

**Application for Federal Assistance SF-424**

Version 02

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input type="radio"/> New <input checked="" type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
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* 3. Date Received: 05/16/2007	4. Applicant Identifier: KY001
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5a. Federal Entity Identifier: [REDACTED]	* 5b. Federal Award Identifier: [REDACTED]
----------------------------------------------	-----------------------------------------------

**State Use Only:**

6. Date Received by State: _____	7. State Application Identifier: _____
----------------------------------	----------------------------------------

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Louisville Metro Housing Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 61-1447539	* c. Organizational DUNS: [REDACTED]
-----------------------------------------------------------------------	-----------------------------------------

**d. Address:**

\* Street1: 420 South Eighth Street  
Street2: \_\_\_\_\_  
\* City: Louisville  
County: \_\_\_\_\_  
\* State: KY: Kentucky  
Province: \_\_\_\_\_  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 40203

**e. Organizational Unit:**

Department Name: <u>Executive</u>	Division Name: <u>Special Programs</u>
--------------------------------------	-------------------------------------------

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

Prefix: \_\_\_\_\_ \* First Name: Amber  
Middle Name: H.  
\* Last Name: Goddard  
Suffix: \_\_\_\_\_  
Title: FICV FSS Program Coordinator

**Organizational Affiliation:**

\* Telephone Number: [REDACTED] Fax Number: 502-587-1994  
\* Email: [REDACTED]

**Application for Federal Assistance SF-424**

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**9. Type of Applicant 1: Select Applicant Type:**

L: Public/Indian Housing Authority

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

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

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.871

CFDA Title:

Section 8 Housing Choice Vouchers

**\* 12. Funding Opportunity Number:**

FR-5100-N-15

\* Title:

Housing Choice Voucher Family Self-Sufficiency

**13. Competition Identification Number:**

HCV-FSS-15

Title:

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

Louisville Metro/Jefferson County, KY

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

Renewal funding for HCV FSS Program Coordinators

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="375,234.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="375,234.00"/>

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

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

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

- Yes
- No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:   
\* Title:   
\* Telephone Number:  Fax Number:   
\* Email:   
\* Signature of Authorized Representative:  \* Date Signed:

Authorized for Local Reproduction

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

**Application for Federal Assistance SF-424**

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**\* Applicant Federal Debt Delinquency Explanation**

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

[Empty text input field]

## Attachments

AdditionalCongressionalDistricts

File Name

Mime Type

AdditionalProjectTitle

File Name

Mime Type

Manifest for Grant Application # GRANT00263887

Grant Application XML file (total 1):

1. GrantApplication.xml. (size 16426 bytes)

Forms Included in Zip File(total 4):

1. Form SF424-V2.0.pdf (size 9776 bytes)
2. Form HUD\_FaxTransmittal-V1.1.pdf (size 3489 bytes)
3. Form Attachments-V1.1.pdf (size 1864 bytes)
4. Form HUD\_DisclosureUpdateReport-V1.1.pdf (size 8545 bytes)

Attachments Included in Zip File (total 6):

1. Attachments-ATT2-9543-2994-A\_REVISED\_You\_Are\_Our\_Client\_Grant\_Applicant\_Survey.d
2. Attachments-ATT5-370-2991.pdf\_Cert\_of\_Cons\_w.ConPlan.pdf (size 159437 bytes)
3. Attachments-ATT6-4167-HUD-96010\_HCVFSS\_V7.3\_051007.xls (size 435200 bytes)
4. Attachments-ATT1-5243-HUD-52651\_HCV-FSS.doc (size 171520 bytes)
5. Attachments-ATT3-2379-LMHA\_2007\_Affirmatively\_Furthering\_Fair\_Housing.doc (size 23040 bytes)
6. Attachments-ATT4-9639-LMHA\_HCVFSS\_Logic\_Model\_Explanations.doc (size 23040 bytes)

**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:

\* Report Type: INITIAL

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

\* Applicant Name:

Louisville Metro Housing Authority

\* Street1: 420 South Eighth Street

Street2:

\* City: Louisville

County:

\* State: KY: Kentucky

\* Zip Code: 40203

\* Country: USA: UNITED STATES

\* Phone:

2. Social Security Number or Employer ID Number: 61-1447539

\* 3. HUD Program Name:

Section 8 Housing Choice Vouchers

\* 4. Amount of HUD Assistance Requested/Received: \$ 375,234.00

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

\* Project Name: Renewal funding for HCV FSS Program Coordinators

\* Street1: 801 Vine St.

Street2:

\* City: Louisville

County:

\* State: KY: Kentucky

\* Zip Code: 40204

\* Country: USA: UNITED STATES

**Part I Threshold Determinations**

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

Yes  No

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

Yes  No

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

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

Form HUD-2880(3/99)

**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:

Louisville Metro Human Services

Government Agency Address:

\* Street1: 810 Barret Ave.

