by imprisonment of<br/>two yearsoriess);</li> <li>t. I have not been suspended, debarred or<br/>otherwise restricted by any Department or of<br/>a State Government from doing business with<br/>period for a under an<br/>auch Department or Agency.</li> <li>g. I have not been the subject of a claim under an<br/>enployee facility bond.</li> <li>a. All the names of the partles, known to me to be<br/>principats in this project(s) in which I propose to<br/>participate in Standards of Ethical Conduct<br/>for Employees of the partles, known to me to<br/>be an uto a HUD/FimHA employee or a member<br/>hold as defined in Standards of Ethical Conduct<br/>for Employees of the zeculty bestimediate house-<br/>noid as defined in Standards of Ethical Conduct<br/>for Employees of the zeculty bestimediate house-<br/>standard of Conduct in z4 C.F.R. Part O and<br/>uppat</li> </ul> | 8 3 8 2                                                           | USDA's Standard of Conduct In 7 C.F.R. Part O<br>Subpart B.<br>Subpart B |
| This form was prepared by (Please print name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         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Telenhone No.                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Previous editions are obsolete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         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FEIERINGIE INT.                                         | and telephone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <ol> <li>List each Principal's Name<br/>(list in alphabelical order,<br/>1</li></ol>          | <ol> <li>List Previous Projects</li> <li>(give the I.D. number, project name, city location,<br/>&amp; government approxy involved</li> </ol>                               | 3. List Principals' Role(s)     4. Currel (indicate dates participated, and     at a states participate | 4. Status of Loan 5. Was Project ever in Default, 6. Li<br>(current, defaulted, during your participation? Physic<br>assigned, or whether is the second | <ol> <li>Last Mgmt.<br/>and/or<br/>Physical Inspctn<br/>Dation</li> </ol>                                             |
|                                                                                               |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                         |                                                                                                                       |
| Part II – For HUU Internal Processing Only<br>Received and checked by me for accuracy and con | Part II – For HUD Internal Processing Only<br>Received and checked by me for accuracy and completeness; recommend approval or transferral to Headouarters as checked below. | nsferral to Headquarters as checked below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         |                                                                                                                       |
| Date (mm/dd/yyyy)                                                                             | Telephone Number and Area Code                                                                                                                                              | A. No adverse information; form HUD-2530<br>approval is recommended.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 30 C. Disclosure or Certification problem                                                                                                               | ε                                                                                                                     |
| Staff                                                                                         | Processing and Control                                                                                                                                                      | B. Name match in system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D. Other, our memorandum is attached.                                                                                                                   | hed.                                                                                                                  |
| Supervisor                                                                                    |                                                                                                                                                                             | Director of Housing / Director, Multifamily Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ion Approved Date (mm/dd/yyy)                                                                                                                           | (XYY)                                                                                                                 |
| Previous editions are obsolete                                                                |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                         |                                                                                                                       |

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| <ul> <li>Trastructions for Completing the Previous fast in HUD multismition completes in Providors and the service process of multismic the service service and signed of moltane problem in the problem of the problem in the problem of the problem in the problem is not tilled or y all parties and with east in the problem is not tilled or y all parties and with east in the problem is not tilled or y all parties and with east in the problem is not tilled or y all parties and with east in the problem is not tilled completely. It will delay a principals and their atfillated a dist by all parties parties and with a problem is not tilled completely. It will delay a participate in the problem is not tilled completely. It will delay a participate in the problem is not tilled completely. It will delay a participate in the truth and the problem is not tilled completely. It will delay a participate in the truth and the problem is not tilled completely. It will delay a participate in the problem is not tilled completely. It will delay a participate and with a proval of your application. The proval of your application. The proval of your application. The problem is not tilled completely. It will delay a participate in the proposed to the problem is not tilled completely. It will delay a participate in the proposed to the problem in the proposed to the proposed to the problem in the proposed to the prestrem in the proposed to the proprised to</li></ul> |              | <ul> <li>If you do request reconsideration by the Review Committee and the reconsideration results in an adverse determination, you may then request an adverse determination, you may then request an adverse determination.</li> <li>Specific Line Instructions:</li> <li>Reason for submitting this Certification: e.g., refinance, management, change in ownership, transfer of physical assets, etc.</li> <li>Block 1: Fill in the name of the agency to owhich you are applying. For example: HUD office, or the name of a State or local housing finance agency. Below that, fill in the name of the city where the office, or the name of a State or local housing finance agency project or contract identification project number, if the name of the project, such as "Greenwood Apts." If the name of the city invitcit fication number, the Farmers Home Administification project number, in the State or local housing finance agency project or contract identification number. Include all project or contract identification number. Include all project or contract identification number finance agency are allowed, and the State or local housing finance agency and the State or local housing finance agency project or contract identification number. Include all project or contract identification number. Include all project or contract identification number finance agency are allowed.</li> <li>Block 3: Fill in the number of the enveloped or contract identification number. State annual amount of rental assistance requested.</li> <li>Block 4: Fill in the number of the Housing fill or beds proposed, such as "40 units." For hospital projects or contract identification number should be section of the Housing fill or the application of state or location.</li> </ul> |
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| Exception for Corporations – All principals<br>and affiliates must personally sign the certifi-<br>cate except in the following situation. When a<br>corporation is a principal, all of its officers,<br>directors, trustees and stockholders with 10<br>percent or more of the common (voting) stock<br>need not sign personally if they all have the<br>same record to report. The officer who is<br>authorized to sign for the corporation or agency<br>will list the names and title of those who elect<br>not to sign. However, any person who has a<br>record of participation in HUD projects that is<br>separate from that of his or her organization<br>his or her name. The objective is full disclosure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ₩ 297%×€5000 | Block 7: Definitions of all those who are<br>considered principals and affiliates are given<br>above in the section titled "Who Must Sign and<br>File"<br>Block 8: Beside the name of each principal,<br>fill in the role that each will perform. The<br>following are possible roles that the principals<br>may perform. Sponsor, Owner, Prime Con-<br>tractor, Turnkey Developer, Managing Agent,<br>Packager, Consultant, Generat Partner, Lim-<br>ited Partner (include percentage), Executive<br>Or Nursing Home Administrator. Beside the<br>name of each affiliatie, write the name of the<br>personor firm of affiliation, such as "Affiliate of<br>Smith Construction Co."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Block D' Eill in the nercentede of ownershin in                                                        | Continue of the second se |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| the proposed project that each principal is                                                            | Column 3 List Ine Iole(s) of your participa-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and provide a telephone number where you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HUD-2530"). Beside each signature, fill in the                                                      |
| expected to have Also specify if the partici-                                                          | inuri, uales parincipaleu, anu ji ree oi rueniny ur<br>Infereet with ownere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | can be reached during the day. No determina-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | role of each party (the same as shown in block 8).                                                  |
| pantis a peneral or limited partner. Beside the                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tions will be made on these certificates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | in addition, each person who signs the form                                                         |
| name of those narties who will not he owners                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | File one copy of the Master List with each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | should fill in the date that he or she signs, as                                                    |
| write "None."                                                                                          | loan. Except for current loans, the date asso-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HUD Office where you do business and mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | well as providing a telephone number where                                                          |
| Black 10. Ell in the Coolel Converter Normhon                                                          | clated with the status is required. Loans under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | one copy to the following address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | he or she can be reached during business                                                            |
| or IDC amplotor much and accurate visited                                                              | a workout arrangement are considered as-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | UID_DE30 Mactarliat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | hours. By providing a telephone number where                                                        |
| UTING BUILDING FUNITION OF EVERY PARTY IISTEU,                                                         | signed. An explanation of the circumstances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Participation and Compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | you can be reached, you will help to prevent                                                        |
|                                                                                                        | Surrout Inning the status is required for all 1901-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Division - Housing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | any possible delay caused by malling and                                                            |
| Instructions for Completing Schedule A:                                                                | current loans.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | U.S. Department of Housing and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | processing time in the event HUU has any                                                            |
| Be sure that Schedule A is filled-in completely,                                                       | Column 5 Explain any project defaults during                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Urban Development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | questions.                                                                                          |
| accurately and the certification is properly                                                           | your participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 451 Seventh Street, S.W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | If you cannot certify and sign the certifica-                                                       |
| dated and signed, because it will serve as a                                                           | Column 6 Enter the latest Management and/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Washington, D.C. 20410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tion as it is printed because some statements                                                       |
| legal record of your previous experience. All                                                          | or Physical Inspection Review rating. If either                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | do not correctly describe your record, use a                                                        |
| Multifamily Housing projects involving HUD/                                                            | of the ratings are below average, the report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Once vou have filed a Master List vou do not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | pen and strike through those parts that differ                                                      |
| FmHA, and State and local Housing Finance                                                              | issued by HUD is required to be submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | need to complete Schedule A when you sub-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | with your record, then sign and certify to that                                                     |
| Agencies in which you have previously partici-                                                         | along with the applicant's explanation of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | mit form HUD-2530. Instead. write the name of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ternaling part which uses describe you of                                                           |
| pated must be listed. Applicants are re-                                                               | circumstances surrounding the rating.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | the participant in column 1 of Schedule A and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | your record.                                                                                        |
| the individual principal within an entity as well                                                      | No Previous Record: Even if you have never                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | beside that write "See Master List on file."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Attach a signed letter, note or an explana-                                                         |
| as the entity itself A newly formed company                                                            | participated in a HUD project before, you must                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Also give the date that appears on the Master                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tion of the items you have struck out on the                                                        |
| may not have previous participation, but the                                                           | complete form HUD-2530. If you have no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | List that you submitted. Below that, report all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | certification and report the facts of your cor-                                                     |
