

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify)**

*** 3. Date Received:**

06/26/2007

4. Applicant Identifier:

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** Housing Authority of the City & County of Denver

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

84-6002414

*** c. Organizational DUNS:**

d. Address:

*** Street1:**

777 Grant Street

Street2:

*** City:**

Denver

County:

*** State:**

CO: Colorado

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

80203

e. Organizational Unit:

Department Name:

Resident & Community Services

Division Name:

Section 8/Client Services

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

*** First Name:**

Tina

Middle Name:

*** Last Name:**

Segura

Suffix:

Title: Chief Operating Officer

Organizational Affiliation:

*** Telephone Number:**

Fax Number:

720-932-3006

*** Email:**

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9. Type of Applicant 1: Select Applicant Type:

Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.877

CFDA Title:

Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

*** 12. Funding Opportunity Number:**

FR-5100-N-16

* Title:

Public Housing Family Self-Sufficiency Program

13. Competition Identification Number:

PHFSS-16

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City & County of Denver

*** 15. Descriptive Title of Applicant's Project:**

2007 ROSS Public Housing Family Self Sufficiency Program

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="222,600.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="222,600.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

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*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input field]

Attachments

AdditionalCongressionalDistricts

File Name

Mime Type

AdditionalProjectTitle

File Name

Mime Type

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Manifest for Grant Application # GRANT00299694

Grant Application XML file (total 1):

1. GrantApplication.xml. (size 17030 bytes)

Forms Included in Zip File (total 5):

1. Form SF424-V2.0.pdf (size 9722 bytes)
2. Form HUD_FaxTransmittal-V1.1.pdf (size 3511 bytes)
3. Form Attachments-V1.1.pdf (size 1871 bytes)
4. Form HUD_DisclosureUpdateReport-V1.1.pdf (size 8068 bytes)
5. Form FaithBased_SurveyOnEEO-V1.2.pdf (size 5666 bytes)

Attachments Included in Zip File (total 11):

1. Attachments-ATT2-2330-DHA_Ethics_Policy-Standard_Code_of_Conduct.pdf (size 10645 bytes)
2. Attachments-ATT1-1784-2007_Threshold_Requirements.pdf (size 31264 bytes)
3. Attachments-ATT7-6947-HUD-2994-A.pdf (size 27135 bytes)
4. Attachments-ATT11-9282-HUD-96010_PHFSS_V7.3_051007.xls (size 411136 bytes)
5. Attachments-ATT10-8048-DHA_FSS_Minimum_Program_Size.pdf (size 46837 bytes)
6. Attachments-ATT3-6118-HUD-2880.pdf (size 38877 bytes)
7. Attachments-ATT4-6850-HUD-2880_Part_II.pdf (size 30594 bytes)
8. Attachments-ATT6-8180-HUD-2991.pdf (size 16098 bytes)
9. Attachments-ATT9-4753-HUD-27300.pdf (size 278104 bytes)
10. Attachments-ATT5-3149-HUD-2990.pdf (size 226312 bytes)
11. Attachments-ATT8-6172-HUD-52767.pdf (size 135261 bytes)

Public reporting burden for this collection of information is estimated to average 3 hours. This includes the time for collecting, reviewing, and reporting the data. The information will be used to encourage applicants to pursue and promote efforts to remove regulatory barriers to affordable housing. 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.

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties
[Collectively, Jurisdiction]

	1	2
<p>1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a "housing element," please enter no. If no, skip to question # 4.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right," as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration.). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or is otherwise not based upon explicit health standards?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<p>5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may enter yes.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "<i>Smart Codes in Your Community: A Guide to Building Rehabilitation Codes</i>" (www.huduser.org/publications/destech/smartcodes.html)</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p> <p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

<p>11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, attach a brief list of these major regulatory reforms.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>Total Points:</p>		

Part B. State Agencies and Departments or Other Applicants for Projects Located in Unincorporated Areas or Areas Otherwise Not Covered in Part A

	1	2
1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If no, skip to question # 4	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
2. Does your state require that a local jurisdiction's comprehensive plan estimate current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate, and middle income families, for at least the next five years?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
3. Does your state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable housing?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
7. Does your state have specific enabling legislation for local impact fees? If no skip to question #9.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
8. If yes to the question #7, does the state statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (<i>nexus</i>) and a method for fee calculation?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

<p>10. Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification?</p> <p>Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>11. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "<i>Smart Codes in Your Community: A Guide to Building Rehabilitation Codes</i>" (www.huduser.org/publications/destech/smartcodes.html)</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>12. Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state's own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development. If yes, briefly list these changes.</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>13. Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>14. Within the past five years, has the state initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the states' "Consolidated Plan submitted to HUD?" If yes, briefly list these major regulatory reforms.</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>15. Has the state undertaken any other actions regarding local jurisdiction's regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative procedures? If yes, briefly list these actions.</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>Total Points:</p>		

Part II Other Government Assistance Provided or Requested/Expected Sources and Uses of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit or tax benefit.

Department/Local Agency Name & Address	Type of Assistance	Amount Requested/Provided	Expected Use of Funds
US Department of Housing & Urban Development Office of Public Housing 1670 Broadway, 23 rd Floor Denver, CO 80202	Grant	\$500,000	2006 ROSS Neighborhood Networks – New Center
US Department of Housing & Urban Development Office of Public Housing 1670 Broadway, 23 rd Floor Denver, CO 80202	Grant	\$129,471	2006 Public Housing Family Self Sufficiency Program Coordinators
US Department of Housing & Urban Development Office of Public Housing 1670 Broadway, 23 rd Floor Denver, CO 80202	Grant	\$500,000	2006 ROSS – Resident Service Delivery Model
US Department of Housing & Urban Development Office of Public Housing 1670 Broadway, 23 rd Floor Denver, CO 80202	Grant	\$129,471	2006 – Housing Choice Voucher FSS Program Coordinators
US Department of Housing & Urban Development Office of Public Housing 1670 Broadway, 23 rd Floor Denver, CO 80202	Grant	\$500,000	2005 ROSS Neighborhood Networks – New Center

US Department of Housing & Urban Development Office of Public Housing 1670 Broadway, 23 rd Floor Denver, CO 80202	Grant	\$500,000	2005 ROSS Homeownership Supportive Services
US Department of Housing & Urban Development Office of Public Housing 1670 Broadway, 23 rd Floor Denver, CO 80202	Grant	\$500,000	2005 ROSS Resident Service Delivery Model Program
US Department of Housing & Urban Development Office of Public Housing 1670 Broadway, 23 rd Floor Denver, CO 80202	Grant	\$213,245	2005 ROSS Family Self Sufficiency Program Coordinators
US Department of Housing & Urban Development Office of Public Housing 1670 Broadway, 23 rd Floor Denver, CO 80202	Grant	\$500,000	2005 ROSS Neighborhood Networks Program
US Department of Housing & Urban Development Office of Public Housing 1670 Broadway, 23 rd Floor Denver, CO 80202	Grant	\$20,000,000	2003 Park Ave HOPE VI Program
US Department of Housing & Urban Development Office of Public Housing 1670 Broadway, 23 rd Floor Denver, CO 80202	Grant	\$200,000	2003 Park Ave HOPE VI Neighborhood Networks Program

US Department of Housing & Urban Development Office of MultiFamily Housing 1670 Broadway, 23 rd Floor Denver, CO 80202	Grant	\$58,827	Senior/Disabled Resident Services
US Department of Housing & Urban Development Office of MultiFamily Housing 1670 Broadway, 23 rd Floor Denver, CO 80202	Grant	\$57,831	Senior/Disabled Resident Services
US Department of Housing & Urban Development Housing Choice Voucher Program 1670 Broadway, 23 rd Floor Denver, CO 80202	Grant	\$128,190	Section 8 Family Self Sufficiency Program
City & County of Denver Office of Economic Development Division of Workforce Development 201 W. Colfax Avenue Denver, CO 80202	Grant	\$499,969	Youth Employment Academy
City & County of Denver Office of Economic Development Division of Workforce Development 201 W. Colfax Avenue Denver, CO 80202	Grant	\$207,727	Youth Workforce Investment Act Services

City & County of Denver Office of Economic Development Division of Workforce Development 201 W. Colfax Avenue Denver, CO 80202	Grant	\$136,600	Adult Intensive Workforce Investment Act Services

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 8/31/2009)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Housing Authority of the City & County of Denver 777 Grant Street, Denver, CO 80203 (720) 932-3161		2. Social Security Number or Employer ID Number: 084602414
3. HUD Program Name 2007 Housing Choice Voucher FSS Program Coordinator		4. Amount of HUD Assistance Requested/Received \$130,765
5. State the name and location (street address, City and State) of the project or activity: Denver Housing Authority, 777 Grant Street, Denver, CO 80203		

Part I Threshold Determinations

- | | |
|--|---|
| 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. |
|--|---|

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
Please see attached document			

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- 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).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)
None			

(Note: Use Additional pages if necessary.)

Certification

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. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation. I certify that this information is true and complete.

Signature: Tina Segura, Chief Operating Officer, Section 8/Client Services Housing Authority of the City & County of Denver X	Date: (mm/dd/yyyy) 6/13/2007
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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:

- (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 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:

1. 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.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. 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.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. 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:

1. 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.

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.
3. 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).
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 RC/EZ/EC-IIs
Strategic 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), designated by HUD or by the United States Department of Agriculture (USDA), the tax incentive utilization plan for an urban or rural renewal community (RC) designated by HUD, or the strategic plan for an enterprise community (EC-II) designation in round II by USDA.

(Type or clearly print the following information)

Applicant Name Housing Authority of the City & County of

Name of the Federal
Program to which the
applicant is applying 2007 Housing Choice Voucher FSS Program

Name of RC/EZ/EC-II City & County of Denver-Enterprise Community

I further certify that the proposed activities/projects will be located within the RC/EZ/EC-II identified above and are intended to serve the residents of the designated area. (2 points)

Name of the
Official Authorized
to Certify the RC/EZ/EC-II Jacky Morales-Ferrand

Title Director, Housing & Neighborhood Svcs

Signature *Jacky Morales-Ferrand*

Date (mm/dd/yyyy) 6/4/07

**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: Housing Authority of the City & County of Denver

Project Name: DHA All Public Housing Residents are Eligible

Location of the Project: City & County of Denver

Name of the Federal Program to which the applicant is applying: 2007 ROSS Public Housing FSS Program

Name of Certifying Jurisdiction: City & County of Denver - Housing & Neighborhood Development

Certifying Official of the Jurisdiction Name: Jacky Morales-Ferrand

Title: Director, Housing & Neighborhood Development

Signature: *Jacky Morales-Ferrand*
Date: 6/4/07

You are our Client!
Grant Applicant Survey

U.S. Department of Housing
And Urban Development
Office of Departmental Grants
Management and Oversight

OMB No. 2535-0116 (exp. 12/31/2008)

The information collection requirements contained in this document have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44U.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. Public reporting burden for this collection 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. All information collection contained in this Survey is optional.

The Department of Housing and Urban Development is trying to provide a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to the Notice of Funding Availability Application and forms and/or the Electronic Grant Application Outreach process. You can complete and submit this survey and attach it to your electronic application or you mail directly to: Department of Housing and Urban Development, 451 7th Street, SW – Room 3156, Washington, DC 20410.