Street2:

\* City: Louisville

County: Jefferson

\* State: KY: Kentucky

\* Zip Code: 40204

\* Country: USA: UNITED STATES

\* Type of Assistance: Subsidy

\* Amount Requested/Provided: \$ 200,000.00

\* Expected Uses of the Funds:

Offset Case Management and Supervisory costs

Department/State/Local Agency Name:

\* Government Agency Name:

Louisville Metro Housing Authority

Government Agency Address:

\* Street1: 420 South Eighth Street

Street2:

\* City: Louisville

County: Jefferson

\* State: KY: Kentucky

\* Zip Code: 40203

\* Country: USA: UNITED STATES

\* Type of Assistance: Payment

\* Amount Requested/Provided: \$ 291,753.00

\* Expected Uses of the Funds:

Offset Case Management and Supervisory costs

( 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 %)
Louisville Metro Human Service	320049006	Case Management	\$ 125,078.00 33.00%
			\$ %
			\$ %
			\$ %
			\$ %

(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:

Amber Goddard

\* Date: (mm/dd/yyyy)

05/16/2007

## Attachments

AdditionalInfo\_attDataGroup0

File Name

Mime Type

AdditionalInfo1\_attDataGroup0

File Name

Mime Type

## Attachments Form

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

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

- |                                 |                                                                    |                                     |
|---------------------------------|--------------------------------------------------------------------|-------------------------------------|
| 1) Please attach Attachment 1   | 5243-HUD-52651_HCV-FSS.doc                                         | Mime Type: application/msword       |
| 2) Please attach Attachment 2   | 9543-2994-A_REVISIED_You_Are_Our_Client_Grant_Applicant_Survey.doc | Mime Type: application/msword       |
| 3) Please attach Attachment 3   | 2379-LMHA_2007_Affirmatively_Furthering_Fair_Housing.doc           | Mime Type: application/msword       |
| 4) Please attach Attachment 4   | 9639-LMHA_HCVFSS_Logic_Model_Explanations.doc                      | Mime Type: application/msword       |
| 5) Please attach Attachment 5   | 370-2991.pdf_Cert_of_Cons_w.ConPlan.pdf                            | Mime Type: application/pdf          |
| 6) Please attach Attachment 6   | 4167-HUD-96010_HCVFSS_V7.3_0510                                    | Mime Type: application/vnd.ms-excel |
| 7) Please attach Attachment 7   |                                                                    |                                     |
| 8) Please attach Attachment 8   |                                                                    |                                     |
| 9) Please attach Attachment 9   |                                                                    |                                     |
| 10) Please attach Attachment 10 |                                                                    |                                     |
| 11) Please attach Attachment 11 |                                                                    |                                     |
| 12) Please attach Attachment 12 |                                                                    |                                     |
| 13) Please attach Attachment 13 |                                                                    |                                     |
| 14) Please attach Attachment 14 |                                                                    |                                     |
| 15) Please attach Attachment 15 |                                                                    |                                     |

**Facsimile Transmittal**

1176305342 - 6975

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

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

\* Name of of Document Transmitting: Nothing Faxed with this Application

**1. Applicant Information:**

\* Legal Name: Louisville Metro Housing Authority

\* Address:

\* Street1: 420 South Eighth Street

Street2:

\* City: Louisville

County:

\* State: KY: Kentucky

\* Zip Code: 40203 \* Country: USA: UNITED STATES

**2. Catalog of Federal Domestic Assistance Number:**

\* Organizational DUNS: [REDACTED] CFDA No.: 14.871

Title: Section 8 Housing Choice Vouchers

Program Component:

**3. Facsimile Contact Information:**

Department: Executive

Division: Special Programs

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

Prefix:  \* First Name: Amber

Middle Name: H.

\* Last Name: Goddard

Suffix:

\* Phone Number: [REDACTED]

Fax Number: 502-587-1994

\* 5. Email: [REDACTED]

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

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

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

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  </Attachments:ATT4File>
</Attachments:ATT4>

```



**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: Louisville Metro Housing Authority

Project Name: Section 8 (HCV) Family Self-Sufficiency Program

Location of the Project: 801 Vine Street  
Louisville, KY 40204

Name of the Federal Program to which the applicant is applying: Housing Choice Voucher Family Self-Sufficiency Program

Name of Certifying Jurisdiction: Louisville/Jefferson County Metro Government

Certifying Official of the Jurisdiction Name: Kimberly L. Bunton

Title: Director, Department of Housing and Family Services

Signature: Kimberly L. Bunton

Date: 4/23/2007

**IT IS RECOMMENDED THAT YOU PRINT THESE INSTRUCTIONS BEFORE CONTINUING**

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

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

**SECURITY AND THE USE OF "MACROS"**

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

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

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

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

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

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

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

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

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

#### **eLOGIC MODEL™ SPECIAL FEATURES**

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

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

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

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

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

#### **A Reporting TAB Has Been Added**

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

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

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

## INSTRUCTIONS FOR COMPLETING THE eLOGIC MODEL™

### BACKGROUND

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

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

### ACCESSING THE eLOGIC MODEL™

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

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

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

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

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

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

## COLUMNS OF THE eLOGIC MODEL™ (1-7)

### Column 1 – Policy

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

### Column 2 – Planning

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

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

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

### Column 3 – Programming

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

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

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

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

### Column 4 – Measure

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

### Column 5 – Impact

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

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



**NOTE:** If the Outcome that you are looking for does not appear on the dropdown list, choose "Other" from the dropdown list. A dialog box will appear that says "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 Housing 16qtr407 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)

eLogic Model™

Applicant Name: Louisville Metro Housing Authority  
 Project Name: Annual funding for HCV FSS Program Coordinators

US Department of Housing and Urban Development  
 OMB Approval 25

HUD Program: HCVFSS

Period: Year 1  
 Start Date:  
 End Date:

HUD Goals	Policy Priority	Problem, Need, Situation	Service or Activities/Output	Pre	Post	Outcome	Pre	Post
1	2	Planning	3	4	5	6		
A2	A	There is a need to link new FSS program participants to services and economic opportunities that will lead to employment and economic self-sufficiency.	Outreach to HCV families re: FSS program	Measure Families	Impact	new- Enroll new FSS participants	Measure Persons	200
A3			New FSS Contracts of Participation executed	Families		E-scrow accounts established	Families	200
A4			Individual Training Service Plans (ITSPs) developed	Persons		new- Goal(s) established	Persons	200
A5			Needs assessments conducted	Persons		new- Appropriate referral(s) made	Persons	90
A6				180			90	#N/A
B4				#N/A			#N/A	#N/A
C2				#N/A			#N/A	#N/A
D2				#N/A			#N/A	#N/A
E3				#N/A			#N/A	#N/A
E4				#N/A			#N/A	#N/A
			GED program-Enrolled	Persons		GED obtained	Persons	2
			Vocational training-Enrolled	Persons		Vocational training-Completed	Persons	2
			Post secondary classes-Enrolled	Persons		Post secondary classes-Completed	Persons	2
			new- Education goal - completed	50		Job placement	Persons	10
			Employment counseling	14		Job placement	Persons	10
			new- Obtain employment	100		Cash welfare assistance-Eliminated	Persons	30
				250			Persons	20
		There is a need to maintain on-going linkages to services and economic opportunities for existing FSS program participants in order to support their transition to employment and economic self-sufficiency.						





**Evaluation Tools**

7

**Accountability**

**A. Tools for Measurement**

Database

Interviews

Mgt. Info. System-automated

**B. Where Data Maintained**

Agency database

Individual case records

Public database

Specialized database

**C. Source of Data**

Employment records

Escrow accounts

Placements

Progress reports

Referrals

**D. Frequency of Collection**

Weekly

Monthly

Quarterly

Annually

Upon incident

**E. Processing of Data**

Computer spreadsheets

Relational database

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

Component Name:

Evaluation Tools

7

Accountability

ousing and Urban Development  
135-0114 exp. 09/30/2007  
Component Name:

Evaluation Tools

7

Accountability









Component Name:

0

**Evaluation Tools**

7

Accountability

**A. Tools for Measurement**

**B. Where Data Maintained**

**C. Source of Data**

**D. Frequency of Collection**

**E. Processing of Data**

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

Component Name:

0

Evaluation Topics

