

FUNDING REQUEST FORM

1. PHA Information:

* Name:

* PHA Number:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code: * Country:

* Joint Application: Yes No If yes, please provide name(s), PHA number(s), and address information of joint applicant(s) (If more than one joint applicant, please attach additional sheets as necessary):

* Name:

* PHA Number:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code: * Country:

Joint Applicant Additional Information:

2. Contact Information for the Person Most Familiar with This Application:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Phone Number:

* Email:

* 3. Application Type: New Renewal

4. All Applicants - Total Approved Slots:

Please indicate the number of approved slots in your Public Housing FSS Action Plan. There is a 25-slot minimum in order to be eligible for this program. Joint applicants should indicate the combined total of FSS program slots in their HUD-approved Public Housing FSS Action Plans.

* Total number of approved slots:

RENEWAL APPLICANTS PLEASE ANSWER QUESTIONS 5 - 9**5. FSS Coordinator Information:*** a) FY under which your FSS Coordinator position was last funded: * b) Number of positions funded: * c) Number of positions requested under this NOFA: * d) Annual salary requested for each FSS Coordinator(s): \$

(Note: The salary requested should include fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap of \$63,000 per position)

* e) Total funding requested for program coordinator salary(ies): \$ * f) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the positions you are applying for is on file at the PHA: Yes No * 6. Total amount requested for Contract Administrator services: \$ **7. Program Participant Information:*** Number of single-parent families: **8. Reporting to HUD:**

* The PHA has submitted reports on participating families to HUD via the HUD 50058 Family Self-Sufficiency/Welfare-to-Work Voucher Addendum.

Yes No **9. Program Accomplishments - Complete All that Apply:*** The number of families enrolled in the Public Housing FSS program as of 9/30. * The number of Public Housing FSS program participants with an FSS escrow account balance greater than zero. * The average escrow account distribution paid to Public Housing families that graduated between 10/1 and 9/30. * The number of Public Housing FSS families that have successfully completed their FSS contracts between 10/1 and 9/30. * The number of Public Housing FSS graduates that moved out of public housing. * The number of Public Housing FSS graduates who participated in a ROSS-funded homeownership program. * The number of Public Housing FSS graduates who moved to homeownership through other homeownership programs. **NEW APPLICANTS PLEASE ANSWER QUESTIONS 10 - 12****10. FSS Coordinator Information:*** a) Annual salary requested for the FSS Coordinator position: \$

(Note: The salary requested should include fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap of \$63,000 annually for the position)

* b) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the positions you are applying for is on file at the PHA:

Yes No * 11. Total amount requested for Contract Administrator services: \$ **12. Information About Potential Participants:*** Percent of target population that is unemployed: % * Number of single-parent families in target population:

Attachments

JointAdditionalInfo_attDataGroup0

File Name

Mime Type

Tracking Number: