

\* Organization Name: LeMoyne-Owen College

\* Project/Activity Name: Project Renaissance V

	Functional Categories									Column 9 Total (\$)
	Column 1 HUD Share (\$)	Column 2 Applicant Match (\$)	Column 3 Other HUD Funds (\$)	Column 4 Other Fed Share (\$)	Column 5 State Share (\$)	Column 6 Local/Federal Share (\$)	Column 7 Other Share (\$)	Column 8 Program Income (\$)	Column 9 Total (\$)	
a. Personnel (Direct Labor)	72,247.00									
b. Fringe Benefits	20,879.00									
c. Travel	3,368.00									
d. Equipment (only items > \$5,000 depreciated value)										
e. Supplies (only items < \$5,000 depreciated value)	6,500.00									
f. Contractual	16,875.00									
g. Construction										
1. Administration and Legal Expenses										
2. Land, Structures, Rights-of-Way, Appraisals, etc.										
3. Relocation Expenses and Payments										
4. Architectural and Engineering Fees										
5. Other Architectural and Engineering Fees										
6. Project Inspection Fees										
7. Site Work										
8. Demolition and Removal										
9. Construction										
10. Equipment										
11. Contingencies										
12. Miscellaneous										
h. Other Direct Costs	155,896.00									
i. Subtotal of Direct Costs	276,765.00									
j. Indirect Costs (% Approved)										
Indirect Cost Rate: <input type="text"/> %										
Grand Total (Year <input type="text"/> ):										
Grand Total (All Years):										

Grant Applications  
Detailed Budget

U.S. Department of Housing  
and Urban Development

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

\* Organization Name: LeMoyné-Owen College

\* Project/Activity Name: Project Renaissance V

Functional Categories	Year 1: <input type="radio"/> Year 2: <input checked="" type="radio"/> Year 3: <input type="radio"/> All Years: <input type="radio"/>								
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	HUD Share (\$)	Applicant Match (\$)	Other HUD Funds (\$)	Other Fed Share (\$)	State Share (\$)	Local/Federal Share (\$)	Other Share (\$)	Program Income (\$)	Total (\$)
a. Personnel (Direct Labor)	72,247.00								
b. Fringe Benefits	20,879.00								
c. Travel	3,368.00								
d. Equipment (only items > \$5,000 depreciated value)									
e. Supplies (only items < \$5,000 depreciated value)	7,500.00								
f. Contractual	15,000.00								
g. Construction									
1. Administration and Legal Expenses									
2. Land, Structures, Rights-of-Way, Appraisals, etc.									
3. Relocation Expenses and Payments									
4. Architectural and Engineering Fees									
5. Other Architectural and Engineering Fees									
6. Project Inspection Fees									
7. Site Work									
8. Demolition and Removal									
9. Construction									
10. Equipment									
11. Contingencies									
12. Miscellaneous									
h. Other Direct Costs	87,850.00								
i. Subtotal of Direct Costs	206,844.00								
j. Indirect Costs (% Approved)									
Indirect Cost Rate: <input type="text"/> %									
Grand Total (Year <input type="text"/> 2):									
Grand Total (All Years):									

Tracking Number: GRANT00285863

**Grant Applications  
Detailed Budget**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2501-0017  
(expires 03/31/2006)

\* Organization Name: LeMoyne-Owen College

\* Project/Activity Name: Project Renaissance V

Functional Categories	Year 1: <input type="radio"/> Year 2: <input type="radio"/> Year 3: <input checked="" type="radio"/> All Years: <input type="radio"/>									
	Column 1 HUD Share (\$)	Column 2 Applicant Match (\$)	Column 3 Other HUD Funds (\$)	Column 4 Other Fed Share (\$)	Column 5 State Share (\$)	Column 6 Local/Tribal Share (\$)	Column 7 Other Share (\$)	Column 8 Program Income (\$)	Column 9 Total (\$)	
a. Personnel (Direct Labor)	72,246.00									
b. Fringe Benefits	20,878.00									
c. Travel	3,370.00									
d. Equipment (only items > \$5,000 depreciated value)										
e. Supplies (only items < \$5,000 depreciated value)	5,501.00									
f. Contractual	5,500.00									
g. Construction										
1. Administration and Legal Expenses										
2. Land, Structures, Rights-of-Way, Appraisals, etc.										
3. Relocation Expenses and Payments										
4. Architectural and Engineering Fees										
5. Other Architectural and Engineering Fees										
6. Project Inspection Fees										
7. Site Work										
8. Demolition and Removal										
9. Construction										
10. Equipment										
11. Contingencies										
12. Miscellaneous										
h. Other Direct Costs	9,895.00									
i. Subtotal of Direct Costs	117,390.00									
j. Indirect Costs (% Approved)										
Indirect Cost Rate: <input type="text"/> %										
Grand Total (Year <input type="text"/> 3):										
Grand Total (All Years):										

**Grant Applications  
Detailed Budget**

U.S. Department of Housing  
and Urban Development

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

\* Organization Name: LeMoyné-Owen College  
 \* Project/Activity Name: Project Renaissance V

Functional Categories	Year 1: <input type="radio"/> Year 2: <input type="radio"/> Year 3: <input type="radio"/> All Years: <input checked="" type="radio"/>							Column 9 Total (\$)
	Column 1 HUD Share (\$)	Column 2 Applicant Match (\$)	Column 3 Other HUD Funds (\$)	Column 4 Other Fed Share (\$)	Column 5 State Share (\$)	Column 6 Local/Tribal Share (\$)	Column 7 Other Share (\$)	
a. Personnel (Direct Labor)								
b. Fringe Benefits								
c. Travel								
d. Equipment (only items > \$5,000 depreciated value)								
e. Supplies (only items < \$5,000 depreciated value)								
f. Contractual								
g. Construction								
1. Administration and Legal Ex- penses								
2. Land, Structures, Rights-of- Way, Appraisals, etc.								
3. Relocation Expenses and Pay- ments								
4. Architectural and Engineering Fees								
5. Other Architectural and Engin- eering Fees								
6. Project Inspection Fees								
7. Site Work								
8. Demolition and Removal								
9. Construction								
10. Equipment								
11. Contingencies								
12. Miscellaneous								
h. Other Direct Costs								
i. Subtotal of Direct Costs								
j. Indirect Costs (% Approved Indirect Cost Rate: <input type="text"/> %)								
Grand Total (Year <input type="text"/> All):								
Grand Total (All Years):								



## RESPONSE SHEET

Applicant Name: LeMoynne-Owen College

**Budget-By-Activity** The information that the applicant supplies on this form will be reviewed in conjunction with the narrative response and other documentation for the budget submission requirement.