| principals within the company may have had                                                             | record of previous projects to list, fill in your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | changes and additions that have occurred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rect record. Item A(z)(e) relates to reiony                                                         |
| extensive participation and disclosure of that                                                         | name in column 1 of Schedule A, and write                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | since that date. Be sure to include any mort-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | bave heen convicted of a falony within 10                                                           |
| activity is required. To avoid duplication of                                                          | across the form by your name - "No previous<br>participation first eventioned "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | gage detaults, assignments or toreclosures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | vears strike out all of A(2)(e) on the certificate                                                  |
| disclosure, list the project and then the enti-                                                        | participation, instexpendice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | not listed previously.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and attach your statement diving your expla-                                                        |
| ties or individuals involved in that project. You                                                      | Master List System: If you expect to file this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | If you have withdrawn from a project since                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nation. A felony conviction will not necessarily                                                    |
| may use the name or a number code to denote                                                            | form frequently and you have a long list of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | the date the Master List was filed, be sure to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | cause vour participation to be disapproved                                                          |
| the entity or individual that participated. The                                                        | previous projects to report on schedule A, you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | name the project. Give the project identifica-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | unless there is a criminal record or other                                                          |
| number code can then be used in column 3 to                                                            | should consider ning a Master List. By doing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tion number, the month and year your partici-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | evidence that your previous conduct or method                                                       |
| denote role.                                                                                           | oo, you mii avoiu itaviig io listali youi pievious<br>Drolects each time vou file a new annlication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pauori pegan anu/or engeg.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | of doing business has been such that your                                                           |
| Column 2 List the project or contract identifi-                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Certification:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | participation in the project would make it an                                                       |
| cation of each previous project. All previous                                                          | 10 make a Master List, use form HUD-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | After you have completed all other parts of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | unacceptable risk from the underwriting stand-                                                      |
| projects must be included or your certifica-                                                           | Lottor) the words "Montari ist " In blacks of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | form HUD-2530, including Schedule A, read                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | point of an insurer, lender or governmental                                                         |
| tion cannot be processed. Include the name                                                             | through 6 antar in "N A " meaning Not Appli-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the Certification carefully. In the box below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | agency.                                                                                             |
| located and the accordance in which may are                                                            | cable Complete blocks 7 through 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | the statement of certification, fill in the name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |
| ISDA. EmHA or State or local housing finance                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of all principals and affiliates (type or print                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |
| adament) that was involved At the and of volu-                                                         | In the box perow the statement of certifica-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | neatly). Beside the name of each principal and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |
| list of projects, draw a straight line across the                                                      | file a Moster1 is to contex (tupo or wint portio)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | attiliate, each party must sign the form, with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |
| page to separate your record of projects from                                                          | Beside each name, every narty must sign the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | the exception in some cases of individuals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |
| that of others signing this form who have a                                                            | form. In the box titled "Proposed Role." fill in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | associated with a cutputation (see Exception)<br>for Cornorations" in the section of the instruc-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |
| different record to report.                                                                            | "N.A." Also, fill in the date you sign the form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tions titled "Who Must Sign and File form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ,                                                                                                   |
| W MAN DE PARTY AND                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |
| The Department of Housing and Urban Developris                                                         | ment (HUD) is authorized to collect this information by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The Department of Housing and Urban Development (HUD) is authorized to collect this information by law (42 U.S.C. 3535(d) and 24 C.F.R. 200.217) and by regulation at 24 CFR 200.210. This information is needed so that articipate and increases are needed to be a solution of the method.                                                                                                                                                                                                                                                                                                                                                                                               | by regulation at 24 CFR 200.210. This information                                                   |
| is needed so that principals apprying to particip<br>to established standards of performance, respo    | late in muluramity programs can become HUD-appr<br>bisibility and elicibility - Without prior approvat -a pri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | oved participants. The Information you provide will e<br>incipal may not narticipate in a proposed or avieting :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | enable HUD to evaluate your record with respect                                                     |
| evaluate whether or not principals pose an unsu                                                        | atisfactory underwriting risk. The information is us                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ed to evaluate the potential principals and approve o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | numiarmy project. HUU uses this information to<br>pilv individuals and organizations who will honor |
| their legal, financial and contractual obligations.                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |
| Privacy Act Statement: The Housing and Comm                                                            | nunity Development Act of 1987, 42 U.S.C. 3543 regul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Privacy Act Statement: The Housing and Community Development Act of 1987, 42 U.S. C. 3543 requires persons applying for a Federally-insured or guaranteed loan to furnish his/her Social Security Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | teed loan to furnish his/her Social Security Numher                                                 |
| (SSN). HUD must have your SSN for identification<br>with other public agencies and private sector sour | n of your records. HUD may use your SSN for automa<br>rees. HUD may disclose certain information to Federa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (SSN). HUD must have your SSN for identification of your records. HUD may use your SSN for automated processing of your records and to make requests for information about you and your previous records with other public agencies when relevant to chill or information about you and your previous records with other public agencies and private sector sources. HUD may disclose certain information to Faderal State and hoest and not a accords and private sector sources. HUD may disclose certain information to Faderal State and hoest accords and private sector sources. HUD may disclose certain information to Faderal State and hoest accords and private sector sources. | or information about you and your previous records                                                  |
| It will not be otherwise disclosed or released outs                                                    | side of HUD, except as required and permitted by law                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A. You must provide all of the information requested in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nai, or regulatory investigations and prosecutions.<br>I this application, including your SSN.      |
| Public reporting burden for this collection of in<br>maintaining the data peeded and completing and    | iformation is estimated to average 1 hour per response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ning existing data sources, gathering and                                                           |
| displays a currently valid OMB control num                                                             | displays a currently valid OMB control number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | cy may not conect this information, and you are i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | not required to complete this form, unless it                                                       |
| A response is mandatory. Failure to provide ar                                                         | ny of the information will result in your disapproval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | for participation in this HUD program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |
| Previnus editions are obsolete                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |

# EXHIBIT 8(j)

| CERTIFICATION FOR   |
|---------------------|
| PROVISION OF        |
| SUPPORTIVE SERVICES |
| (Section 811 Only)  |

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

OMB Approval No. 2502-0462 (exp. 12/31//2003)

| instru                 | ic reporting burden for this collection of informa<br>uctions, searching existing data sources, gatherin<br>mation. HUD may not collect this information, and<br>ber.                                                                                                 | g and maintaining the data                                       | needed, and completing                                  | and reviewing the collection                                         | of             |  |  |  |  |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------|----------------|--|--|--|--|
| nece<br>progr<br>and t | collection of information is required for HUD's Su<br>ssary to assist HUD in determining applicant elig<br>ram criteria. A thorough evaluation of an applican<br>to mitigate any possibility of fraud, waste, or mism<br>nation. HUD does not ensure confidentiality. | ibility and ability to develop<br>t's qualifications and capabil | nousing for persons with<br>Itles is critical to protec | n disabilities within statutory a<br>t the Government's financial in | ind<br>nterest |  |  |  |  |
| The                    | undersigned certifies that this Agenc                                                                                                                                                                                                                                 | y has reviewed the Sp                                            | oonsor's supportiv                                      | e services plan and fin                                              | ds that:       |  |  |  |  |
| 1.                     | The provision of supportive services is:                                                                                                                                                                                                                              |                                                                  |                                                         |                                                                      |                |  |  |  |  |
|                        | Well designed                                                                                                                                                                                                                                                         | Not well desig                                                   | gned                                                    |                                                                      |                |  |  |  |  |
|                        | to serve the individual needs of pers                                                                                                                                                                                                                                 | ons with disabilities t                                          | ne housing is expe                                      | ected to serve.                                                      |                |  |  |  |  |
| 2.                     | The provision of supportive services will enhance independent living success and promote the dignity of those who will access the proposed project.                                                                                                                   |                                                                  |                                                         |                                                                      |                |  |  |  |  |
|                        | Will enhance                                                                                                                                                                                                                                                          | Will not enhar                                                   | ice                                                     |                                                                      |                |  |  |  |  |
| 3.                     | The supportive services will be available on a consistent, long-term basis.                                                                                                                                                                                           |                                                                  |                                                         |                                                                      |                |  |  |  |  |
|                        | Yes                                                                                                                                                                                                                                                                   | No No                                                            |                                                         |                                                                      |                |  |  |  |  |
| 4.                     | The proposed housing is:                                                                                                                                                                                                                                              | ς.                                                               |                                                         |                                                                      |                |  |  |  |  |
|                        | Consistent                                                                                                                                                                                                                                                            | Inconsistent                                                     |                                                         |                                                                      | ,              |  |  |  |  |
|                        | with State or local plans and policies addressing the housing needs of people with disabilities.                                                                                                                                                                      |                                                                  |                                                         |                                                                      |                |  |  |  |  |
|                        |                                                                                                                                                                                                                                                                       |                                                                  |                                                         |                                                                      |                |  |  |  |  |
|                        | Sponsor                                                                                                                                                                                                                                                               |                                                                  | Project Location                                        | <u></u>                                                              |                |  |  |  |  |
| ÷                      | (Print Name of Authorized Official)                                                                                                                                                                                                                                   |                                                                  |                                                         |                                                                      |                |  |  |  |  |
| * *                    |                                                                                                                                                                                                                                                                       |                                                                  |                                                         | ······,                                                              |                |  |  |  |  |
|                        |                                                                                                                                                                                                                                                                       | (Sig                                                             | nature)                                                 | (Date)                                                               |                |  |  |  |  |
|                        | (Title)                                                                                                                                                                                                                                                               |                                                                  |                                                         |                                                                      |                |  |  |  |  |
|                        | (Agency Name)                                                                                                                                                                                                                                                         |                                                                  |                                                         |                                                                      |                |  |  |  |  |
|                        |                                                                                                                                                                                                                                                                       | Page 1 of 1                                                      |                                                         | form HUD-92043 (3/200                                                | 02)            |  |  |  |  |

## ATTACHMENT 1

## LETTER REQUESTING SHPO/THPO REVIEW

Applicant return address Date

[SHPO/THPO mailing address] (see: <u>www.ncshpo.org</u> or <u>www.nathpo.org</u>)

Dear [SHPO/THPO]:

In accordance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470f), and its implementing regulation, 36 CFR 800, "Protection of Historic Properties," and as authorized by the U.S. Department of Housing and Urban Development (HUD) as an applicant for a Section [202/811] Supportive Housing Capital Advance, we are initiating consultation with your office regarding the proposed [xxx project] (ex. rehabilitation of 123 Elm Street, Anytown, AB). Please find enclosed the necessary documentation per §800.11.

Based on our initial research, we have made the required determinations and findings, which we now ask you to review. Please respond in writing to us and HUD within the thirty-day time period as noted at §800.3(c)4. HUD's mailing address is:

 $[\mathbf{x}\mathbf{x}\mathbf{x}]$ 

If you concur with the findings in this submission, please sign and date on the line below and return as noted above. If you do not concur, we request that you express your concerns and objections clearly in writing so that HUD may continue the consultation process as needed. Please also indicate in your non-concurrence letter if there are other sources of information that should be checked, and if there are other parties, tribes, or members of the public you believe should be included in the consultation process. Thank you for your prompt attention to this matter.

Sincerely,

Applicant signatory

CONCURRENCE : \_\_\_

State/Tribal Historic Preservation Officer/Date

#### Description of the Undertaking

[xxx] (Specify federal involvement; include photographs, drawings, location map, etc).

#### Area of Potential Effect

We define the Area of Potential Effect for this proposed project as [xxx] (written boundary description). Please see the attached map marked with the APE boundary. We made this determination for the following reason(s): [xxx].

### Basis for Determining No Historic Properties Affected (Option #1)

To obtain background information on the APE and to identify any potential historic properties, we researched and contacted the following sources:

[xxx] (list surveys, National Register data, research at SHPO office or local govt, etc.)

Based on our initial information search, it is our determination that no historic properties will be affected by this project. We base this finding on: [xxx].

## OR

#### Basis for Determining Historic Properties Affected (Option #2)

To obtain background information on the APE and to identify any potential historic properties, we researched and contacted the following sources:

[xxx] (list surveys, National Register data, research at SHPO office or local govt, etc.)

Based on our initial information search, it is our determination that historic properties will be affected by this project and that additional consultation will be required to assess/resolve effects. We base this finding on: [xxx].

04/16/03

16:49

**ATTACHMENT 2** 

# CHOOSING AN ENVIRONMENTALLY "SAFE" SITE

## THIS DOCUMENT IS AVAILABLE ON HUD'S WEB SITE AT WWW.HUD.GOV

#### ATTACHMENT 3

## Choosing an Environmentally "Safe" Site Supplemental Guidance Environmental Information For 202/811 Programs..

Under 24 CFR Part 50, the U.S. Department of Housing and Urban Development (HUD) has the responsibility for conducting the environmental review for 202 and 811 Programs. In the conduct of its review, applicants may be asked to provide information necessary for completing the environmental review in an expeditious and comprehensive manner. What follows is the type of information collected and analyzed in the conduct of the environmental review.

## NATURAL RESOURCES

The natural environment is important, and there are many federal regulations and executive orders promulgated to "protect" and conserve natural resources, historic properties, endangered and threatened species and their habitats. Wetlands, coastal barrier resources, and wild and scenic rivers are natural resources, which may also be under threat from development activities. Each of these natural resources has their own regulatory requirements with regard to determining potential environmental impacts.

**Natural Resources** 

+ Rivers + Streams + Lakes + Ponds + Designated Wetlands + Drainage ways Swamps Creeks Waterways + Coastlines <sub>+</sub> Unique natural features + Endangered Species\*

ENDANGERED AND THREATENED SPECIES

\*In some areas, like Seattle, Washington or Portland, Oregon for example, there is an aggressive effort to protect certain types of salmon and their habitat (living environment). As a result, all projects may be considered a "threat" to their survival, as they may impact either the species or their habitat. In other areas, especially with regard to endangered species, it may be a butterfly, insect, or certain types of birds that are under threat. Articles in newspapers or on the news may alert you to controversies surrounding natural resource issues, especially those involving endangered species and wetlands.

\*\*Applicants must comply with the requirements under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001-4128) and the Coastal Barrier Resources Act (19 U.S.C. 3601).

#### MANMADE HAZARDS

#### Completion of the Phase I Assessment is required and must be included among the

Exhibits for submission. However, other potential hazardous or site contaminations problems may be discovered during the conduct of they environmental review. Specific environmental risks and hazards that may result in site contamination are discussed in Choosing an Environmentally "Safe." Site. Additional environmental information on manmade hazards that HUD may collect in the conduct of the environmental review may include the following categories.

#### **Manmade Hazards**

```
+ Industrial Operations
(e.g. lead smelter, facilities handling explosive
material, heavy industry, etc.
```

+ Airports

+ Landfills, dumps,

+ Odors

+ Noise

+ Traffic (major transportation or truck routes, railroad lines, highways, etc)

+ Agricultural operations

+ Incinerators, oil refineries

+ Large parking facilities/lots

+ Nuisances and Hazards (natural and built)

# Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

Type or clearly print the Applicant's name and full address in the space below.

|        | (fold line)                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | Type on closely wint the following information                                                                                                                                                                                                                                                                                                                                                                                              |
|        | Type or clearly print the following information:                                                                                                                                                                                                                                                                                                                                                                                            |
|        | Name of the Federal<br>Program to which the                                                                                                                                                                                                                                                                                                                                                                                                 |
|        | applicant is applying:                                                                                                                                                                                                                                                                                                                                                                                                                      |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|        | To Be Completed by HUD                                                                                                                                                                                                                                                                                                                                                                                                                      |
| •<br>• | HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies. |
| - 1    | HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:                                                                                                                                                                                                                                                                                              |
|        | Enclosed                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|        | Being sent under separate cover                                                                                                                                                                                                                                                                                                                                                                                                             |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|        | Processor's Name                                                                                                                                                                                                                                                                                                                                                                                                                            |
|        | Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                             |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|        | form <b>HUD-2993</b> (2/99)                                                                                                                                                                                                                                                                                                                                                                                                                 |

22049

Client Comments and Suggestions

U.S. Department of Housing and Urban Development

# You are our Client! Your comments and suggestions, please!

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and applicationforms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development Office of Departmental Grants Management and Oversight Room 3156 451 7th Street, SW Washington, DC 20410

Please Provide Comments on HUD's Efforts:

The NOFA (insert title)\_\_\_\_\_

| is: | (pl | lease | check | one) | ł |
|-----|-----|-------|-------|------|---|
|-----|-----|-------|-------|------|---|

(a) is clear and easily understandable

(b) better than before, but still needs improvement (please specify)

(c) other (please specify)

The application form (insert title)

is: (please check one)

(a) is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.

(b) is simpler and more user-friendly than before, but still needs work (please specify).

(c) other comments (please specify)

Name & Organization (Optional):

| Are | additional | pages | attached? | Yes | No |
|-----|------------|-------|-----------|-----|----|
|     |            |       |           |     |    |

Previous versions obsolete

form HUD-2994 (03/2003)

# APPENDIX B

# LOCAL HUD OFFICES

NOTES:

(1) The first line of the mailing address for all offices is Department of Housing and Urban Development. Telephone numbers listed are not toll-free.

(2) Applications for projects proposed to be located within the jurisdiction of the Sacramento, California Office must be submitted to the San Francisco, California Office.

(3) Applications for projects proposed to be located within the jurisdiction of the Cincinnati, Ohio Office must be submitted to the Columbus, Ohio Office.

(4) Applications for projects proposed to be located within the jurisdiction of the Washington, DC Office must be submitted to the Baltimore, Maryland Office.

(5) Applications for projects proposed to be located within the jurisdiction of the Grand Rapids, Michigan Office must be submitted to the Detroit, Michigan Office.

# HUD - BOSTON HUB

# HARTFORD OFFICE

One Corporate Center 19th Floor Hartford, CT 06103-3220 (860) 240-4800 TTY Number: (860) 240-4665

# **BOSTON OFFICE**

Room 301 Thomas P. O'Neill, Jr. Federal Building 10 Causeway Street Boston, MA 02222-1092 (617) 994-8500 TTY Number: (617) 565-5453

# **MANCHESTER OFFICE**

Norris Cotton Federal Building 275 Chestnut Street Manchester, NH 03101-2487 (603) 666-7510 TTY Number: (603) 666-7518

## **PROVIDENCE OFFICE**

Sixth Floor 10 Weybosset Street Providence, RI 02903-2808 (401) 528-5230 TTY Number: (401) 528-5403

#### **HUD - NEW YORK HUB**

#### **NEW YORK OFFICE**

26 Federal Plaza, Room 3200 New York, NY 10278-0068 (212) 264-8000 TTY Number: (212) 264-0927

#### HUD - BUFFALO HUB

#### **BUFFALO OFFICE**

Lafayette Court Building 465 Main Street, 2<sup>nd</sup> Floor Buffalo, NY 14203-1780 (716) 551-5755, ext. 5000 TTY Number: (716) 551-5787

#### **HUD - PHILADELPHIA HUB**

## PHILADELPHIA OFFICE

The Wanamaker Building 100 Penn Square East Philadelphia, PA 19107-3380 (215) 656-0600 TTY Number: (215) 656-3452

## **CHARLESTON OFFICE**

Suite 708 405 Capitol Street Charleston, WV 25301-1795 (304) 347-7000 TTY Number: (304) 347-5332 Thirteenth Floor One Newark Center Newark, NJ 07102-5260 (973) 622-7900 TTY Number: (973) 645-3298

#### **PITTSBURGH OFFICE**

339 Sixth Avenue
Sixth Floor
Pittsburgh, PA 15222-2507
(412) 644-6428
TTY Number: (412) 644-5747

#### **HUD - BALTIMORE HUB**

## **BALTIMORE OFFICE**

Fifth Floor City Crescent Building 10 South Howard Street Baltimore, MD 21201-2505 (410) 962-2520 TTY Number: (410) 962-0106

#### **RICHMOND OFFICE**

600 East Broad Street Richmond, VA 23219 (804) 771-2100, ext. 3839 TTY Number: (804) 771-2038

#### **HUD - GREENSBORO HUB**

#### **GREENSBORO OFFICE**

Koger Building 2306 West Meadowview Road Greensboro, NC 27407-3707 (336) 547-4069 TTY Number: (336) 547-4020

#### **COLUMBIA OFFICE**

Strom Thurmond Federal Building 1835-45 Assembly Street Columbia, SC 29201-2480 (803) 765-5592 TTY Number: (803) 253-3209

## HUD - ATLANTA HUB

# **ATLANTA OFFICE**

ATTN: Multifamily Housing 40 Marietta Street - Five Points Plaza Atlanta, GA 30303- 2806 (404) 331- 4976 TTY Number: (404) 730-2654

#### SAN JUAN OFFICE

Edificio Administracion de Terrenos 171 Carlos Chardon Avenue, Suite 301 San Juan, PR 00918-0903 (787) 766-5401 TTY Number: (787) 766-5909

## LOUISVILLE OFFICE

601 West Broadway Louisville, KY 40202 (502) 582-5251 TTY Number: 1-800-648-6056

## **KNOXVILLE OFFICE**

Third Floor John J. Duncan Federal Building 710 Locust Street Knoxville, TN 37902-2526 (423) 545-4384 TTY Number: (423) 545-4559

# NASHVILLE OFFICE

Suite 200 235 Cumberland Bend Nashville, TN 37228-1803 (615) 736-5213 TTY Number: (615) 736-2886

# HUD - JACKSONVILLE HUB

## **JACKSONVILLE OFFICE**

Suite 2200 Southern Bell Tower 301 West Bay Street Jacksonville, FL 32202-5121 (904) 232-2626 TTY Number: (904) 232-2631

#### **BIRMINGHAM OFFICE**

Medical Forum Building 950 22nd St., North Suite 900 Birmingham, AL 35203-5301 (205) 731-2624 TTY Number: (205) 731-2624

# **JACKSON OFFICE**

Suite 910 Doctor A.H. McCoy Federal Building 100 West Capitol Street Jackson, MS 39269-1096 (601) 965-4700 TTY Number: (601) 965-4171

#### **HUD - CHICAGO HUB**

## CHICAGO OFFICE

Ralph H. Metcalfe Federal Building 77 West Jackson Boulevard Chicago, IL 60604-3507 (312) 353-5680 TTY Number: (312) 353-5944

## **INDIANAPOLIS OFFICE**

151 North Delaware Street Indianapolis, IN 46204-2526 (317) 226-6303 TTY Number: (317) 226-7081

# **HUD - DETROIT HUB**

## **DETROIT OFFICE**

Patrick V. McNamara Federal Building 477 Michigan Avenue, Suite 1635 Detroit, MI 48226-2592 (313) 226-7900 TTY Number: (313) 226-6899

# **HUD - COLUMBUS HUB**

# **COLUMBUS OFFICE**

200 North High Street 7th Floor Columbus, OH 43215-2499 (614) 469-5737 TTY Number: (614) 469-6694

## **CLEVELAND OFFICE**

US Bank Centre 1350 Euclid Avenue Suite 500 Cleveland, OH 44115-1815 (216) 522-4058 TTY Number: (216) 522-2261

## **HUD - MINNEAPOLIS HUB**

## **MINNEAPOLIS OFFICE**

920 Second Avenue South Minneapolis, MN 55402 (612) 370-3000 TTY Number: (612) 370-3186

## MILWAUKEE OFFICE

Suite 1380 Henry S. Reuss Federal Plaza 310 West Wisconsin Avenue, Suite 1380 Milwaukee, WI 53203-2289 (414) 297-3214, ext. 8673 TTY Number: (414) 297-1423

# HUD - FT. WORTH HUB

## LITTLE ROCK OFFICE

Suite 900 TCBY Tower 425 West Capitol Avenue Little Rock, AR 72201-3488 (501) 324-5931 TTY Number: (501) 324-5931

# **NEW ORLEANS OFFICE**

Ninth Floor Hale Boggs Federal Building 501 Magazine Street New Orleans, LA 70130-3099 (504) 589-7200 TTY Number: (504) 589-7279

# FT. WORTH OFFICE

801 Cherry Street
P.O. Box 2905
Fort Worth, TX 76113-2905
(817) 978-5965
TTY Number: (817) 978-5595

## **HOUSTON OFFICE**

Suite 200 Norfolk Tower 2211 Norfolk Houston, TX 77098-4096 (713) 313-2274 TTY Number: (713) 834-3274

#### SAN ANTONIO OFFICE

106 South St. Mary's, Suite 405 San Antonio, TX 78205 (210) 475-6800 TTY Number: (210) 475-6885

## HUD - GREAT PLAINS

#### **DES MOINES OFFICE**

Room 239 Federal Building 210 Walnut Street Des Moines, IA 50309-2155 (515) 284-4583 TTY Number: (515) 284-4728

# KANSAS CITY OFFICE

Room 200 Gateway Tower II 400 State Avenue Kansas City, KS 66101-2406 (913) 551-5462 TTY Number: (913) 551-6972

## **OMAHA OFFICE**

Executive Tower Centre 10909 Mill Valley Road Omaha, NE 68154-3955 (402) 492-3122 TTY Number: (402) 492-3183

# ST. LOUIS OFFICE

Third Floor Robert A. Young Federal Building 1222 Spruce Street, Room 3.207 St. Louis, MO 63103-2836 (314) 539-6583 TTY Number: (314) 539-6331

## **OKLAHOMA CITY OFFICE**

500 West Main Street Suite 400 Oklahoma City, OK 73102-2233 (405) 553-7401 TTY Number: 1-800-877-8339

#### HUD - DENVER HUB

# **DENVER OFFICE**

633 17th Street Denver, CO 80202-3607 (303) 672-5343 TTY Number: (303) 672-5113

#### **HUD - SAN FRANCISCO HUB**

## **PHOENIX OFFICE**

One North Central #600 Phoenix, AZ 85004 (602) 379-7149 TTY Number: (602) 379-4557

## SAN FRANCISCO OFFICE

Philip Burton Federal Building and U.S. Courthouse
450 Golden Gate Avenue
P.O. Box 36003
San Francisco, CA 94102-3448
(415) 436-8356
TTY Number: (415) 436-6594

#### **HONOLULU OFFICE**

500 Ala Moana Boulevard, Suite 3A Honolulu, HI 96813 (808) 522-8185 TTY Number: (808) 522-8193

#### **HUD - LOS ANGELES HUB**

#### LOS ANGELES OFFICE

611 West 6th Street Suite 800 Los Angeles, CA 90017-3106 (213) 894-8000 TTY Number: (213) 894-8133

# HUD - SEATTLE HUB

# **PORTLAND OFFICE**

400 Southwest Sixth Avenue Suite 700 Portland, OR 97204-1632 (206) 220-5241 TTY Number: (206) 220-5254

# **ANCHORAGE OFFICE**

949 East 36<sup>th</sup> Avenue, Suite 401 Anchorage, AK 99508 (206) 220-5241 TTY Number: (206) 220-5254

## SEATTLE OFFICE

909 First Avenue, Suite 200
Seattle, WA 98104
(206) 220-5241
TTY Number: (206) 220-5254