Instructions. Listed below are several questions regarding outreach conducted by the Federal Government to prepare organizations for the Grants.gov registration process, the retrieval of funding opportunities, and submission of electronic applications. The grading scale below provides options from extremely helpful to not applicable. In the box provided, grade the government on its outreach efforts from O-None thru G-Not applicable to my needs. Section seven provides space for you to make SUGGESTIONS FOR IMPROVEMENT, please identify the section you are commenting on. Field level help is available by click on the F1 key.

O= None A = Extremely helpful B = Somewhat helpful C = Helpful D = Not very helpful
F = Not helpful G = Not applicable to my needs

Section 1 – Electronic Grant Application Outreach Provide details about the type of information you received from HUD about Grants.gov as indicated below.

1. The brochure(s)/guide(s) (insert title(s)): N/A	Grade: O-None
2. Title of the workshop(s) /conference(s)/meeting(s)/training/forum(s) N/A	Date attended: Grade: O-None
3. Title(s) of satellite broadcast(s): N/A	Date(s): Grade: O-None
4. Did you receive information from the Agency Call Center? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the date(s) and rate the quality of assistance received.	Date(s): Grade: O-None
5. Did you receive information from the Grant.gov Contact Center? ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the date(s) and rate the quality of assistance received.	Date(s): Grade: O-None
6. How could we improve our communications to you and others like you (please explain)?	

Section 2 – Electronic Grant Application Registration Process

1. Did you find the Grants.gov website information on registration clearer and easier to understand than last year? Yes No
2. Do you have access to IBM compatible software? Yes No
3. Do you have Internet access within your office or division? Yes No
If no, is the access within:
 - a. Within your organization? Yes No
 - b. Available in your building? Yes No

- c. Available at home?
- d. Available within 1 mile of where you work?
- e. Available within 5 miles of where you work?
- f. Available more than 5 miles of where you work?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Do you have problems with Internet access due to any of the following?

- Cost?
- Reliability?
- Office access rights?
- Poor quality reception?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Section 3 – Funding Opportunities

Which Funding Opportunity are you commenting on	Insert CFDA numeral: 14.877
1. Did you find the Submission Checklist helpful?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Were the Funding Opportunity instructions clearer and easier to follow than last year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Were the Program specific funding opportunity instructions clearer and easier to follow than last year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you find sections of the funding opportunity duplicative?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If yes, to any of the questions above, identify the section(s) and areas for streamlining the redundant information.

Section 4 – Finding Grant Opportunities

1. Was it easier to find the Finding Opportunities on-line through Grants.gov than previous methods?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Based on previous years, how easy was it to find grants in the	Choose from dropdown
a. Federal Register	None
b. Trade journals	None
c. Agency websites	A little easier
3. How could finding grant opportunities be improved (please explain)?	

Section 5 – Applying for Grant Opportunities


1. Was there more than one person involved in completing the application submission?	Number: 2
2. Did you find the electronic application useful for dissemination purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Did the same individual who downloaded the grant application submit the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you know where to look for instructions for completing and submitting the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. At what point in the process did you download and read the Application Instructions?	A-Before looking at the application
6. What Section of the Electronic Application Desktop Guide were most useful?	
7. How could the Electronic Application Desktop Guide be improved (please explain)?	


8. Did you find the Submission Tips helpful?	Grade C-Helpful
9. Did you find the NOFA Application Submission Checklist helpful?	Grade C-Helpful
10. Did you know how to use the attachment form in the application package?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
11. Did you have a problem saving your application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know

Section 6 – Applicant Information

Organization Legal Name Housing Authority of the City & County of Denver

Address 777 Grant St City Denver State CO

Zip Code 80203 Telephone Number: (including area code) 

Contact Name: Tina Segura, Chief Operating Officer Email Address: 

Section 7 – Suggestions

For improving the Electronic Grant process, please specify below. Please identify the section you are commenting on.

**Public Housing Family
Self-Sufficiency Funding
Request Form**

**U.S. Department of Housing
and Urban Development
Office of Indian and Public Housing**

OMB Approval No 2577-0229

(Expires: 11/30/07)

Public reporting burden for the collection of information is estimated to average 4 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.

1. PHA Information:

Name: Housing Authority of the City & County of Denver PHA Number: CO001

Address: 777 Grant Street, Denver, CO 80203

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 addition sheets as necessary):

Name: _____ PHA Number: _____

Address: _____

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

Name: Tina Segura, Chief Operating Officer Telephone: [REDACTED]

e-mail address: [REDACTED]

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: 199

5. Most Recent PHAS Rating: High Performer
Standard Performer
Troubled

6. Funding Category for this Application: 1 2 3 4 1

RENEWAL APPLICANTS PLEASE ANSWER QUESTIONS 7 - 9

7. FSS Coordinator Information:

a) FY under which your FSS Coordinator position was last funded: 2006

b) Number of positions funded: 5

c) Number of positions requested under this NOFA: 5

d) Annual salary requested for each FSS Coordinator(s) (Please list all.): \$ 44,520
(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 referred to in the NOFA.)

e) Total funding requested for program coordinator salary(ies): \$ 222,600

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

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 –

a. 13 Number of years your program has been in existence.

b. 184 The total number of PH FSS participants.

c. 82 The number of Public Housing FSS program participants with an FSS escrow account balance greater than zero.

d. 45% The percent of Public Housing FSS program participants with an FSS escrow account balance greater than zero.

e. \$9,217 The average escrow account distribution paid to Public Housing families that have graduated since October 1, 2000.

f. 137 The number of Public Housing FSS families that have successfully completed their FSS contracts since October 1, 2000.

g. 30% The percent of Public Housing FSS families that have successfully completed their FSS contracts.

h. 99 The number of Public Housing FSS graduates since October 1, 2000 that moved out of public housing.

i. 24 The number of Public Housing FSS graduates since October 1, 2000 who moved to homeownership through a ROSS-funded homeownership program.

j. 19 The number of Public Housing FSS graduates since October 1, 2000 who moved to homeownership through other homeownership programs.

NEW APPLICANTS PLEASE ANSWER QUESTION 10

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 referred to in the NOFA)

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

IT IS RECOMMENDED THAT YOU PRINT THESE INSTRUCTIONS BEFORE CONTINUING

It may be helpful to print out a copy of the instructions and have them on hand while creating your eLOGIC MODEL™. These instructions may not look exactly as displayed on your screen. To print any of the 12 Worksheets, select the TAB with your cursor at the bottom of screen and use your print function (usually File | Print).

Do not modify the workbook. Do not change the integrity of the form by adding additional tabs or worksheets. The instructions provided here will meet your needs.

SECURITY AND THE USE OF "MACROS"

The 2007 HUD eLogic Model™ when downloaded and opened may prompt a "Macro" alert on your screen. "Macros" are a form of programming used in Excel to enable additional functionality. You will need to "enable" the "Macros" to use all functions on your eLOGIC MODEL™. After submission of your eLogic Model™ grant application, you may reset your security levels to their original settings. Depending on your version of Excel™, there are several steps you must take in order to use the eLogic Model™. A description is provided below for three most common versions of Excel™ in use today, one of which is probably installed on your computer.

NOTE: If you do not enable the "Macros" your eLogic Model™ will not function properly. If you are working in a network, and you cannot control your desktop settings, contact your system administrator for support. Some of you may already be very familiar with Macros. If you are not, here are some easy step-by-step instructions for you to follow to enable the Macros.

Excel™ 2003 - There are four levels of security regarding the use of "Macros": Very High, High, Medium, and Low. If upon opening the eLogic Model™ the dialog box states that you must change your Security setting to enable "Macros", your security settings are either set to Very High or High and you must take the following steps: Go to the toolbar at the top of the screen and click on "Tools". Then click "Options" and then click the tab labeled "Security" located on the top right of the window. At the bottom right of the window, click the button that says "Macro Security" and select Medium as your setting. Click "OK" and then click "OK" in the Options window. Close your eLogic Model™. Re-open your eLogic Model™. You will now receive a dialog box with the message "Security Warning". Click on the button at the bottom that says "Enable Macros". Your eLogic Model™ will open and be fully functional.

If upon opening the eLogic Model™ the dialog box gives you an option to enable "Macros" at that moment, it means that Security is set to Medium. All you need to do is to click the button at the bottom of the dialog box that says "Enable Macros". Your eLogic Model™ will open and be fully functional.

If upon opening the eLogic Model™ there is no dialog box, your Security setting is set on "Low" and your Macros are already enabled. There is no additional step needed.

Excel™ 2000 - There are three levels of security regarding the use of "Macros": High, Medium, and Low. The High security setting automatically disables most Macros and does not alert you to the action. If, when entering Services/Activities in Column 3; or Outcomes in Column 5, you select "other," the word "other" appears and remains in the cell, the Macro is not functioning. Save and close changes you have made thus far. Then from the menu, select "Tools," "Macro," "Security". A dialog box will open. Click on the "Security" TAB and select "Medium," then click "OK." Reopen your eLogic Model™. A dialog box will open. Select "Enable Macros". Your eLogic Model™ will open and be fully functional.

If your copy of Excel is already set to "Medium" security, the enable Macros dialog box will appear and you can proceed as above.

The low security setting automatically enables all Macros and you will not receive any message. The eLogic Model™ will open and be fully functional.

Excel™ 1997 - If you are using this version of Excel, please contact HUD's NOFA Information Center for assistance at (800) HUD-8929. Persons with hearing or speech impairments may access this number via TTY by calling the Federal Information Relay Service at (800) 877-8339. The NOFA Information Center is open between the hours of 10 a.m. and 6:30 p.m. eastern time, Monday through Friday, except federal holidays.

eLOGIC MODEL™ SPECIAL FEATURES

There are several new features available in this year's eLOGIC MODEL™:

Populate Worksheets - When identifying information is entered in the Year1 worksheet, e.g. Applicant Name, Project Name, and Component Name, this information will automatically populate or carryover into the Year2, Year 3, and Total worksheets. Activities and Outcomes do not populate as there are any number of combinations of activities that can be performed over the life of an award.

Expand Worksheet Columns for Better Viewing - The Need (Column 2), Service or Activity (Column 3) and Outcome (Column 3) columns can be expanded for better viewing. See additional details under, COLUMNS OF THE eLOGIC MODEL™ (1-7).

Use of "Other" in the Dropdown List for "Services or Activities/Output" and "Outcome"

The dropdown lists for "Services or Activities/Output" and "Outcome" can be expanded to include up to three additional entries. If a service/activity and outcome in the existing dropdown lists do not adequately reflect your project, you may select "other" and add up to three additional entries for "Services or Activities/Output" and three additional entries for "Outcome". These entries are for the total duration of the project, not each year. For example, if you want to add one "other" activity and associated outcome in Year1, Year2 and Year3 you will not be able to add any additional "other" items. Please bear this in mind when determining the need to select "other" rather than an item already identified in the drop down menu. See additional details under, COLUMNS OF THE eLOGIC MODEL™ (1-7).