Activity No.	List Activity and Tasks for Each Activity	Source of Funds					Total
		HUD HBCU Grant	Other Federal	State	Local	Private	
1		\$ 279,370	\$	\$	\$	\$	
2		\$ 165,700	\$	\$	\$	\$	
3		\$ 87,850	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
	Subtotal	\$ 524,010	\$	\$	\$	\$	
	Costs of Administering Grant	\$ 75,982	\$	\$	\$	\$	
	Percent of Total	% 15.00	%	%	%	%	
	*Total	\$ 600,000	\$	\$	\$	\$	

\*Must equal amounts on SF-424.

**RESPONSE SHEET**

The information requested below is to be provided by Previously-funded HBCUs only.

Applicant should duplicate this page as necessary.

**Performance Narrative.** The following information is to be provided for HUD HBCU grant(s). The information will be reviewed in conjunction with the two latest progress reports for the grant(s) which are also to be submitted in response to this subfactor.

The following information is requested for each HUD/HBCU grant that you have received since 1991.

Applicant Name LeMoyne-Owen College  
 Grant Number HBCU-TN-05-218  
 Grant start date (grant agreement, HUD-1044, executed) 08/12/2005  
 Grant end date 08/12/2008

Amount of HUD Grant funds awarded	\$	<u>599,399.00</u>
Amount of HUD Grant funds expended	\$	<u>525,278.00</u>
Balance of Grant funds to be spent	\$	<u>74,150.00</u>
Total cost of project	\$	<u>[REDACTED]</u>
Amount contributed by partners	\$	<u>[REDACTED]</u>
Partner percentage of total cost		<u>[REDACTED]</u> %

Partner Name [REDACTED]  
 Amount Contributed \$ [REDACTED]  
 Partner Name CITY OF MEMPHIS- HCD  
 Amount Contributed \$ 611,000.00  
 Partner Name SHELBY COUNTY GOVERNMENT  
 Amount Contributed \$ 700,000.00  
 Partner Name US DEPARTMENT OF EDA  
 Amount Contributed \$ 1,500,000.00

**Grant Goals and Objectives**

To continue the revitalization of the community surrounding LOC. 1- Capacity Building of LOCCDC 2- Economic Development Initiative-Town Center Project; 3- Business Development and Micro Lending

**RESPONSE SHEET**Applicant Name LeMoyne-Owen College**Performance Narrative. (continued)**Were / are Grant Goals and Objectives being met? Yes X No     Total number of Grant tasks 3

Total number of persons to be served by completion of this Grant

**For the following questions, please enter a date that is no earlier than the publication date of this SuperNOFA.**Total number of Grant tasks completed as of (enter date) 3Percentage of Grant tasks completed as of (enter date) 05/30/20Total number of persons served as of (enter date) 05/30/20

List measurable results as of (enter date)

The Town Center at Soulsville has been completely financed, it will include a 27,000 square feet grocery store, incubator space, 25,000 square feet of retail space, housing, and office space. The total project cost is [REDACTED], which the HBCU grants was used as leveraged with private dollars. The community marketing plan was completed, we continue to make loans from our fund - 4 new loan to new businesses and 3 existing business owners. LOCCDC continues to lead this

Were / are Grant Target dates and Schedules being met? Yes X No X

Impediments or delays in implementation encountered

Some delays in receiving the funding timely. LOCCDC has to work with two different banks to get this deal completed.

Other comments:



## RESPONSE SHEET

Applicant Name LEMOYNE-OWEN COLLEGE

Performance Narrative. (continued)

Total number of HUD / HBCU Grants you have received \_\_\_\_\_

Grant Number	Amount of Grant
<u>B-94-SB-TN-0001</u>	\$ <u>290,000.00</u>
<u>B-00SB-TN-0002</u>	\$ <u>380,000.00</u>
<u>HBCU-TN-01-017</u>	\$ <u>500,000.00</u>
<u>HBCU-TN-02-022</u>	\$ <u>549,459.00</u>
<u>HBCU-TN-03-0375</u>	\$ <u>550,000.00</u>
<u>HBCU-TN-05-218</u>	\$ <u>599,399.00</u>
Total	\$ <u>2,868,858.00</u>

Briefly describe the impact that the total amount of HUD/HBCU funds listed above have had on your community.

Since 1999 LOCCDC has leveraged these grants into almost [REDACTED] in community development activities. These include a major HOPE VI project that saw the demolition of 800 units of low-income housing stock and the creation of over 340 units of mixed income housing [REDACTED] project. New now constructed by the LOCCDC. The opening of the J E Walker House Community Resources Center for community use. The [REDACTED] a [REDACTED] development. We have created loan funds for business development, we have trained over 400 potential business owners through our Business Development Institute (BDI) These grants have given this community an opportunity to grow and take part in real sustainability community economic development.

## RESPONSE SHEET

The information requested below is to be provided by Previously-funded HBCUs only.

Applicant should duplicate this page as necessary.

Performance Narrative. The following information is to be provided for HUD HBCU grant(s). The information will be reviewed in conjunction with the two latest progress reports for the grant(s) which are also to be submitted in response to this subfactor.

The following information is requested for each HUD/HBCU grant that you have received since 1991.

Applicant Name LeMoyne-Owen College  
 Grant Number HBCU-TN-02-022  
 Grant start date (grant agreement, HUD-1044, executed) 01/01/2004  
 Grant end date 10/01/2006

Amount of HUD Grant funds awarded	\$	<u>550,000.00</u>
Amount of HUD Grant funds expended	\$	<u>314,340.00</u>
Balance of Grant funds to be spent	\$	<u>235,660.00</u>
Total cost of project	\$	<u>[REDACTED]</u>
Amount contributed by partners	\$	<u>[REDACTED]</u>
Partner percentage of total cost		<u>[REDACTED]</u>

Partner Name U.S. Dept. of HHS-OCS  
 Amount Contributed \$ 350,000.00

Partner Name City of Memphis  
 Amount Contributed \$ 100,000.00

Partner Name City of Memphis CHDO  
 Amount Contributed \$ 180,000.00

Partner Name [REDACTED]  
 Amount Contributed \$ [REDACTED]

Grant Goals and Objectives

Please See Rating Factor 1 in Narrative.

RESPONSE SHEET

Applicant Name LeMoyne-Owen College

Performance Narrative. (continued)

Were / are Grant Goals and Objectives being met? Yes X No     

Total number of Grant tasks 4

Total number of persons to be served by completion of this Grant

For the following questions, please enter a date that is no earlier than the publication date of this SuperNOFA.

Total number of Grant tasks completed as of (enter date) 2

Percentage of Grant tasks completed as of (enter date) 5/31/200

Total number of persons served as of (enter date) 5/31/200

List measurable results as of (enter date)

Please See Rating Factor 1 in Narrative.

Were / are Grant Target dates and Schedules being met? Yes X No     

Impediments or delays in implementation encountered

Other comments:

RESPONSE SHEET

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Performance Narrative. The following information is to be provided for HUD HBCU grant(s). The information will be reviewed in conjunction with the two latest progress reports for the grant(s) which are also to be submitted in response to this subfactor.

The following information is requested for each HUD/HBCU grant that you have received since 1991.

Applicant Name LeMoyne-Owen College  
 Grant Number HBCU-TN-02-022  
 Grant start date (grant agreement, HUD-1044, executed) 10/01/2002  
 Grant end date 10/01/2004

Amount of HUD Grant funds awarded \$ 549,459.00  
 Amount of HUD Grant funds expended \$ 549,459.00  
 Balance of Grant funds to be spent \$ 0.00  
 Total cost of project \$ [REDACTED]  
 Amount contributed by partners \$ [REDACTED]  
 Partner percentage of total cost [REDACTED]%

Partner Name [REDACTED]  
 Amount Contributed \$ [REDACTED]  
 Partner Name [REDACTED]  
 Amount Contributed \$ [REDACTED]  
 Partner Name City of Memphis CHDO  
 Amount Contributed \$ 180,000.00  
 Partner Name [REDACTED]  
 Amount Contributed \$ [REDACTED]

Grant Goals and Objectives

Please See Rating Factor 1 in Narrative.

### RESPONSE SHEET

Applicant Name LeMoyne-Owen College

Performance Narrative. (continued)

Were / are Grant Goals and Objectives being met? Yes  No

Total number of Grant tasks 4

Total number of persons to be served by completion of this Grant

For the following questions, please enter a date that is no earlier than the publication date of this SuperNOFA.

Total number of Grant tasks completed as of (enter date) 4

Percentage of Grant tasks completed as of (enter date) 9/30/200

Total number of persons served as of (enter date) 9/30/200

List measurable results as of (enter date)

Please See Rating Factor 1 in Narrative.

Were / are Grant Target dates and Schedules being met? Yes  No

Impediments or delays in implementation encountered

Other comments:

RESPONSE SHEET

The information requested below is to be provided by Previously-funded HBCUs only.

Applicant should duplicate this page as necessary.

Performance Narrative. The following information is to be provided for HUD HBCU grant(s). The information will be reviewed in conjunction with the two latest progress reports for the grant(s) which are also to be submitted in response to this subfactor.

The following information is requested for each HUD/HBCU grant that you have received since 1991.

Applicant Name LeMoyne-Owen College  
 Grant Number HBCU-TN-01-017  
 Grant start date (grant agreement, HUD-1044, executed) 10/01/2001  
 Grant end date 10/01/2003

Amount of HUD Grant funds awarded	\$	<u>500,000.00</u>
Amount of HUD Grant funds expended	\$	<u>500,000.00</u>
Balance of Grant funds to be spent	\$	<u>0.00</u>
Total cost of project	\$	<u>500,000.00</u>
Amount contributed by partners	\$	<u>0.00</u>
Partner percentage of total cost		<u>0.00</u> %

Partner Name \_\_\_\_\_  
 Amount Contributed \$ 0.00  
 Partner Name \_\_\_\_\_  
 Amount Contributed \$ \_\_\_\_\_  
 Partner Name \_\_\_\_\_  
 Amount Contributed \$ 0.00  
 Partner Name \_\_\_\_\_  
 Amount Contributed \$ 0.00

Grant Goals and Objectives

Please See Rating Factor 1 in Narrative.

### RESPONSE SHEET

Applicant Name LeMoyne-Owen College

Performance Narrative. (continued)

Were / are Grant Goals and Objectives being met? Yes  No

Total number of Grant tasks 4

Total number of persons to be served by completion of this Grant

For the following questions, please enter a date that is no earlier than the publication date of this SuperNOFA.

Total number of Grant tasks completed as of (enter date) 4

Percentage of Grant tasks completed as of (enter date) 9/30/200

Total number of persons served as of (enter date) 9/30/200

List measurable results as of (enter date)

Please See Rating Factor 1 in Narrative.

Were / are Grant Target dates and Schedules being met? Yes  No

Impediments or delays in implementation encountered

Other comments:

RESPONSE SHEET

The information requested below is to be provided by Previously-funded HBCUs only.

Applicant should duplicate this page as necessary.

Performance Narrative. The following information is to be provided for HUD HBCU grant(s). The information will be reviewed in conjunction with the two latest progress reports for the grant(s) which are also to be submitted in response to this subfactor.

The following information is requested for each HUD/HBCU grant that you have received since 1991.

Applicant Name LeMoyne-Owen College  
 Grant Number B-00-SB-TN-0002  
 Grant start date (grant agreement, HUD-1044, executed) 10/30/2000  
 Grant end date 10/30/2002

Amount of HUD Grant funds awarded \$ 390,000.00  
 Amount of HUD Grant funds expended \$ 390,000.00  
 Balance of Grant funds to be spent \$ 0.00  
 Total cost of project \$ [REDACTED]  
 Amount contributed by partners \$ [REDACTED]  
 Partner percentage of total cost [REDACTED]%

Partner Name [REDACTED]  
 Amount Contributed \$ [REDACTED]  
 Partner Name [REDACTED]  
 Amount Contributed \$ [REDACTED]  
 Partner Name State of TN Housing (THDA)  
 Amount Contributed \$ 300,000.00  
 Partner Name City of Memphis-Housing and Community Dev.  
 Amount Contributed \$ 65,000.00

Grant Goals and Objectives

Please see Factor 1 in Narrative Section.



RESPONSE SHEET

Applicant Name LeMoyne-Owen College

Performance Narrative. (continued)

Were / are Grant Goals and Objectives being met? Yes  No

Total number of Grant tasks 4

Total number of persons to be served by completion of this Grant

For the following questions, please enter a date that is no earlier than the publication date of this SuperNOFA.

Total number of Grant tasks completed as of (enter date) 4

Percentage of Grant tasks completed as of (enter date) 6/30/200

Total number of persons served as of (enter date) 6/30/200

List measurable results as of (enter date)

**Please See Rating Factor 1 in Narrative.**

Were / are Grant Target dates and Schedules being met? Yes  No

Impediments or delays in implementation encountered

**Delays were encountered due to slow funding sources, but the activities were completed on time.**

Other comments:

RESPONSE SHEET

The information requested below is to be provided by Previously-funded HBCUs only.

Applicant should duplicate this page as necessary.

Performance Narrative. The following information is to be provided for HUD HBCU grant(s). The information will be reviewed in conjunction with the two latest progress reports for the grant(s) which are also to be submitted in response to this subfactor.

The following information is requested for each HUD/HBCU grant that you have received since 1991.

Applicant Name LeMoyne-Owen College  
 Grant Number HUD-B-94-SB-TN-0001  
 Grant start date (grant agreement, HUD-1044, executed) 08/30/1994  
 Grant end date 10/30/1999

Amount of HUD Grant funds awarded \$ 290,000.00  
 Amount of HUD Grant funds expended \$ 290,000.00  
 Balance of Grant funds to be spent \$ 0.00  
 Total cost of project \$ [REDACTED]  
 Amount contributed by partners \$ [REDACTED]  
 Partner percentage of total cost [REDACTED]

Partner Name [REDACTED]  
 Amount Contributed \$ [REDACTED]  
 Partner Name [REDACTED]  
 Amount Contributed \$ [REDACTED]  
 Partner Name Internal Revenue Service  
 Amount Contributed \$ 0.00  
 Partner Name [REDACTED]  
 Amount Contributed \$ [REDACTED]

Grant Goals and Objectives

Please see Factor 1 in Narrative Section.

## RESPONSE SHEET

Applicant Name LeMoyne-Owen College

Performance Narrative. (continued)

Were / are Grant Goals and Objectives being met? Yes  No Total number of Grant tasks 1

Total number of persons to be served by completion of this Grant

For the following questions, please enter a date that is no earlier than the publication date of this SuperNOFA.

Total number of Grant tasks completed as of (enter date) 1Percentage of Grant tasks completed as of (enter date) 3/31/2000Total number of persons served as of (enter date) 3/31/2000

List measurable results as of (enter date)

Please see Rating Factor 1 in Narrative.

Were / are Grant Target dates and Schedules being met? Yes  No 

Impediments or delays in implementation encountered

The publication of the final newsletter was delayed due to the certain obstacles, including the Center assessing the printing time as too soon, as the editor waited for pertinent "news" to develop. An extension was given on the first grant end date 04/30/98, the second extension was approved by the HUD Regional office and met on 10/30/99

Other comments:

# 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.)

<b>Applicant/Recipient Information</b>		Indicate whether this is an Initial Report <input checked="" type="checkbox"/> or an Update Report <input type="checkbox"/>	
1. Applicant/Recipient Name, Address, and Phone (include area code): LeMoyne-Owen College 802 Walker Avenue, Suite 5, Memphis, TN 38126 (901) 435-1654		2. Social Security Number or Employer ID Number: - -	
3. HUD Program Name Historically Black Colleges and Universities		4. Amount of HUD Assistance Requested/Received \$ 600,000	
5. State the name and location (street address, City and State) of the project or activity: Project Renaissance V 802 Walker Avenue, Suite 5 Memphis, TN 38126 Community Revitalization and Economic Development Activities			

## 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
City of Memphis – Division of Housing & Development	Grants/CHDO	\$180,000	Affordable Housing Construction

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 %)
LOCCDC – non-profit CDC 802 Walker Avenue, Memphis TN 38126	58-207963	Developers	100%

(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:  X	Date: (mm/dd/yyyy) 05/31/2007
---------------------	----------------------------------

**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 (EZs), renewal community (RCs), or enterprise community (ECs); designated by the United States Department of Agriculture (USDA) in round II (EC-IIs).

(Type or clearly print the following information)

Applicant Name LeMoyne-Owen College

Name of the Federal Program to which the applicant is applying Historically Black College and University

Name of RC/EZ/EC Memphis Renewal Community

I further certify that the proposed activities/projects will be located within the RC/EZ/EC-IIs or strategic planning communities that are intended to serve the RC/EZ/EC-IIs strategic planning community residents, or renewal community. (2 points)

Name of the Official Authorized to Certify the RC/EZ/EC Robert Lipscomb

Title Director of Housing & Community Development

Signature 

Date (mm/dd/yyyy) 05/27/2007

# 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: LeMoyne-Owen College

Project Name: Project Renaissance III

Location of the Project: 802 Walker Avenue, Suite 5  
Memphis, TN 38126

Name of the Federal Program to which the applicant is applying: Historically Black Colleges and University Program

Name of Certifying Jurisdiction: City of Memphis

Certifying Official of the Jurisdiction Name: Robert Lipscomp

Title: Director of Housing and Community Development

Signature: 

Date: May 27, 2007

# Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

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

LEMOYNE-OWEN COLLEGE  
802 WALKER AVENUE, SUITE 5  
MEMPHIS, TN 38126

(fold line)

Type or clearly print the following information:

Name of the Federal Program to which the applicant is applying:

HISTORICALLY BLACK COLLEGE AND UNIV. PRO

## To Be Completed by HUD

- HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.
- HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:
- Enclosed
  - Being sent under separate cover

Processor's Name \_\_\_\_\_

Date of Receipt \_\_\_\_\_

**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 (MB) under the Paperwork Reduction Act of 1995 (44U.S.C. 3501-3520). This agency may not collect this information, and you are 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 7<sup>th</sup> 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)):	Grade: O-None	
2. Title of the workshop(s) /conference(s)/meeting(s)/training/forum(s) 2005 HBCU conference, "Leadership, Sustainability, and Succession Planning"	Date attended: 10/26/2006	Grade: A-Extremely helpful
3. Title(s) of satellite broadcast(s):	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the date(s) and rate the quality of assistance received.	Date(s): 5/15/2007	Grade: C-Helpful

Deleted: O-None

6. How could we improve our communications to you and others like you (please explain)?  
MORE EMAIL UPDATES

**Section 2 – Electronic Grant Application Registration Process**

- Did you find the Grants.gov website information on registration clearer and easier to understand than last year?  Yes  No
- Do you have access to IBM compatible software?  Yes  No
- Do you have Internet access within your office or division?  Yes  No

If no, to question 3, please answer the following questions. Is the access within:

- Within your organization?  Yes  No
- 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?

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

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

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

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

**Section 3 – Funding Opportunities**

Please provide CFDA Number for funding opportunity are you commenting on.	Insert CFDA numeral: 14.520
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Based on previous years, how easy was it to find grants in the	Choose from dropdown
a. Federal Register	About the same
b. Trade journals	None
c. Agency websites	More difficult
3. How could finding grant opportunities be improved (please explain)? The funding notices should still be accessible from the agency web site	

**Section 5 – Applying for Grant Opportunities**


1. How many people were involved in completing the application submission?	Number: 7
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?	B-After looking at the application
6. What Section of the Electronic Application Desktop Guide were most useful?	none
7. How could the Electronic Application Desktop Guide be improved (please explain)?	none


8. Did you find the Submission Tips helpful?	Grade A-Extremely helpful
9. Did you find the NOFA Application Submission Checklist helpful?	Grade A-Extremely 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 LeMoyne-Owen College

Address 802 Walker Avenue Suite 5 City Memphis State TN

Zip Code 38126 Telephone Number: (including area code) 

Contact Name: Jeffrey Higgs Email Address 

**Section 7 – Suggestions**

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

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB

0348-0046

<p>1. * Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input checked="" type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. * Status of Federal Action:</p> <p><input type="checkbox"/> a. bid/offer/application</p> <p><input checked="" type="checkbox"/> b. initial award</p> <p><input type="checkbox"/> c. post-award</p>	<p>3. * Report Type:</p> <p><input checked="" type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p>For Material Change Only:</p> <p>year                      quarter</p> <p>date of last report</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input checked="" type="checkbox"/> Prime    <input type="checkbox"/> SubAwardee    Tier if known:</p> <p>* Name: LeMoyne-Owen College</p> <p>* Address: 802 Walker Ave. Suite 5</p> <p>Memphis</p> <p>TN: Tennessee</p> <p>38126</p> <p>Congressional District, if known: 09</p>	<p>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</p>	
<p>6. * Federal Department/Agency:</p> <p>US DEPART OF HUD</p>	<p>7. * Federal Program Name/Description: Historically Black Colleges and Universities Program</p> <p>CFDA Number, if applicable: 14.520</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, complete name):</p> <p>* Name: Mr.</p> <p>NONE</p> <p>NONE</p> <p>NONE</p> <p>* Address:</p>	<p>b. Individual Performing Services (including address if different from No. 10a):</p> <p>* Name: NONE</p> <p>NONE</p>	
<p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>		
<p>* Signature: Chandra Dennis</p> <p>* Name: Mr. Jeffrey T</p>		

	Higgs Title: Executive Director Telephone No.: [REDACTED] Date: 06-12-2007
Federal Use Only:	Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

**Public Burden Disclosure Statement**

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

**Applicant/Recipient  
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:

LeMoyne-Owen College

\* Street1: 802 Walker Avenue

Street2: Suite 5

\* City: Memphis

County: Shelby

\* State: TN: Tennessee

\* Zip Code: 38126

\* Country: USA: UNITED STATES

\* Phone: [REDACTED]

2. Social Security Number or Employer ID Number: 62-0475690

\* 3. HUD Program Name:

Historically Black Colleges and Universities Program

\* 4. Amount of HUD Assistance Requested/Received: \$ 600,000.00

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

\* Project Name: Project Rennissance V

\* Street1: 802 Walker Avenue, Suite 5

Street2:

\* City: Memphis

County: Shelby

\* State: TN: Tennessee

\* Zip Code: 38126

\* 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).

\* 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

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:

Government Agency Address:

\* Street1:

Street2:

\* City:

County:

\* State:

\* Zip Code:  \* Country:

\* Type of Assistance:  \* Amount Requested/Provided: \$

\* Expected Uses of the Funds:

---

Department/State/Local Agency Name:

\* Government Agency Name:

Government Agency Address:

\* Street1:

Street2:

\* City:

County:

\* State:

\* Zip Code:  \* Country:

\* Type of Assistance:  \* Amount Requested/Provided: \$

\* Expected Uses of the Funds:

( Note: Use Additional pages if necessary.)

**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 %)

LeMoyné-Owen College CDC	582096793	Developer	\$ [REDACTED]
			\$ [REDACTED] %
			\$ [REDACTED] %
			\$ [REDACTED] %
			\$ [REDACTED] %

(Note: Use Additional pages if necessary.) [REDACTED]

**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:

Chandra Dennis

\* Date: (mm/dd/yyyy)

06/12/2007

## Attachments

AdditionalInfo\_attDataGroup0  
File Name

Mime Type

AdditionalInfo1\_attDataGroup0  
File Name

Mime Type



\* Organization Name:

LeMoyné-Owen College

**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
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.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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?	<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: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" (<a href="http://www.huduser.org/publications/destech/smartcodes.html">www.huduser.org/publications/destech/smartcodes.html</a>)</p>	<input checked="" type="checkbox"/> No	<input 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? 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 type="checkbox"/> No	<input checked="" 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.  (If you have attachments that are electronic files please scroll to bottom of page 5 and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</p>	<input checked="" type="checkbox"/> No	<input 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 checked="" type="checkbox"/> No	<input 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 checked="" type="checkbox"/> No	<input 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 checked="" type="checkbox"/> No	<input 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 checked="" type="checkbox"/> No	<input 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 checked="" type="checkbox"/> No	<input 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 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 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 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 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 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 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 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 (nexus) and a method for fee calculation?	<input type="checkbox"/> No	<input 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 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? 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 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: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" ( www.huduser.org/publications/destech/smartcodes.html)</p>	<input type="checkbox"/> No	<input 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.  (If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</p>	<input 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 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.  (If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</p>	<input 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.  (If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>Total Points:</p>		

Additional Information:

## Attachments

single\_attachment\_datagroup0  
File Name

Mime Type

# 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:**

LeMoyne-Owen College

**Applicant's DUNS Name:**

**Federal Program:**

Historically Black Colleges and Universities

**CFDA Number:**

14.520

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



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 for 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]

	<b>1</b>	<b>2</b>
<p><b>1.</b> 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><b>2.</b> 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><b>3.</b> 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><b>4.</b> 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> (<a href="http://www.huduser.org/publications/destech/smartcodes.html">www.huduser.org/publications/destech/smartcodes.html</a>)</p>	<input checked="" type="checkbox"/> No	<input 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 type="checkbox"/> No	<input checked="" 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 checked="" type="checkbox"/> No	<input 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 checked="" type="checkbox"/> No	<input 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 checked="" type="checkbox"/> No	<input 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 checked="" type="checkbox"/> No	<input 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 checked="" type="checkbox"/> No	<input 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 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><b>Total Points:</b></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 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 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 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 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 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 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 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 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 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 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>” (<a href="http://www.huduser.org/publications/destech/smartcodes.html">www.huduser.org/publications/destech/smartcodes.html</a>)</p>	<input type="checkbox"/> No	<input 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 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 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 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 type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>Total Points:</b></p>		

**Facsimile Transmittal**

1174421398 - 6167

**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 Document Transmitting: Committment Letter

<b>1. Applicant Information:</b>	
* Legal Name:	<u>LeMoyne-Owen College</u>
* Address:	
* Street1:	<u>802 Walker Avenue</u>
Street2:	<u>Suite 5</u>
* City:	<u>Memphis</u>
County:	<u>Shelby</u>
* State:	<u>TN: Tennessee</u>
* Zip Code:	<u>38126</u>
* Country:	<u>USA: UNITED STATES</u>
<b>2. Catalog of Federal Domestic Assistance Number:</b>	
* Organizational DUNS:	<u>[REDACTED]</u>
CFDA No.:	<u>14.520</u>
Title:	<u>Historically Black Colleges and Universities Program</u>
Program Component:	<u></u>
<b>3. Facsimile Contact Information:</b>	
Department:	<u>LOCCDC</u>
Division:	<u>Administrative</u>
<b>4. Name and telephone number of person to be contacted on matters involving this facsimile.</b>	
Prefix:	<u>Mr.1</u>
* First Name:	<u>Jeffrey</u>
Middle Name:	<u>Thomas</u>
* Last Name:	<u>Higgs</u>
Suffix:	<u></u>
* Phone Number:	<u>[REDACTED]</u>
Fax Number:	<u>901.942.6448</u>
* 5. Email:	<u>[REDACTED]</u>
<b>* 6. What is your Transmittal? (Check one box per fax)</b>	
<input type="radio"/> a. Certification	<input type="radio"/> b. Document
<input type="radio"/> c. Match/Leverage Letter	<input checked="" type="radio"/> d. Other
* 7. How many pages (including cover) are being faxed?	<u>2</u>



Applicant Name:  
Project Name:  
TERM:

LeMoyné-Owen College  
Project Remembrance VI  
Year 1  
HBCU

HUD Program

Problem, Need, Situation

2

Planning

Service or Activities/Output

3

Programming

Pre Post

4

Measure  
#N/A  
#N/A  
#N/A  
#N/A  
#N/A  
#N/A  
#N/A  
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#N/A  
#N/A  
#N/A  
#N/A

Outcome

5

Impact

Pre Post

6

Measure  
#N/A  
#N/A  
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#N/A  
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Period:  
Start Date:  
End Date:

US Department of Ho  
OMB Approval 25







ousing and Urban Development  
535-0114 exp. 09/30/2007

Component Name:

Evaluation Tools

7

Accountability

ousing and Urban Development  
535-0114 exp. 09/30/2007

Component Name:

Evaluation Tools

7

Accountability







Component Name:

0

**Evaluation Tools**

7

**Accountability**

**A. Tools for Measurement**

Construction log

Plans

Technical assistance log

Intake log

Time sheets

**B. Where Data Maintained**

Agency database

Individual case records

Tax Assessor database.

**C. Source of Data**

Certificate of Occupancy

Counseling reports

Lease agreements

Progress reports

Mortgage documents

**D. Frequency of Collection**

Upon incident

**E. Processing of Data**

Flat file database

Computer spreadsheets



ousing and Urban Development  
535-0114 exp. 09/30/2007

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**Evaluation Tools**

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Accountability

**A. Tools for Measurement**


**B. Where Data Maintained**


**C. Source of Data**


**D. Frequency of Collection**

Upon Incident


**E. Processing of Data**


Component Name:

0

Evaluation Tools

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Accountability

Component Name:

0

Evaluation Tools

7

Accountability

Name of Project/Activity	Functional Categories									Column 9 Total
	Column 1 HUD Share	Column 2 Applicant Match	Column 3 Other HUD Funds	Column 4 Other Fed Share	Column 5 State Share	Column 6 Local/Tribal Share	Column 7 Other	Column 8 Program Income	Column 9	
Project Renaissance V										
a. Personnel (Direct Labor)	\$ 216,740.00	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Fringe Benefits	62,637.00									\$
c. Travel	10,106.00									\$
d. Equipment (only items > \$5,000 depreciated value)	-									\$
e. Supplies (only items w/depreciated Value < \$5,000 )	19,501.00									\$
f. Contractual	37,375.00									\$
g. Construction	-									\$
1. Administration and legal expenses	-									\$
2. Land, structures, rights-of way, appraisals, etc.	-									\$
3. Relocation expenses and payments	-									\$
4. Architectural and engineering fees	-									\$
5. Other architectural and engineering fees	-									\$
6. Project inspection fees	-									\$
7. Site work	-									\$
8. Demolition and removal	-									\$
9. Construction	-									\$
10. Equipment	-									\$
11. Contingencies	-									\$
12. Miscellaneous	-									\$
h. Other (Direct Costs)	253,641.00									\$
i. Subtotal of Direct Costs	600,000.00									\$
j. Indirect Costs (% Approved Indirect Cost Rate: %)										\$
<b>Grand Total (Year: ):</b>										\$
<b>Grand Total (All Years):</b>										\$

**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.

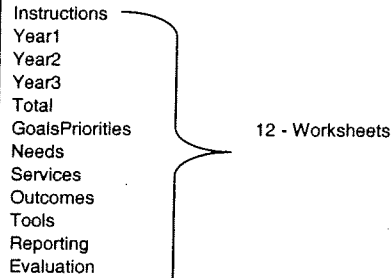
A "Reporting" TAB has been designed to contain two text boxes. Use the text boxes provided. The first provides an area for reporting any positive/negative deviations from the approved eLogic Model™ projections and the basis for the deviations. The second text box is to be used to report responses to 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:



### 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., EO1 or PE1 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 your 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 "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 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 at 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)



**CAMP eLogic Model™**

**Copy to Column 2**

**PROBLEM, NEEDS, SITUATION**

There is a need for HBCUs to utilize the skills and talents available at their institutions to assist communities in undertaking community and economic development activities which benefit low and moderate-income persons.

There is a need for HBCUs to utilize the skills and talents available at their institutions to assist communities in undertaking community and economic development activities which aid in the prevention or elimination of slums and blight.

There is a need for HBCUs to utilize the skills and talents available at their institutions to assist communities in undertaking community and economic development activities which meet urgent community development needs that pose a serious and imminent threat to the health and welfare of the community when other financial resources are not available.

**CAMP eLogic Model™***Click here to allow  
deletion of 'New'  
Activities***Copy to Column 3**

<b>SERVICES OR ACTIVITIES/OUTPUTS</b>	<b>UNITS</b>
Acquisition of Real Property	Properties
Administrative/Planning	Plans completed
Adopt health fitness plan	Persons
Adult literacy training	Persons
Build incubator spaces	Spaces
Business opportunities-Other – Businesses	Businesses
Business opportunities-Other – Dollars	Dollars
Business opportunities-Section 3 – Businesses	Businesses
Business opportunities-Section 3 – Dollars	Dollars
Child Care – Provider training	Persons
Child Care – Provider training workshops	Persons
Clearance and demolition	Properties
Conduct health fairs	Activities
Construction housing	Units
Construction housing – Design incorporates universal design	Units
Construction housing – Design incorporates visitability standards	Units
Construction housing – With Energy Star	Units
Construction office	Units
Construction office – Design incorporates universal design	Units
Construction office – Design incorporates visitability standards	Units
Construction office – With Energy Star	Units
Construction public facilities	Units
Construction public facilities – Design incorporates universal design	Units
Construction public facilities – Design incorporates visitability standards	Units
Construction public facilities – With Energy Star	Units
Construction commercial facilities	Units
Construction commercial facilities – Design incorporates universal design	Units
Construction commercial facilities – Design incorporates visitability standards	Units
Construction commercial facilities – With Energy Star	Units
Credit repair	Persons
Development of elderly rental housing	Units
Direct homeownership/down payment assistance	Persons
Drug Abuse Prevention – Counseling	Persons
Drug Abuse Prevention – Workshops	Persons
Employment Assistance	Persons
Employment opportunities-Other – Available jobs	Available jobs
Employment opportunities-Other – Persons	Persons
Employment opportunities-Section 3 – Available jobs	Available jobs
Employment opportunities-Section 3 – Persons	Persons
Equip firms with incubators	Businesses
Establish health/fitness plan	Plans
Establishment Community Development Corp. (CDC)	CDC
Fair Housing Counseling	Persons
Financial assistance for establishment of micro-enterprises	Micro-enterprises
Financial assistance for expansion of micro-enterprises	Micro-enterprises
Financial assistance for stabilization of micro-enterprises	Micro-enterprises



GED program – Enrolled	Persons
Health screening	Persons
Homeownership training/counseling	Persons
Job placement training	Persons
Lead-based Paint Hazard Evaluation	Inspections
Lead-based Paint Hazard Reduction	Units
Leadership training/workshops	Workshops
Life skills training	Persons
Literacy training	Persons
Public services available	Services
Recreation services	Services
Rehabilitation – Commercial facilities	Units
Rehabilitation – Commercial facilities – Design incorporates universal design	Units
Rehabilitation – Commercial facilities – Design incorporates visitability standards	Units
Rehabilitation – Commercial facilities – With Energy Star	Units
Rehabilitation – Housing units	Units
Rehabilitation – Office complex	Units
Rehabilitation – Public facilities	Units
Rehabilitation – Public facilities – Design incorporates universal design	Units
Rehabilitation – Public facilities – Design incorporates visitability standards	Units
Rehabilitation – Public facilities – With Energy Star	Units
Revolving loan fund	Persons
Site development & construction	Units
Technical assistance for establishment of micro-enterprises	Micro-enterprises
Technical assistance for expansion of micro-enterprises	Micro-enterprises
Technical assistance for stabilization of micro-enterprises	Micro-enterprises
Technical assistance training workshops	Workshops
Training Opportunities-Other	Persons
Training Opportunities-Section 3 – Persons	Persons
Tutoring/Mentoring	Persons
Vocational training	Persons
other	Other

**CAMP eLogic Model™**[Click here to allow deletion of 'New' Outcomes](#)**Copy to Column 5**

<b>ACHIEVEMENT OUTCOMES GOALS AND INDICATORS</b>	<b>UNITS</b>
Awarded home maintenance grants	Persons
Business opportunities-Other – Businesses	Businesses
Business opportunities-Other – Dollars	Dollars
Business opportunities-Section 3 – Businesses	Businesses
Business opportunities-Section 3 – Dollars	Dollars
Businesses leave incubator for business locations	Micro-enterprises
CDBG Eco. Dev. Programs provided to Comm. CDBG programs	CDBG programs
Commercial facilities constructed	Facilities
Commercial facilities rehabilitated	Facilities
Counseling and Job training	Students
Employment opportunities-Other – Available jobs	Available jobs
Employment opportunities-Other – Persons	Persons
Employment opportunities-Section 3 – Available jobs	Available jobs
Employment opportunities-Section 3 – Persons	Persons
GED obtained	Persons
Homeless placed permanent housing	Persons
Homes constructed	Constructed units
Homes made lead safe	Lead safe units
Homes rehabilitated	Rehabilitated units
Homes renovated	Renovated units
Improved public facilities	Public Facilities
Increase GPA	Students
Jobs – New jobs created as a result of training	Jobs
Jobs maintained	Jobs
Low/moderate-income persons who purchased new home	Persons
Low/moderate-income persons who purchased renovated home	Renovated units
Micro-enterprises established as a result of financial assistance	Micro-enterprises
Micro enterprises expanded as a result of financial assistance	Micro-enterprises
Micro-enterprises stabilized as a result of financial assistance	Micro-enterprises
Micro-enterprises established as a result of technical assistance	Micro-enterprises
Micro enterprises expanded as a result of financial assistance	Micro-enterprises
Micro-enterprises stabilized as a result of financial assistance	Micro-enterprises
Mortgage ready	Persons
New affordable housing units	Units
New businesses incubated	Micro-enterprises
New jobs as result of new businesses	Jobs
New minority businesses	Micro-enterprises
Number of homes renovated	Units
Persons complete IDA program	Persons
Public facilities constructed	Facilities
Public facilities renovated	Facilities
Public services obtained	Persons
Received direct homeownership assistance	Persons
Recreation services	Persons
Training Opportunities-Other	Persons
Training Opportunities-Section 3 – Persons	Persons

Using the improved facilities for the first time	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 form(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 files
Relational database
Statistical database

**Explanation of Any Deviations From the Approved eLogic Model**

**Response to Management Questions**

**Response to Management Questions**

## **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 new jobs were created as result of new businesses?
2. How many commercial facilities were added through construction?
3. How many commercial facilities were added through rehabilitation?
4. How many offices were added through construction?
5. How many offices were added through rehabilitation?
6. How many public facilities were added through construction?
7. How many public facilities were added through rehabilitation?
8. How much housing was added through construction?
9. How much housing was added through rehabilitation?
10. How many persons purchased a home?
11. How many homes were made lead safe?
12. How many students increased their GPA?
13. How many students acquired marketable skills?
14. How many students received their GED?
15. How many families acquired a home maintenance grant?
16. How many Micro-enterprises were established as a result of financial assistance?
17. How many Micro-enterprises were expanded as a result of financial assistance?
18. How many Micro-enterprises were stabilized as a result of financial assistance?
19. How many Micro-enterprises were established as a result of technical assistance?
20. How many Micro-enterprises were expanded as a result of technical assistance?
21. How many Micro-enterprises were stabilized as a result of technical assistance?
22. How many new affordable housing units were built?
23. How many new businesses were created?
24. How many high school students are expected to pursue post-secondary education?

## **Carter-Richmond Methodology**

The above Management Questions developed for your program are based on the Carter-Richmond Methodology<sup>1</sup>. A description of the Carter-Richmond Methodology appears in the General Section of the NOFA.

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