A Reporting TAB Has Been Added

The worksheets of the eLogic Model™ contain projections of services or activities and outcomes in support of your proposed project. If you are selected for funding, your approved eLogic Model™ will lock the approved activities/output and proposed projections of your eLogic Model™ and also open up the post reporting functionality. You will be provided a copy of your approved eLogic Model™ with your award agreement. The approved eLogic Model™ will allow you to report actual numbers in the space provided in the "post" column.

A "Reporting" TAB has been designed to contain two text boxes. Use the text boxes provided. The first provides an area for reporting any positive/negative deviations from the approved eLogic Model™ projections and the basis for the deviations. The second text box is to be used to report responses to the Management Questions negotiated by the HUD program offices as part of your award. See additional details under, INSTRUCTIONS FOR REPORTING PERFORMANCE TO HUD.

This ends the highlights section. The following are detailed instructions for completing the eLogic Model™.

INSTRUCTIONS FOR COMPLETING THE eLOGIC MODEL™

BACKGROUND

The eLogic Model™ form (4 copies, Year1 Year2 Year3 and Total) is contained within this Excel™ Workbook. The Workbook has 12 separate worksheets and each worksheet is identified by a TAB at the bottom of the page. **If you cannot see all the TABS, be sure to maximize the workbook by clicking the middle button in the top right corner of the workbook to expand your window or move your bottom scroll bar so all the TABS appear. Usually this situation does not occur. If it does, the Reporting TAB and the Evaluation TAB may be hidden until you follow the above procedure.** The worksheet(s) labeled "Year1 Year2 Year3 and Total" contain the actual form that you should complete. The other Worksheet(s) provide supportive and reporting information. The TABs are:

Instructions	} 12 - Worksheets
Year1	
Year2	
Year3	
Total	
GoalsPriorities	
Needs	
Services	
Outcomes	
Tools	
Reporting	
Evaluation	

ACCESSING THE eLOGIC MODEL™

Select the TAB labeled "Year1." This is the first copy of the eLogic Model™ form. The additional copies of the form labeled Year2 Year3 and Total are used for multiple year grants to specify Activities and Outcomes for each year of the proposed program. Year2, for example, would contain Activities and Outcomes projected for the second year ONLY (not a cumulative total from Year1). Applicants applying for a multiple year grant must complete a worksheet for each year of performance, plus a total worksheet showing a cumulative total for all years covered by the award. The "Total" worksheet must reflect the sum of all years of the grant. For example, a two-year grant would include Year1 and Year2 and Total. A three-year grant would include Year1 Year2 Year3 and Total. A one-year grant would include ONLY Year1. A Total worksheet is not required for one year grants.

NOTE: Each cell of the worksheet is "lock protected" so you can only make entries in cells that are for input as directed by these instructions.

To complete the eLogic Model™ form, in the first row there is a label, "Applicant Name", cell [E1]. Enter the name of the applicant organization applying for funding. Enter the Applicant Name exactly as it appears in box 8a of the SF-424. Once you have entered your "Applicant Name" in the worksheet labeled Year1, the Year2, Year3, and Total worksheets will automatically populate the same information.

In the second row there is a label, "Project Name." Enter the name of your project in cell [E2]. Use exactly the same name as you did on box 15 of the form SF-424. If you are submitting multiple applications under the same applicant name for the same HUD program, you must include a project name that can distinguish between the two applications and logic models submitted, e.g. HBCU-Dillard-Affordable Housing15, HBCU-Dillard-Affordable Housing16. If the project name is not known at time of application then insert TBD1, TBD2, etc, e.g. HBCU-Dillard-TBD1, HBCU-Dillard-TBD2. Once you have entered your "Project Name" in the worksheet labeled Year1, the Year2, Year3, and Total worksheets will automatically populate the same information.

Immediately below "Project Name," there is a field for "Term," which corresponds to worksheets for Year1, or Year2, or Year3, or Total. This field is already pre-filled. Immediately below TERM is a field designated for the HUD Program Name. This field is already pre-filled; please verify that it matches the program for which you are applying. You will also see a field labeled "Component Name:", cell [L-4]. If the program under which you are applying has components, e.g., EOI or PEI under the Fair Housing Initiatives Program, or a TA Program under the CDTA NOFA, enter the name of the program component for which you are applying. If there are no components in the funding opportunity for which you are seeking funding, leave this field blank. Once you have entered your "Component Name" in the worksheet labeled Year1, Year2, Year3, and Total will automatically populate the same information.

To the right of the Applicant and Project fields, there are fields labeled Period and Start Date and End Date. Leave these fields blank. They are for reporting purposes. See additional details under, INSTRUCTIONS FOR REPORTING PERFORMANCE TO HUD.

COLUMNS OF THE eLOGIC MODEL™ (1-7)

Column 1 – Policy

Under the "Policy" Column (1), there are actually two columns; one for HUD Goals, and one for Policy Priority. Review the HUD Goals and Policy Priorities by clicking on the TAB labeled "GoalsPriorities" at the bottom of the workbook. For each of the eLogic Model™ worksheets used in your application (Year1 Year2 Year3 Total) select the HUD Goals and Policy Priorities that your program will address. You do this by clicking the mouse in one of the cells in column (1) of the worksheets labeled (Year1 Year2 Year3 Total). A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of letters and numbers that correspond to the HUD Goals and Policy Priority will appear. Select one of the HUD Goals and Policy Priority letter/number in the list by clicking it. Repeat this process in other cells of the HUD Goals column and the Policy Priority column until you have selected all that apply to your application.

Column 2 – Planning

Under the "Planning" Column (2), select a Problem, Need, Situation statement. Do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Need Statements appears. Select one or more of the Need Statements in the list by clicking it. Because the column is too narrow to show the full Need Statement in the dropdown list, you may wish to refer to the TAB labeled "Needs" to see the full Need Statement or you can (using your mouse) click on the shaded cell [D5] labeled **Problem, Need, Situation** and this will expand the cell. To return the cell to its original size, click again on cell [D5] labeled **Problem, Need, Situation**.

NOTE: When expanding and returning the cell to its original size, click once. Do not double click.

When you select a Need Statement, the full Need Statement will fill the cell. If you don't want this Need Statement, you can simply click the dropdown arrow again and select another item. Or, you can delete a Need Statement by selecting the cell and clicking the DELETE KEY on your keyboard. If you want to select more than one Need Statement, go to the next cell in the column and repeat the process, selecting the appropriate Need Statement. You can do this until you have selected all the Needs Statements that are appropriate to your proposed program. The selections should reflect the needs identified in your response to your Rating factor narratives. There is no need to select all the Need Statements if they do not apply to what you plan to address or accomplish with the funding requested.

Column 3 – Programming

Under the "Programming" Column (3), select a Service or Activity. You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of eligible Services or Activities appears. Select one of the Services or Activities in the list by clicking it. List Year1 Services or Activities using the Year1 worksheet of the form. List Year2 Services or Activities using the Year2 worksheet of the form. List Year3 Activities using the Year3 worksheet of the form. Make a composite Logic Model of all years on the Total worksheet. If you are only applying for one year grant, you do not need to create a composite Logic Model on the Total TAB. Because the column is too narrow to show the full Services or Activities/Outputs Statement in the dropdown list, you may wish to refer to the TAB labeled "Services" to see the full range of eligible Services or Activities/Outputs or you can (using your mouse) click on the shaded cell [E5] **Service or Activities/Outputs**. This will expand the cell. To return the cell to its original size, click on shaded cell [E5] **Service or Activities/Outputs**.

NOTE: When expanding and returning the cell to its original size, click once. Do not double click.

NOTE: If the Service or Activity/Outputs that you are looking for does not appear on the dropdown list, choose "Other" from the dropdown list. A dialog box will appear that says "Year1". Click "OK" and another dialog box will appear that says "You have selected "Other" which means that "you must create a new Activity or Outcome and a Unit of Measure, are you prepared to do this Now?", click "Yes" if you wish to continue. You will see an input window that says "Enter a new Activity or Outcome to your selection list". Enter your Service or Activity in the field provided and click "OK". A second window will appear that says "Specify a Unit of Measure for the Activity or Outcome you entered". Enter the unit of measure in the field provided and click "OK". The new Service or Activity will appear in the Logic Model cell and it will be added to the dropdown list. **YOU ARE ONLY PERMITTED TO ADD A TOTAL OF THREE NEW SERVICES OR ACTIVITIES PER LOGIC MODEL.**

In the event that you want to delete, or change your newly created Service or Activity, click the TAB labeled Services at the bottom of your screen and then click cell [B1] "Click here to allow deletion of New Activities" at the top right of the window. A dialog box will appear that says "Click on a new Activity to delete it from you Logic Model", click "OK". A dialog box will appear that says "Caution! This will delete all instances of new services or activities in your Logic Model, do you wish to continue?" Click "Yes". The new Activity you added will be displayed with the prefix "new". You can only delete new Services or Activities.

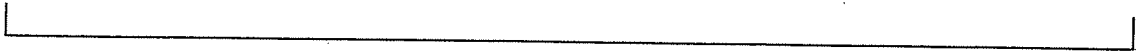
Column 4 – Measure

Notice that as the Service or Activity you selected appears in the cell, a corresponding unit of measure appears or populates in the Measure column. The unit of measure could be "persons", "dollars", "square feet", "houses", or some other unit of measure that relates to the selected Service or Activity. Immediately below the unit of measure are two blank cells. Enter the projected number of units you are proposing to deliver or accomplish in the "Pre" column. The "Post" column is locked to be used later for reporting purposes.

Column 5 – Impact

Under the "Impact" Column (5), select the Outcome that best corresponds to the Need and Service or Activity that you just previously identified and selected for your logic model. Do this the same way as previously described for Needs and Services or Activities. Select an Outcome from the dropdown list. Notice that once again, a unit of measure automatically appears in the next column "Measure". Because the column is too narrow to show the full Outcome Statement in the dropdown list, you may wish to refer to the TAB labeled "Outcomes" to see the full range of Outcomes or you can (using your mouse) click on the shaded cell [I5] **Outcome**. This will expand the cell. To return the cell to its original size, click on shaded cell [I5] **Outcome**.

NOTE: When expanding and returning the cell to its original size, click once. Do not double click.



NOTE: If the Outcome that you are looking for does not appear on the dropdown list, choose "Other" from the dropdown list. A dialog box will appear that says "Year!". Click "OK" and another dialog box will appear that says "You have selected "Other" which means that "you must create a new Activity or Outcome and a Unit of Measure, are you prepared to do this Now?", click "Yes" if you wish to continue. You will see an input window that says "Enter a new Activity or Outcome to your selection list". Enter your Outcome in the field provided and click "OK". A second window will appear that says "Specify a Unit of Measure for the Activity or Outcome you entered". Enter the unit of measure in the field provided and click "OK". The new Outcome will appear in the Logic Model cell and it will be added to the dropdown list. **YOU ARE ONLY PERMITTED TO ADD A TOTAL OF THREE NEW OUTCOMES PER LOGIC MODEL.**

In the event that you want to delete, or change your newly created Outcome, click the TAB labeled Outcomes at the bottom of your screen and then click cell [B1] "Click here to allow deletion of New Outcomes" at the top right of the window. A dialog box will appear that says "Click on a new Outcome to delete it from your Logic Model", click "OK". A dialog box will appear that says "Caution! This will delete all instances of new outcomes in your Logic Model, do you wish to continue?" Click "Yes". The new Outcome you added will be displayed with the prefix "new". You can only delete new Outcomes.

Column 6 – Measure

Under the "Measure" Column 6, specify a projected number of Outcome units you are proposing.

Repeat the process of specifying a Need, a Service or Activity, and an Outcome using as many rows as is necessary to fully describe your proposal. The eLogic Model™ form extends to about three pages when printed out. You may view a preprint of your model at any time by selecting from the Menu bar at the very top of the Excel Window: FILES | Print Preview. It is recommended that you do this periodically to get a better view of the logic model you are creating.

NOTE: You can adjust the look of your logic model by skipping rows, so that Needs, Activities, and Outcomes are grouped appropriately.

CAUTION, DO NOT CUT & PASTE ITEMS FROM ONE COLUMN TO ANOTHER. For example, do not cut and paste an item from the Needs column to the Service or Activity column, or the Activity column to the Outcome column. You will produce an unstable worksheet which will behave erratically, requiring you to start over with a new blank eLogic Model™ workbook.

Column 7 – Accountability

Under the "Accountability" column (7), enter the tools and the process of collection and processing of data in your organization to support all project management, reporting, and responding to the Management Questions. This column provides the framework for structuring your data collection efforts. If the collection and processing of data is not well planned, the likelihood of its use to further the management of the program and support evaluation activity is limited. If data are collected inconsistently, or if data are missing, or if data are not retrievable, or if data are mishandled, the validity of any conclusions is weakened.

The structure of Column 7 contains five components in the form of dropdown fields that address the Evaluation Process. You are responsible for addressing each of the five steps that address the process of managing the critical information about your project.

- A. Tools for Measurement
- B. Where Data Maintained
- C. Source of Data
- D. Frequency Collection
- E. Processing of Data

You may select up to five choices for each of the five processes (A-E) that supports Accountability and tracks Outputs and Outcomes. Given the limited space, please identify the most frequent sources for the processes (A-E). As you proceed through the remaining components, B through E, specify those components in the same order as you selected the "Tools For Measurement" listed under item A. That is, if the first Tool is "Pre-post Test," then the first item under B "Where Data Maintained" must identify where the pre-post test data is maintained, and so on through E the first entry should pertain to "Pre-post Test." Likewise, if the second item in A is "Satisfaction Surveys," then specify the second item in B through E as it pertains to "Satisfaction Surveys."

A. Tools for Measurement. A device is needed for collecting data; e.g., a test, a survey, an attendance log, an inspection report, etc. The tool "holds" the evidence of the realized Output or Outcome specified in the logic model. At times, there could be multiple tools for a given event. A choice can be made to use several tools, or rely on one that is most reliable, or most efficient but still reliable. Whatever the tool, it is important to remain consistent throughout the project.

Instructions: Under the Accountability column, select your choices of Tools to Track Outputs and Outcomes. You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Tools appears. Select one or more of the Tools in the list by clicking it.

B. Where Data Maintained. A record of where the data or data tool resides must be maintained. It is not required that all tools and all data are kept in one single place. You may keep attendance logs at the main office files, but keep other tools or data such as a "case record" in the case files at the service site. It is important to designate where tools and/or data are to be maintained. For example, if your program has a sophisticated computer system and all data is entered into a custom-designed database, it is necessary to designate where the original or source documents will be maintained.

Instructions: Under the Accountability column, select your choices of Where Data Maintained. You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Where Data Maintained appears. Select one or more of the Where Data Maintained in the list by clicking it.

C. Source of Data. This is the source where the data originates. Identify the source and make sure that it is appropriate.

Instructions: Under the Accountability column, select your choices of Source of Data. You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Source of Data appears. Select one or more of the Source of Data in the list by clicking it.

D. Frequency of Collection. Timing matters in data collection. In most instances, you want to get it while it occurs. Collect data at the time of the encounter; if impossible, when it is most opportune immediately thereafter. For example, collect report card data immediately upon the issuance of report cards. Do not wait until after the school year is over. Collect feedback surveys at the conclusion of the event, not a few months later when clients may be difficult to reach. Reporting can be done anytime if the data is already collected. Another important aspect of this dimension is consistency. If some post tests are collected soon after the event, but others are attempted months later, the data are confounded by the differences in the timing. If some financial data are collected at the middle of the month and others at the end of the month, the data may be confounded by systematic timing bias.

Instructions: Under the Accountability column select your choices of Frequency of Collection. You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Frequency of Collection appears. Select one or more of the Frequency of Collection in the list by clicking it.

E. Processing of Data. This is where you identify the mechanism that will be employed to process the data. Some possibilities are: manual tallies, computer spreadsheets, flat file database, relational database, statistical database, etc. The eLogic Model™ is only a summary of the program and it cannot accommodate a full description of your management information system. There is an implicit assumption that the grantee has thought through the process to assure that the mechanism is adequate to the task(s).

Instructions: Under the Accountability column, select your choices of Processing Data. You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Processing of Data appears. Select one or more of the Process of Data in the list by clicking it.

SAVING YOUR eLOGIC MODEL™

When you are finished completing the eLogic Model™ form, or wish to stop and continue later, save the file by going to Excel's™ Menu bar and choosing FILE | Save As. Then specify a name for the file, and note where you save the file on your hard drive. Use the name of the HUD Program and your organization name to form a file name for your eLogic Model™, e.g., HBCU-Dillard.xls or HCP-UrbanLeague.xls. Excel™ automatically adds the file extension ".xls" to your file name. Make sure the file extension .xls is not capitalized. In following these directions, if your organizational name exceeds the 50 character limit for space, you should abbreviate your organizational name by either using its initials or a recognizable acronym, e.g. South Carolina State University maybe written as SCSU; Howard University maybe written as HOWDU.

If you are submitting multiple applications under the same applicant name for the same HUD program, you must include a project name that can distinguish between the two applications and logic models submitted, e.g. HBCU-Dillard-Affordable Housing15.xls, HBCU-Dillard-Affordable Housing16.xls. Please be sure to review the file formats and naming requirements contained in the General Section.

Later, you will "Attach" this file to your application. Please remember the name of the file that you are saving. Be sure to delete any earlier version so that when you go to attach the file to your application you select the appropriate and final file.

A single workbook will be adequate for completing your eLogic Model™.

This ends the instructions for completing your Logic Model for application submission.

INSTRUCTIONS FOR REPORTING PERFORMANCE TO HUD

Do not change the integrity of the form by adding additional tabs or worksheets. The instructions and the worksheets provided in your eLogic Model™ will meet your needs.

If your project is selected for funding, the eLogic Model™ will be used as a monitoring and reporting tool upon final approval from the HUD program office. Upon approval, HUD will open the reporting side of the eLogic Model™ allowing you to submit actual outputs and outcomes against approved activities and projected outcomes. HUD will also open the Reporting TAB for you to meet the reporting requirements that are discussed below. The HUD program office will send you the approved eLogic Model™ to be used for reporting purposes. Identify the reporting period covered by the report in Column "I" of the worksheet, lines 1, 2 and 3.

To the right of the Applicant and Project fields, there are fields labeled Period and Start Date and End Date. When actually reporting performance on your approved eLogic Model™ form, enter a Start Date and End Date that reflects the reporting period you will be submitting in accordance with required reporting time frames, e.g.; quarterly, semiannually, annually, final. For the Start Date, enter the start date of the reporting period. For End Date enter the End Date for the reporting period. When entering the dates, use the format MM/DD/YYYY.

The Reporting TAB serves two functions: 1) If applicable, use it to describe or explain actual performance as compared to what was projected and provide an explanation of any deviation (positive or negative) from the projections in your approved eLogic Model™, 2); and to respond to the Management Questions identified in the Evaluation TAB.

The worksheet labeled "Reporting" contains three large text boxes to be used by grantees when reporting. Use the reporting worksheet to add any further description or explanation about actual performance or to explain variances between projected Services or Activities and Outcomes vs. Actual Services or Activities and Outcomes.

When responding to the Management Questions, first write the Management Question followed by the response.

COMPLETING PERFORMANCE INFORMATION in YEAR1, YEAR2, YEAR3, AND TOTAL TABS.

The HUD approved eLogic Model™ will be used as a monitoring and reporting tool for your grant award. HUD will open the reporting side of the eLogic Model™ allowing you to submit actual outputs and outcomes against approved activities and projected outcomes. The HUD program office will send you the approved eLogic Model™ to be used for reporting purposes. **Identify the reporting period covered by the report in Column "I" of the worksheet lines 1, 2 and 3.**

Narrative Description - Positive/Negative Deviation from Approved Logic Model Projections

In addition to your submission of your eLogic Model™ results, you must include a narrative indicating any positive or negative deviations from projected outputs and outcomes as contained in your approved eLogic Model™ and explain the basis for the actual performance as compared to what was projected. In your narrative be sure to identify the output and outcome that you are describing from your approved eLogic Model™ and the reason why this deviation occurred. When doing this, create a paragraph header labeled, "Narrative Description - Positive/Negative Deviation from Approved Logic Model Projections".

Save the eLogic Model™ file you receive from HUD. Each time you submit your report to HUD, add the reporting period and year to the file name, e.g. HBCU-Dillard-Affordable Housing16qtr107 for a 1st quarter report, HBCU-Dillard-Affordable Housing16qtr207 for a 2nd quarter or semi-annual report, HBCU-Dillard-Affordable Housing16qtr307 for a 3rd quarter report, and HBCU-Dillard-Affordable Housing16qtr407 for a 4th quarter or annual report. When reporting for a multiple year award, use the same format but change the year, e.g. HBCU-Dillard-Affordable Housing16qtr108.

Response to Management Questions

The Management Questions are located in the Evaluation TAB. It lists the Management Questions that apply to your proposed program. Applicants who receive awards will be notified about which Management Questions will be used for monitoring accountability throughout the project. The data in your eLogic Model™ should enable you to address most or all of these Management Questions. The data collected during the course of your work and captured in the eLogic Model™ will also be useful to you in evaluating the effectiveness of your program. For eLogic Model™ Training via webcast, consult the webcast schedule found at HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. If you have any questions regarding reporting requirements, please contact your HUD program representative.

In your report and in accordance with your NOFA instructions and grant agreement, respond to the Management Questions found in the Evaluation TAB. When responding to the Management Questions, use the text box in the Reporting TAB and write the Management Question followed by the response for all Management Questions applicable to your activities.

Submission Requirements

In addition to following the reporting requirements in your award agreement, you must also submit an electronic copy. (See the FY2007 General Section of the NOFA for the HUD approved electronic formats)

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011
(exp. 12/31/2006)

Applicant/Recipient Information * Duns Number: [REDACTED] * Report Type: INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

* Applicant Name:

Housing Authority of the City & County of Denver

* Street1: 777 Grant Street

Street2:

* City: Denver

County:

* State: CO: Colorado

* Zip Code: 80203

* Country: USA: UNITED STATES

* Phone: [REDACTED]

2. Social Security Number or Employer ID Number: 84-6002414

* 3. HUD Program Name:

Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

* 4. Amount of HUD Assistance Requested/Received: \$ 222,600.00

5. State the name and location (street address, City and State) of the project or activity:

* Project Name: 2007 ROSS Family Self Sufficiency Program

* Street1: 777 Grant Street

Street2:

* City: Denver

County: Denver

* State: CO: Colorado

* Zip Code: 80203

* Country: USA: UNITED STATES

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

Yes No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9

Yes No

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

[Redacted]

Government Agency Address:

* Street1:

[Redacted]

Street2:

[Redacted]

* City:

[Redacted]

County:

[Redacted]

* State:

[Redacted]

* Zip Code:

[Redacted]

* Country:

[Redacted]

* Type of Assistance:

[Redacted]

* Amount Requested/Provided: \$

[Redacted]

* Expected Uses of the Funds:

[Redacted]

Department/State/Local Agency Name:

* Government Agency Name:

[Redacted]

Government Agency Address:

* Street1:

[Redacted]

Street2:

[Redacted]

* City:

[Redacted]

County:

[Redacted]

* State:

[Redacted]

* Zip Code:

[Redacted]

* Country:

[Redacted]

* Type of Assistance:

[Redacted]

* Amount Requested/Provided: \$

[Redacted]

* Expected Uses of the Funds:

[Redacted]

(Note: Use Additional pages if necessary.)

[Redacted]

Part III Interested Parties. You must disclose:

1. 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).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %

(Note: Use Additional pages if necessary.)

Certification

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. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation. I certify that this information is true and complete.

* Signature:

Tina Segura

* Date: (mm/dd/yyyy)

06/26/2007

Attachments

AdditionalInfo_attDataGroup0
File Name

Mime Type

AdditionalInfo1_attDataGroup0
File Name

Mime Type

Facsimile Transmittal

1182885845 - 9314

U. S. Department of Housing and Urban Development

Office of Department Grants Management and Oversight

OMB Approval No. 2525-0118 exp. Date (04/30/2005)

* Name of of Document Transmitting: 2007 ROSS FSS Program Application

1. Applicant Information:

* Legal Name: Housing Authority of the City & County of Denver

* Address:

* Street1: 777 Grant Street

Street2:

* City: Denver

County:

* State: CO: Colorado

* Zip Code: 80203 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: [redacted] CFDA No.: 14.877

Title: Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

Program Component:

3. Facsimile Contact Information:

Department: Resident & Community Services

Division: Section 8/Client Services

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: [redacted] * First Name: Tina

Middle Name:

* Last Name: Segura

Suffix:

* Phone Number: [redacted]

Fax Number: 720-932-3006

* 5. Email: [redacted]

* 6. What is your Transmittal? (Check one box per fax)

- a. Certification b. Document c. Match/Leverage Letter d. Other

* 7. How many pages (including cover) are being faxed? 1

Survey on Ensuring Equal Opportunity for Applicants

OMB NO. 1890-0014 EXP. 2/28/2009

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name:

Housing Authority of the City & County of Denver

Applicant's DUNS Name:

Federal Program:

Public Housing Family Self-Sufficiency Program

CFDA Number:

14.877

- | | |
|--|--|
| 1. Has the applicant ever received a grant or contract from the Federal government?
<input checked="" type="radio"/> Yes <input type="radio"/> No | 5. Is the applicant a local affiliate of a national organization?
<input type="radio"/> Yes <input checked="" type="radio"/> No |
| 2. Is the applicant a faith-based organization?
<input type="radio"/> Yes <input checked="" type="radio"/> No | 6. How many full-time equivalent employees does the applicant have? (Check only one box).
<input type="radio"/> 3 or Fewer <input type="radio"/> 15 - 50
<input type="radio"/> 4 - 5 <input type="radio"/> 51 - 100
<input type="radio"/> 6 - 14 <input checked="" type="radio"/> Over 1000 |
| 3. Is the applicant a secular organization?
<input type="radio"/> Yes <input checked="" type="radio"/> No | 7. What is the size of the applicant's annual budget? (Check only one box.)
<input checked="" type="radio"/> Less Than \$150,000
<input type="radio"/> \$150,000 - \$299,999
<input type="radio"/> 300,000 - \$499,999
<input type="radio"/> 500,000 - \$999,999
<input type="radio"/> \$1,000,000 - \$4,999,999
<input type="radio"/> \$5,000,000 or more |
| 4. Does the applicant have 501(c)(3) status?
<input type="radio"/> Yes <input checked="" type="radio"/> No | |

Survey on Ensuring Equal Opportunity for Applicants

OMB NO. 1890-0014 EXP. 2/28/2009

Provide the applicant's (organization) name and number and the grant name and CFDA number.

1. Self-explanatory.

2. Self-identify.

3. Self-identify.

4. 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.

5. Self-explanatory.

6. 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.

7. Annual budget means the amount of money your organization spends each year on all of its activities.

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.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Agency Contact listed in this grant application package.

Attachments Form

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

- | | | |
|---------------------------------|---|-------------------------------------|
| 1) Please attach Attachment 1 | 1784-2007_Threshold_Requirements.pdf | Mime Type: application/pdf |
| 2) Please attach Attachment 2 | 2330-DHA_Ethics_Policy-Standard_Code_of_Conduct.pdf | Mime Type: application/pdf |
| 3) Please attach Attachment 3 | 6118-HUD-2880.pdf | Mime Type: application/pdf |
| 4) Please attach Attachment 4 | 6850-HUD-2880_Part_II.pdf | Mime Type: application/pdf |
| 5) Please attach Attachment 5 | 3149-HUD-2990.pdf | Mime Type: application/pdf |
| 6) Please attach Attachment 6 | 8180-HUD-2991.pdf | Mime Type: application/pdf |
| 7) Please attach Attachment 7 | 6947-HUD-2994-A.pdf | Mime Type: application/pdf |
| 8) Please attach Attachment 8 | 6172-HUD-52767.pdf | Mime Type: application/pdf |
| 9) Please attach Attachment 9 | 4753-HUD-27300.pdf | Mime Type: application/pdf |
| 10) Please attach Attachment 10 | 8048-DHA_FSS_Minimum_Program_Size.pdf | Mime Type: application/pdf |
| 11) Please attach Attachment 11 | 9282-HUD-96010_PHFSS_V7.3_051007.xls | Mime Type: application/vnd.ms-excel |
| 12) Please attach Attachment 12 | | |
| 13) Please attach Attachment 13 | | |
| 14) Please attach Attachment 14 | | |
| 15) Please attach Attachment 15 | | |

DENVER HOUSING AUTHORITY

Family Self Sufficiency Program
Minimum Program Size

PUBLIC HOUSING:

Minimum Program Size:

<u>Funding Received:</u>	<u>Date</u>	<u>Units</u>
Project 051	10/1/93	147
Project 053	10/1/93	225

Minimum Program Size as of 10/1/93: 371

10/17/99 Minimum Program Reverts Back to Original Size: 372

Successful Completion of FSS Contract of Participation: 1

<u>Month:</u>	<u>Participant Completion:</u>	<u>Minimum Program Size:</u>
		300
October 1998*	2	298
November 1998	2	296
December 1998	2	294
January 1999	0	294
February 1999	1	293
March 1999	0	293
April 1999	2	291
May 1999	0	291
June 1999	7	284
August 1999	4	280
September 1999	3	277
October 1999	0	Minimum Program Size Reverts back to 372 = 349
November 1999	2	347
December 1999	1	346
January 2000	0	346
February 2000	2	344
March 2000	4	340
April 2000	1	339
May 2000	4	335

June 2000	0	335
July 2000	1	334
August 2000	3	331
September 2000	1	330
October 2000	2	328
November 2000	1	327
December 2000	0	327
January 2001	2	325
February 2001	0	325
March 2001	1	324
April 2001	0	324
May 2001	2	322
June 2001	1	321
July 2001	4	317
August 2001	1	316
September 2001	0	316
October 2001	4	312
November 2001	6	306
December 2001	3	303
January 2002	3	300
February 2002	2	298
March 2002	2	296
April 2002	6	290
May 2002	4	286
June 2002	3	283
July 2002	2	281
August 2002	3	278
September 2002	2	276
October 2002	3	273
November 2002	1	272
December 2002	1	271
January 2003	4	267
February 2003	2	265
March 2003	2	263
April 2003	0	263
May 2003	3	260
June 2003	1	259
July 2003	1	258
August 2003	1	257
September 2003	5	252
October 2003	1	251
November 2003	1	250
December 2003	2	248
January 2004	0	248
February 2004	3	245

March 2004	0	245
April 2004	2	243
May 2004	1	242
June 2004	2	240
July 2004	1	239
August 2004	1	238
September 2004	4	234
October 2004	3	231
November 2004	1	230
December 2004	0	230
January 2005	1	229
February 2005	1	228
March 2005	1	227
April 2005	1	226
May 2005	1	225
June 2005	1	224
July 2005	2	222
August 2005	3	219
September 2005	0	219
October 2005	2	217
November 2005	1	216
December 2005	1	215
January 2006	0	215
February 2006	0	215
March 2006	0	215
April 2006	2	213
May 2006	1	212
June, 2006	3	209
July, 2006	2	207
August, 2006	1	206
September, 2006	0	206
October, 2006	0	206
November, 2006	0	206
December, 2006	0	206
January, 2007	1	205
February, 2007	4	201
March, 2007	2	199
April, 2007	0	199
May, 2007	1	199
Total		199

Housing Authority of the City and County of Denver

2. Threshold Requirements

- c.1. The Housing Authority of the City & County of Denver complies with all applicable fair housing and civil rights requirements in 24 C.F.R. 5.105(a).
- c.2. The Housing Authority of the City and County of Denver:
 - a. Has not been charged with an ongoing systemic violation of the Fair Housing Act;
 - b. Is not a defendant in a Fair Housing Act lawsuit filed by the Department of Justice alleging an ongoing pattern or practice of discrimination; and
 - c. Has not received a letter of findings identifying ongoing systemic noncompliance under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, or Section 109 of the Housing and Community Development Act of 1974.
- d. The Housing Authority of the City & County of Denver ("DHA") conducts business in accordance with HUD's core values and ethical standards. DHA has an Ethics Policy/Standard Code of Conduct, which applies to all board members, officers, agents and employees, which was submitted for FY 2006 under separate cover via form HUD - 96011. DHA's code of conduct is currently on file with HUD. Section 3.8.16 of DHA's Personnel Policy states "no employee may accept gifts, gratuities, favors, or anything of monetary value that exceeds one hundred dollars (\$100) from contractors, potential contractors, or parties to subagreements. Employees shall not solicit gifts, gratuities, favors or anything of monetary value from contractors, potential contractors, or parties to subagreements. **Under no circumstances shall an employee solicit or accept gifts, gratuities, favors or anything of monetary value from a resident.** Any employee who accepts gifts, gratuities, favors or anything of monetary value must disclose such items in writing, and submit the written disclosure to the Manager of Personnel Services within five (5) workdays after receipt of such items."

4. Additional Nondiscrimination and Other Requirements

- a. The Housing Authority of the City & County of Denver complies with all civil rights laws, including the Americans with Disabilities Act of 1990 (42 U.S.C. 1201 *et seq.*), the Age Discrimination Act of 1974 (42 U.S.C. 6101 *et seq.*), and Title IX of the Education Amendments Act of 1972 (20 U.S.C. 1681 *et seq.*).
- b.1. The City of Denver's current "Analysis of Impediments to Fair Housing Choice for Denver Residents" ("Analysis") identified 2 impediments to fair housing: steering in real estate and discrimination in loan applications.

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Steering

The Housing Authority of the City and County of Denver ("DHA") overcomes the effects of the impediment to fair housing choice identified as "steering" by utilizing a uniformly applied system to screen and evaluate applicants for both the public housing and Section 8 programs. Rather than subjective criteria, this system evaluates applicants based on consistently applied neutral criteria, such as: income eligibility; citizenship requirements; reference checks; meeting financial obligations, especially rent; criminal history including, but not limited to, illegal drug use and/or conviction for production of methamphetamine; previous tenant history in public housing; evictions from housing; and maintenance of unit in safe and sanitary condition.

Additionally, DHA places applicants in housing on a first-in/first-out basis, as housing becomes available. Therefore, when the applicant reaches the top of the list he/she is offered the available unit that has the appropriate number of bedrooms for the family size. Applicants are allowed to reject two (2) units before they are placed on a six (6) month inactive list.

Finally, DHA offers a site-based waiting list for public housing residents of the Curtis Park HOPE VI development, which is another method DHA utilizes to prevent steering.

Access to Real Estate and Financial Services

DHA overcomes the effects of the impediment to fair housing choice identified as "discrimination in loan applications" by administering a homeownership program for its residents, as well as several homeownership financial assistance programs that have their own incentives and requirements. DHA provides qualified buyers with subordinate mortgages, including second mortgages up to \$25,000, and third mortgages up to \$15,000 based on income and location.

Additionally, DHA administers a homeownership program, and DHA matches resident savings dollar-for-dollar for down payments. DHA also provides training to residents regarding the home buying process and their responsibilities as a homeowner. Finally, DHA assists residents with repairing their credit to enable them to qualify for and purchase a home.

b.2. The Housing Authority of the City and County of Denver ("DHA") currently takes and will continue to take the following actions to remedy discrimination in housing, both real and perceived, by:

- Ensuring that DHA's policies and procedures regarding tenant selection and retention are non-discriminatory;
- Informing as broad a spectrum of residents as possible about current housing choices offered by DHA, which promotes economic and cultural diversity;
- Selecting applicants for Section 8 by lottery system, which is a nondiscriminatory selection method;

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- Ensuring that DHA's Reasonable Accommodation in Housing Guidelines are followed to provide an opportunity for applicants and residents with a disability to request reasonable accommodations and reasonable modifications to allow them to successfully participate in DHA's programs;
- Continuing to provide alternative forms of communication for individuals with disabilities; and
- Marketing accessible units to ensure individuals with qualifying disabilities are aware of housing opportunities with DHA.

b.3. The Housing Authority of the City and County of Denver ("DHA") has promoted and will continue to promote fair housing rights and fair housing choice by doing the following:

- Working with the City's office of Housing and Neighborhood Development Services to implement mixed income development initiatives such as DHA's Curtis Park HOPE VI development and Park Avenue HOPE VI Redevelopment, which are economically and culturally diverse, which de facto promotes fair housing rights and fair housing choice;
- Self-developing mixed-income rental housing, without federal subsidy, such as DHA's Globeville mixed income development, which furthers fair housing by substantially increasing housing choice and opportunity for Denver residents;
- Ensuring that individuals with disabilities are provided the opportunity to request a reasonable accommodation or modification to allow access to DHA housing and programs;
- Offering alternative forms of communication for individual's with disabilities;
- Marketing accessible units to ensure individuals with qualifying disabilities are informed of housing opportunities with DHA;
- Working with members of the disabled community, through the 504 Coordinator, to ensure the needs of the disabled community are being met by DHA;
- Maintaining DHA's stock of 1,082 dispersed public housing units, including single family homes, duplexes and four-plexes scattered throughout the city, to provide as broad a choice in housing location as possible to residents; and
- Reducing racial and economically-disadvantaged concentrations pursuant to DHA's Deconcentration Policy.

c. The Housing Authority of the City and County of Denver ("DHA") complies with the requirements of 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 C.F.R. part 135, including the reporting requirements at subpart E. All procurements that involve contracts covered by Section 3 contain a lengthy discussion of the Section 3 requirements, including the Section 3 clause mandated by 24 C.F.R. § 135.38. Additionally, DHA provides preferences for Section 3 residents in training and employment opportunities and preferences for Section 3 business concerns in contracting opportunities.

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Additionally, DHA requires that all offerors submitting a response to a covered procurement provide a Section 3 opportunities plan with their submission. This plan must identify training and employment opportunities for Section 3 residents, as well as subcontracting opportunities for Section 3 business concerns. Finally, DHA requires that all offerors complete a Section 3 Business Concern Affidavit to verify their Section 3 status.

In combination, these activities and requirements 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 the recipients of government assistance for housing, and business concerns that provide similar opportunities.

- d. The Housing Authority of the City and County of Denver ("DHA") is committed to ensuring the participation of small businesses, small disadvantaged businesses, and women-owned businesses. DHA's Board of Commissioners has set an overall goal of 20% Minority Business Enterprise and 6% Women Business Enterprise participation in the procurement of supplies and services. All offerors are encouraged to present a team approach that meets or exceeds these goals. Firms submitting bids/offers are encouraged to consider subcontracting portions of the engagement to firms owned and controlled by socially and/or economically disadvantaged individuals. If this is to be done, the name(s) of the proposed subcontracting firms must be clearly indicated in the bid/proposal. Following the award of the contract, no additional subcontracting will be allowed without the express prior written approval of DHA.

DHA takes all necessary affirmative steps in contracting for the purchase of goods or services to assure that minority firms, women's business enterprises, and labor surplus area firms are used whenever possible, as mandated by 24 C.F.R. 85.36(e). Finally, DHA requires that all offerors complete a Business Enterprise Affidavit to verify their status as a small business enterprise, minority-owned business enterprise, or women's business enterprise.

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Housing Authority of the City and County of Denver

ETHICS POLICY/STANDARD OF CONDUCT

PROCEDURES

The following procedures shall be utilized and interpreted in tandem with the Ethics Policy/Standard of Conduct.

1.0 APPLICABILITY

The provisions contained herein shall apply to the Commissioners, employees and agents of DHA. With respect to professional services performed by contractors for DHA (e.g., legal, accounting, or others), it is assumed that they will abide by the ethical standards of their particular profession.

2.0 DEFINITIONS

“Employee” shall mean any person hired by DHA to fill an unlimited or limited position, whether full or part time, temporary, or special program.

“Family” shall mean mother, father, sister, brother, spouse, child, (including stepchild and adopted child) legal guardian, grandparents, grandchildren, father-in-law, mother-in-law, sister-in-law, brother-in-law, aunt, uncle, niece, nephew, etc. Family may also include a common-law spouse or a domestic partner, after the Commissioner, employee, or agent has submitted written documentation as required by the DHA and a notarized form, *Affidavit of Spousal Equivalents*.

“Interest” shall mean a benefit or advantage of an economic or tangible nature that a Commissioner, employee, agent or a member of his or her Family or an organization which employs or is about to employ any of the preceding individuals would gain or lose as a result of any decision, or action or omission to decide or act, on the part of DHA, its Commissioners, employees, or agents.

“Person” shall mean any individual, corporation, partnership, limited liability company, joint venture, entity, association, organization, commissioner, officer, agent or DHA employee.

3.0 ETHICAL STANDARDS FOR COMMISSIONERS, EMPLOYEES AND AGENTS

Commissioner Disclosure Forms

The Board of Commissioners of DHA is the architect of policies governing the operations of DHA and they retain legal and fiscal responsibility for DHA. Recognizing that the Commissioners are chosen from a broad range of fields, professions and community interests renders difficult the circumscription of external interests and activities of the Commissioners. However, it is expected that a Commissioner will voluntarily and fully disclose his or her personal interests and potential conflicts of interest prior to assuming their seat on the Board, and while serving on the Board, by completing the Board of Commissioner Disclosure Form ("Form"). See Attachment 1.

Commissioners currently serving on the Board must submit the Form to the Board Chairperson within ninety (90) calendar days after receipt of the Form. Individuals who have recently been appointed to the Board must submit the Form to the Board Chairperson within ninety (90) calendar days after the City ordinance, approving their appointment to the Board, has been signed. The Form should be submitted to the Chairperson of the Board and will be reviewed by the Ethics Review Committee ("Committee"), in consultation with Agency Counsel.

Commissioner Fiduciary Duties

In carrying out their responsibilities for DHA, Commissioners are subject to two primary fiduciary obligations: the Duty of Care and the Duty of Loyalty. These terms are common terms for the standards, which guide all actions of the Commissioners.

The Duty of Care requires a Commissioner to participate in the decisions of the Board and to be informed as to data relevant to such decisions. The Duty of Loyalty requires Commissioners to exercise their powers in the interest of DHA, not in their own interest or the interest of another entity or person. Commissioners must avoid conflicts of interest.

Commissioners of DHA are stewards of public funds. Consequently, Commissioners must act for the benefit of the public and DHA, and not favor a few individuals or themselves. Commissioners should not engage in any activity that would appear to conflict with their duties as a Commissioner.

Conflict of Interest Guidelines

Commissioners, employees and agents should be sensitive to conflicts of interest which include, but are not limited to, the following:

* No Commissioner, employee or agent shall participate in selection, or in the award or administration of a contract supported by Federal and non-federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when:

- A. The Commissioner, employee or agent,
- B. Any member of his/her family,
- C. His or her partner, or
- D. An organization which employs, or is about to employ, any of the above, has a financial or other Interest in the firm selected for the award.

* No Commissioner shall acquire any interest, direct or indirect, in any project or in any property included or planned to be included in any DHA project; nor shall he/she have any interest, direct or indirect, in any contract or proposed contract for materials or services to be furnished or used in connection with any DHA project. If any Commissioner owns or controls an interest, direct or indirect, in any property included in any DHA project, he/she shall immediately disclose the same in writing to DHA, and such disclosure shall be entered into the minutes of DHA. Failure to so disclose such interest shall constitute misconduct in office.

No Commissioner shall discuss, vote upon, decide or take part in (formally or informally) any matter before DHA, in which he/she has a conflict of interest.

* No Commissioner, employee, officer or agent shall accept, gratuities, favors, or anything of monetary value worth more than \$100.00 from contractors, potential contractors, or parties to subagreements, nor shall a Commissioner, employee, officer, or agent solicit gifts, gratuities, favors or anything of monetary value from contractors, potential contractors, or parties to subagreements. Attendance at an event including, but not limited to, a closing dinner that is reasonably related to a Commissioners', employees' or agents' official or ceremonial duties is permissible. Commissioners, employees and agents may accept appropriate gifts for special and infrequent occasions, such as weddings, funerals and illnesses.

* Required by federal or state law or contract.

No Commissioner, employee or agent shall disclose non-public information concerning any aspects of the operations of DHA, nor shall he/she use such information to the advantage or benefit of himself, herself or any other person.

No Commissioner may use his/her position on the Board to intimidate, influence or coerce, any of the activities or decisions of employees or agents of DHA.

- * No Commissioner, employee, agent, consultant, (excluding an independent contractor), who exercises or has exercised any functions or responsibilities with respect to activities under a HOPE VI grant, or who is in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter. (A person who is, or was, an independent contractor to DHA is not covered by this conflict provision and therefore, is not barred by this provision from competing for future contracts.)
- * No present or former Commissioner, or employee or any member of their immediate family, shall enter into a contract, subcontract or arrangement with DHA or any of DHA's contractors or subcontractors during his or her tenure or for one-year thereafter. However, this prohibition does not apply to any present or former tenant Commissioner who does not serve on the governing body of a resident corporation, and who otherwise does not occupy a policy making position with the resident corporation, DHA or a business entity.

Copies of the applicable statutes and regulations are attached and labeled as Attachments 2 - 11.

Examples of conflicts of interest are:

- a) Fred Fabulous, a former DHA Commissioner, who left the Board less than one (1) year ago, now wishes to contract with DHA. Can Fred Fabulous receive a DHA contract? No, the Annual Contributions Contract with HUD prohibits a Commissioner from contracting with DHA during their tenure or for one (1) year after.

- b) A DHA vendor gives Connie Commissioner two (2) tickets to a sporting event that are worth \$75.00 each. Can Connie Commissioner accept the gift? No, 24 C.F.R. 85.36 prohibits officers, employees or agents of a housing authority from soliciting or accepting gratuities, favors or anything of monetary value from contractors, potential contractors, or parties to subagreements that exceed nominal value.
- c) Emily Employee is a 25% owner of a company that is responding to a DHA RFP. Can Emily Employee participate on the selection committee? No. 24, C.F.R. 85.26 provides that no employee shall participate in the selection, award or administration of a contract supported by federal or non-federal funds, if the employee has a financial interest in the company selected or to be selected. Also, Section 3.7.15 (Conflict of Interest) of the Personnel Policy provides, in relevant part, that "No employee shall have an interest, direct or indirect. . . in any Contract or proposed Contract for materials or services to be used by DHA."

Appearance of Conflict of Interest

Commissioners, employees and agents shall avoid situations where their private interests, financial and non-financial, may affect or appear to affect their objectivity, independence, or honesty in performing their duties.

Commissioners and agents shall disclose such matters to the Chairperson, and the Ethics Review Committee will investigate the matter in accordance with paragraph 6 herein. Employees shall follow the procedures set forth in the Personnel Policy.

4.0 REPORTING REQUIREMENTS

Commissioners

If any Commissioner becomes aware of an ethical issue involving an employee or agent, he/she shall notify the Executive Director. If any Commissioner or Agency Counsel becomes aware of an ethical issue involving another Commissioner, he/she shall notify the Chairperson. The Chairperson shall immediately inform the Commissioner of their duty to declare their conflict of interest during the next regular, emergency, or special board meeting. If the next meeting is the annual meeting, the Commissioner shall declare his/her conflict prior to the election. Should the Commissioner fail to declare their conflict of interest during the required timeframe, the Chairperson shall declare the conflict of interest during the next regular, emergency, or special board meeting. If the next meeting is the annual meeting, the Chairperson shall declare the conflict prior to the election of officers.

Employees and Agents

If any employee or agent of DHA becomes aware of an ethical issue involving an employee, agent or a Commissioner, he/she shall notify the Executive Director or Agency Counsel so that appropriate action may be taken.

5.0 REPORTING PROCEDURES

Commissioners

If any Commissioner becomes aware of an ethical issue involving an employee or agent, he/she shall notify the Executive Director. If any Commissioner or Agency Counsel becomes aware of an ethical issue involving another Commissioner, he/she shall notify the Chairperson. The Chairperson shall immediately inform the Commissioner of their duty to declare their conflict of interest during the next regular, emergency, or special board meeting. If the next meeting is the annual meeting, the Commissioner shall declare his/her conflict prior to the election. Should the Commissioner fail to declare their conflict of interest during the required timeframe, the Chairperson shall declare the conflict of interest during the next regular, emergency, or special board meeting. If the next meeting is the annual meeting, the Chairperson shall declare the conflict prior to the election of officers.

Employees and Agents

If any employee or agent of DHA becomes aware of an ethical issue involving an employee, agent or a Commissioner, he/she shall notify the Executive Director or Agency Counsel so that appropriate action may be taken.

6.0 ETHICS REVIEW COMMITTEE

In accordance with the provisions of Article IV, Section 1 of DHA's bylaws, there shall be established an Ethics Review Committee for the Commissioners consisting of two (2) Commissioners appointed by the Chairperson. This Committee shall also include Agency Counsel.

The purpose of the Committee shall be to review and render decisions on any matters involving ethical conduct, or breach of ethical conduct, by Commissioners. Employees' and agents' conduct shall be reviewed by the Personnel Department, in consultation with Agency Counsel, and appropriate action will be taken.

The Committee is empowered by the Board to:

- A. Investigate and call witnesses in the performance of its duties.
- B. Call for provision of appropriate records, files or tapes relative to the performance of its duties.
- C. Review any records maintained by DHA.

The Committee shall, upon receiving a written request for an ethics opinion regarding Commissioner conduct or activity, respond in writing within thirty (30) days after receipt of the request unless the Committee determines that additional time is required. If additional time is required, the Committee shall notify the person requesting the opinion of the approximate time a decision will be rendered.

The Committee shall submit a report to the Board of Commissioners at the next regular Board meeting after the Committee has met and present the Board of Commissioners with recommendations regarding action to be taken regarding any conflicts of interest. The Committee may recommend that the Board, by majority vote, determine whether a waiver should be requested from the Department of Housing and Urban Development ("HUD") for a particular conflict of interest. See Attachment 12. Any Commissioner may request that a request for waiver be submitted to HUD on their behalf and then the Committee may recommend that the Board do so.

7.0 SANCTIONS

Commissioners

Upon recommendation of the Committee, and a majority vote of the Board, sanctions may be imposed. These sanctions may include, but are not limited to, the following:

Letter of Reprimand: A letter is sent to the Commissioner notifying them that they have violated the Policy, that the Board disapproves of such conduct, and that if such conduct is repeated in the future, it may be cause for more serious sanctions; or

Letter to Mayor: A letter is sent to the Mayor of the City and County of Denver, notifying him/her that the Commissioner has violated the Ethics Policy and requesting that the Mayor take action pursuant to Section 29-4-208 of the Colorado Revised Statutes, as amended.

In determining whether a sanction should be imposed, the following factors may be considered: the nature of the violation, frequency of the violation, and any other factors which bear upon the seriousness of the violation. The written sanction shall be subject to the Colorado Open Records Act.

Agents

Agents who violate this policy may have their contractual relationship with DHA terminated.

Employees

Employees who violate this policy will be subject to disciplinary action in accordance with DHA's personnel policy up to and including termination.

8.0 STARTUP PROCEDURES

Within thirty (30) calendar days of the adoption of this Policy, the members of the Committee shall be appointed and the then current Commissioners shall submit the Form to the Chairperson of the Board for review by the Committee, in consultation with Agency Counsel.

ATTACHMENTS

- Attachment 1 Board of Commissioner Disclosure Form
- Attachment 2 Terms and Conditions, Constituting Part A of the Consolidated Annual Contributions Contract, Section 19 – Conflict of Interest
- Attachment 3 24 CFR § 964.145 – Conflict of Interest – Resident Council
- Attachment 4 24 CFR § 941.602 (d) – Applicability of requirements pursuant to 24 CFR part 85
- Attachment 5 24 CFR §982.161 – Conflict of Interest – Section 8
- Attachment 6 Housing Assistance Payments Contract – 13. Conflict of Interest
- Attachment 7 ACC: Section 8 Moderate Rehabilitation SRO Program, Section 1.18 – Conflict of Interest Provisions
- Attachment 8 24 CFR §85.36 – Procurement
- Attachment 9 FY 1998 HOPE VI Revitalization Grant Agreement, Article XIV – Conflict of Interest
- Attachment 10 FY 2002 HOPE VI Revitalization Grant Agreement, Article XVIII – Conflict of Interest
- Attachment 11 Colorado Revised Statutes, 29-4-207, Interested commissioners or employees
- Attachment 12 Request for a Public Housing ACC Waiver or Section Exception for a Conflict of Interest Prohibition

ousing and Urban Development
335-0114 exp. 09/30/2007
Component Name:

Evaluation Tools

7

Accountability

Housing and Urban Development
335-0114 exp. 09/30/2007
Component Name:

Evaluation Tools

7

Accountability

Component Name:

0

Evaluation Tools

7

Accountability

A. Tools for Measurement

B. Where Data Maintained

C. Source of Data

D. Frequency of Collection

E. Processing of Data

Housing and Urban Development
335-0114 exp. 09/30/2007

Component Name:

0

Evaluation Tools

7

Accountability

Housing and Urban Development
535-01114 exp. 09/30/2007

Component Name:

0

Evaluation Tools

7

Accountability

eLogic Model™

Applicant Name: Denver Housing Authority
 Project Name: ROSS Public Housing FSS
 TERM: Year 3

HUD Program: PHFSS

Problem, Need, Situation

2

Planning

3

Programming

4

Measure

5

Impact

6

Measure

Pre

Post

Outcome

Pre

Post

Measure

Impact

Measure

Impact

Measure

HUD Goals

Policy

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Period:

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Component Name:

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Evaluation Too s

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Accountability

ousing and Urban Development
335-0114 exp. 09/30/2007

Component Name:

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Evaluation Tools

7

Accountability

HUD Goals	
A1	Increase homeownership opportunities. (1) Expand national homeownership opportunities.
A2	Increase homeownership opportunities. (2) Increase minority homeownership.
A3	Increase homeownership opportunities. (3) Make the home-buying process less complicated and less expensive.
A4	Increase homeownership opportunities. (4) Reduce predatory lending practices through reform, education and enforcement.
A5	Increase homeownership opportunities. (5) Help HUD-assisted renters become homeowners.
A6	Increase homeownership opportunities. (6) Keep existing homeowners from losing their homes.
B1	Promote Decent Affordable Housing. (1) Expand access to and availability of decent, affordable rental housing.
B2	Promote Decent Affordable Housing. (2) Improve the management accountability and physical quality of public and assisted housing.
B3	Promote Decent Affordable Housing. (3) Improve housing opportunities for the elderly and persons with disabilities.
B4	Promote Decent Affordable Housing. (4) Promote housing self-sufficiency.
B5	Promote Decent Affordable Housing. (5) Facilitate more effective delivery of affordable housing by reforming public housing and the Housing Choice Voucher program.
C1	Strengthen Communities. (1) Assist disaster recovery in the Gulf Coast region.
C2	Strengthen Communities. (2) Enhance sustainability of communities by expanding economic opportunities.
C3	Strengthen Communities. (3) Foster a suitable living environment in communities by improving physical conditions and quality of life.
C4	Strengthen Communities. (4) End chronic homelessness and move homeless families and individuals to permanent housing.
C5	Strengthen Communities. (5) Mitigate housing conditions that threaten health.
D1	Ensure Equal Opportunity in Housing. (1) Ensure access to a fair and effective administrative process to investigate and resolve complaints of discrimination.
D2	Ensure Equal Opportunity in Housing. (2) Improve public awareness of rights and responsibilities under fair housing laws.
D3	Ensure Equal Opportunity in Housing. (3) Improve housing accessibility for persons with disabilities.
D4	Ensure Equal Opportunity in Housing. (4) Ensure that HUD-funded entities comply with fair housing and other civil rights laws.
E1	Embrace High Standards of Ethics, Management, and Accountability. (1) Strategically manage human capital to increase employee satisfaction and improve HUD performance.
E2	Embrace High Standards of Ethics, Management, and Accountability. (2) Improve HUD's management and its internal controls to ensure program compliance and resolve audit issues.
E3	Embrace High Standards of Ethics, Management, and Accountability. (3) Improve accountability, service delivery, and customer service of HUD and its partners.
E4	Embrace High Standards of Ethics, Management, and Accountability. (4) Capitalize on modernized technology to improve the delivery of HUD's core business functions.

HUD Priorities	
A	Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Persons with Limited English Proficiency.
B1	Improve our Nation's Communities. (1) Bring private capital into distressed communities.
B2	Improve our Nation's Communities. (2) Finance business investments to grow new businesses.
B3	Improve our Nation's Communities. (3) Maintain and expand existing businesses.
B4	Improve our Nation's Communities. (4) Create a pool of funds for new small and minority-owned businesses.
B5	Improve our Nation's Communities. (5) Create decent jobs for low-income persons.
B6	Improve our Nation's Communities. (6) Improve the environmental health and safety of families living in public and privately owned housing.
B7	Improve our Nation's Communities. (7) Make communities more livable.
C1	Encouraging Accessible Design Features. (1) Visitability in new construction and substantial rehabilitation.
C2	Encouraging Accessible Design Features. (2) Universal Design.
D	Providing Full and Equal Access to Grassroots Faith-Based and Other Community Organizations in HUD Program Implementation.
E	Participation of Minority-Serving Institutions (MSIs) in HUD Programs.
F1	Ending Chronic Homelessness. (1) Creation of affordable housing units, supportive housing, and group homes.
F2	Ending Chronic Homelessness. (2) Establishment of a set-aside of units of affordable housing for the chronically homeless.
F3	Ending Chronic Homelessness. (3) Establishment of substance abuse treatment programs targeted to the homeless population.
F4	Ending Chronic Homelessness. (4) Establishment of job training programs that will provide opportunities for economic self-sufficiency.
F5	Ending Chronic Homelessness. (5) Establishment of counseling programs that assist homeless persons in finding housing, managing finances, managing anger, and building interpersonal relationships.
F6	Ending Chronic Homelessness. (6) Provision of supportive services, such as health care assistance that will permit homeless individuals to become productive members of society.
F7	Ending Chronic Homelessness. (7) Provision of service coordinators or one-stop assistance centers that will ensure that chronically homeless persons have access to a variety of social services.
G	Removal of Regulatory Barriers to Affordable Housing.
H	Participation in Energy Star.

F1	Promote Participation of Faith-Based and Other Community Organizations. (1) Reduce barriers to faith-based and other community organizations.
F2	Promote Participation of Faith-Based and Other Community Organizations. (2) Conduct outreach and provide technical assistance to strengthen the capacity of faith-based and community organizations to attract partners and secure resources.
F3	Promote Participation of Faith-Based and Other Community Organizations. (3) Encourage partnerships between faith-based and other community organizations and HUD's grantees and subgrantees.





CAMP eLogic Model™

Copy to Column 2

PROBLEM, NEEDS, SITUATION

There is a need to link new FSS program participants to services and economic opportunities that will lead to employment and economic self-sufficiency.

There is a need to maintain on-going linkages to services and economic opportunities for existing FSS program participants in order to support their transition to employment and economic self-sufficiency.



CAMP eLogic Model™

[Click here to allow deletion of 'New' Activities](#)

Copy to Column 3

SERVICES OR ACTIVITIES/OUTPUTS	UNITS
Adult Basic Education-Enrolled	Persons
Affordable housing organizations contacted	Organizations
Childcare assistance-Children	Children
Childcare assistance-Families	Families
Credit repair counseling-Enrolled	Persons
Credit repair education-Enrolled	Persons
Employers contacted	Employers
Employment counseling	Persons
ESL classes-Enrolled	Persons
Financial management counseling-Enrolled	Persons
Financial management education-Enrolled	Persons
GED program-Enrolled	Persons
Health services obtained	Persons
High school-Enrolled	Persons
Hire FSS Program Coordinator	Persons
Homeownership education/counseling-Enrolled	Persons
Household skills training-Enrolled	Persons
Housing counseling agencies contacted	Agencies
IDA accounts established-Dollars	Dollars
IDA accounts established-Persons	Persons
Individual Training Service Plans (ITSPs) developed	Persons
Job retention activities	Persons
Job training-Enrolled	Persons
Lenders identified	Lenders
Mentoring relationships established-Families	Families
Mentoring relationships established-Persons	Persons
Mentoring relationships established-Relationships	Relationships
Needs assessments conducted	Persons
New FSS Contracts of Participation executed	Families
Outreach to FSS families re: homeownership	Families
Outreach to PH families re: FSS program	Families
Participants-Continuing	Persons
Post secondary classes-Enrolled	Persons
Post-purchase homeownership education/counseling-Attended	Persons
Pre-purchase homeownership education/counseling-Attended	Persons
Service providers contacted	Providers
Substance abuse services	Persons
Transportation services	Persons
Vocational training-Enrolled	Persons
Work with Program Coordinating Committee to obtain services	Services
other	Other



CAMP eLogic Model™

[Click here to allow deletion of 'New' Outcomes](#)

Copy to Column 5

ACHIEVEMENT OUTCOMES GOALS AND INDICATORS	UNITS
Adult Basic Education-Completed	Persons
Associates degree obtained	Persons
Bachelors degree obtained	Persons
Cash welfare assistance-Eliminated	Persons
Cash welfare assistance-Reduced	Persons
Certification from business or technical school	Persons
Certification from post-secondary school	Persons
Certification from private industry	Persons
Credit repair counseling-Completed	Persons
Credit repair education-Completed	Persons
Credit score improved	Persons
Earned income increased-Dollars	Dollars
Earned income increased-Families	Families
Employed for one year	Persons
Employed for six months	Persons
Employment-full time	Persons
Employment-part time	Persons
Escrow accounts established	Families
Escrow accounts with positive balances-Accounts	Accounts
Escrow accounts with positive balances-Dollars	Dollars
Escrow accounts-average escrow disbursement upon completion	Dollars
ESL classes-Completed	Persons
Financial management counseling-Completed	Persons
Financial management education-Completed	Persons
GED obtained	Persons
Health benefits obtained-Employer provided	Persons
High school diploma obtained	Persons
Homeownership education/counseling-Completed	Persons
Household skills training-Completed	Persons
IDA account deposits-Dollars	Dollars
IDA account deposits-Persons	Persons
IDA accounts established-Dollars	Dollars
IDA accounts established-Persons	Persons
IDA accounts-Capitalize business	Persons
IDA accounts-Purchase automobile	Persons
IDA accounts-Purchase home	Persons
IDA accounts-Pursue secondary education	Persons
Job placement	Persons
Job training-Completed	Persons
Moved to non-subsidized rental housing	Families
Persons graduating program	Persons
Persons not completing program	Persons
Post secondary classes-Completed	Persons
Post-purchase homeownership education/counseling-Completed	Persons
Pre-purchase homeownership education/counseling-Completed	Persons
Program graduates	Families

Purchased home	Families
Vocational training-Completed	Persons
other	Other



CAMP eLogic Model™

A. Tools For Measurement

- Bank accounts
- Construction log
- Database
- Enforcement log
- Financial aid log
- Intake log
- Interviews
- Mgt. info. System-automated
- Mgt. info. System-manual
- Outcome scale(s)
- Phone log
- Plans
- Pre-post tests
- Post tests
- Program specific lom(s)
- Questionnaire
- Recruitment log
- Survey
- Technical assistance log
- Time sheets

B. Where Data Maintained

- Agency database
- Centralized database
- Individual case records
- Local precinct
- Public database
- School
- Specialized database
- Tax Assessor database
- Training center

C. Source of Data

- Audit report
- Business licenses
- Certificate of Occupancy
- Code violation reports
- Counseling reports
- Employment records
- Engineering reports
- Environmental reports
- Escrow accounts
- Financial reports
- GED certification/diploma
- Health records
- HMIS
- Inspection results
- Lease agreements
- Legal documents
- Loan monitoring reports
- Mortgage documents
- Payment vouchers
- Permits issued
- Placements
- Progress reports
- Referrals
- Sale documents
- Site reports
- Statistics
- Tax assessments
- Testing results
- Waiting lists
- Work plan reports

D. Frequency of Collection

- Daily
- Weekly
- Monthly
- Quarterly
- Biannually
- Annually
- Upon incident

E. Processing of Data

- Computer spreadsheets
- Flat file database
- Manual tallies
- Relational database
- Statistical database

Explanation of Any Deviations From the Approved eLogic Model

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Response to Management Questions

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Response to Management Questions

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Evaluation Process

These are standard requirements that HUD will expect every program manager receiving a grant to do as part of their project management.

- An evaluation process will be part of the on-going management of the program.
- Comparisons will be made between projected and actual numbers for both outputs and outcomes.
- Deviations from projected outputs and outcomes will be documented and explained on space provided on the "Reporting" tab
- Analyze data to determine relationship of outputs to outcomes; what outputs produce which outcomes.

The reporting requirements are specified in the program specific NOFA and your funding award.

HUD Will Use The Following Management Questions To Evaluate Your Program

1. How many households received services?
2. How many persons received services?
3. How many persons obtained employment this period of performance?
4. What is the total increase in income from all new employment this period of performance?
5. What is the total increase in income from all existing employment this period of performance?
6. How many persons transitioned from welfare to work and no longer receive welfare benefits this period of performance?
7. How many families purchased a home this period of performance?
8. How many persons with ITSPs obtained a GED this period of performance?
9. How many persons with ITSPs obtained a high school diploma this period of performance?
10. How much was the reduction in welfare cash assistance to FSS families this period of performance?
11. How many families increased their earned income this period of performance?
12. How many families no longer receive rental assistance due to increased earned income this period of performance?
13. How many FSS escrow accounts were established this period of performance?
14. What was the dollar value of FSS escrow accounts accumulated by families that graduated this period of performance?
15. How many needed services were obtained for families as a result of outreach and community partnerships this period of performance?
16. How many persons received post-secondary degrees?
17. How many persons received certifications?

Carter-Richmond Methodology

The above Management Questions developed for your program are based on the Carter-Richmond Methodology¹. A description of the Carter-Richmond Methodology appears in the General Section of the NOFA.

¹ © The Accountable Agency – How to Evaluate the Effectiveness of Public and Private Programs," Reginald Carter, ISBN Number 9780978724924.

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