7

Accountability

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

Component Name:

0

Evaluation Tools

7

Accountability









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

Component Name:

0

**Evaluation Tools**

7

Accountability

**A. Tools for Measurement**


**B. Where Data Maintained**


**C. Source of Data**


**D. Frequency of Collection**


**E. Processing of Data**




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

Component Name:

0

Evaluation Tools

7

Accountability

Housing and Urban Development  
135-0114 exp. 09/30/2007  
Component Name:

0

Evaluation Tools

7

Accountability





eLogic Model™

Applicant Name:  
 Project Name:

Louisville Metro Housing Authority  
 Total funding for HCV FSS Program Coordinators

TERM:

HUD Program

Problem, Need, Situation

2

Planning

Period:

Start Date:

End Date:

Pre

Post

4

Measure

#/N/A

#/N/A

#/N/A

#/N/A

#/N/A

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Outcome

5

Impact

Measure

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Pre

Post

6

Measure

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#/N/A

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#/N/A

Component Name:

0

**Evaluation Tools**

7

**Accountability**

**A. Tools for Measurement**


**B. Where Data Maintained**


**C. Source of Data**


**D. Frequency of Collection**


**E. Processing of Data**




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

Component Name:

0

Evaluation Tools

7

Accountability



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

Component Name:

0

Evaluation Tools

7

Accountability

HUD Goals		HUD Priorities	
A1	<b>Increase homeownership opportunities.</b> (1) Expand national homeownership opportunities.	A	<b>Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Persons with Limited English Proficiency.</b>
A2	<b>Increase homeownership opportunities.</b> (2) Increase minority homeownership.	B1	<b>Improve our Nation's Communities.</b> (1) Bring private capital into distressed communities.
A3	<b>Increase homeownership opportunities.</b> (3) Make the home-buying process less complicated and less expensive.	B2	<b>Improve our Nation's Communities.</b> (2) Finance business investments to grow new businesses.
A4	<b>Increase homeownership opportunities.</b> (4) Reduce predatory lending practices through reform, education and enforcement.	B3	<b>Improve our Nation's Communities.</b> (3) Maintain and expand existing businesses.
A5	<b>Increase homeownership opportunities.</b> (5) Help HUD-assisted renters become homeowners.	B4	<b>Improve our Nation's Communities.</b> (4) Create a pool of funds for new small and minority-owned businesses.
A6	<b>Increase homeownership opportunities.</b> (6) Keep existing homeowners from losing their homes.	B5	<b>Improve our Nation's Communities.</b> (5) Create decent jobs for low-income persons.
B1	<b>Promote Decent Affordable Housing.</b> (1) Expand access to and availability of decent, affordable rental housing.	B6	<b>Improve our Nation's Communities.</b> (6) Improve the environmental health and safety of families living in public and privately owned housing.
B2	<b>Promote Decent Affordable Housing.</b> (2) Improve the management accountability and physical quality of public and assisted housing.	B7	<b>Improve our Nation's Communities.</b> (7) Make communities more livable.
B3	<b>Promote Decent Affordable Housing.</b> (3) Improve housing opportunities for the elderly and persons with disabilities.	C1	<b>Encouraging Accessible Design Features.</b> (1) Visitability in new construction and substantial rehabilitation.
B4	<b>Promote Decent Affordable Housing.</b> (4) Promote housing self-sufficiency.	C2	<b>Encouraging Accessible Design Features.</b> (2) Universal Design.
B5	<b>Promote Decent Affordable Housing.</b> (5) Facilitate more effective delivery of affordable housing by reforming public housing and the Housing Choice Voucher program.	D	<b>Providing Full and Equal Access to Grassroots Faith-Based and Other Community Organizations in HUD Program Implementation.</b>
C1	<b>Strengthen Communities.</b> (1) Assist disaster recovery in the Gulf Coast region.	E	<b>Participation of Minority-Serving Institutions (MSIs) in HUD Programs.</b>
C2	<b>Strengthen Communities.</b> (2) Enhance sustainability of communities by expanding economic opportunities.	F1	<b>Ending Chronic Homelessness.</b> (1) Creation of affordable housing units, supportive housing, and group homes.
C3	<b>Strengthen Communities.</b> (3) Foster a suitable living environment in communities by improving physical conditions and quality of life.	F2	<b>Ending Chronic Homelessness.</b> (2) Establishment of a set-aside of units of affordable housing for the chronically homeless.
C4	<b>Strengthen Communities.</b> (4) End chronic homelessness and move homeless families and individuals to permanent housing.	F3	<b>Ending Chronic Homelessness.</b> (3) Establishment of substance abuse treatment programs targeted to the homeless population.
C5	<b>Strengthen Communities.</b> (5) Mitigate housing conditions that threaten health.	F4	<b>Ending Chronic Homelessness.</b> (4) Establishment of job training programs that will provide opportunities for economic self-sufficiency.
D1	<b>Ensure Equal Opportunity in Housing.</b> (1) Ensure access to a fair and effective administrative process to investigate and resolve complaints of discrimination.	F5	<b>Ending Chronic Homelessness.</b> (5) Establishment of counseling programs that assist homeless persons in finding housing, managing finances, managing anger, and building interpersonal relationships.
D2	<b>Ensure Equal Opportunity in Housing.</b> (2) Improve public awareness of rights and responsibilities under fair housing laws.	F6	<b>Ending Chronic Homelessness.</b> (6) Provision of supportive services, such as health care assistance that will permit homeless individuals to become productive members of society.
D3	<b>Ensure Equal Opportunity in Housing.</b> (3) Improve housing accessibility for persons with disabilities.	F7	<b>Ending Chronic Homelessness.</b> (7) Provision of service coordinators or one-stop assistance centers that will ensure that chronically homeless persons have access to a variety of social services.
D4	<b>Ensure Equal Opportunity in Housing.</b> (4) Ensure that HUD-funded entities comply with fair housing and other civil rights laws.	G	<b>Removal of Regulatory Barriers to Affordable Housing.</b>
E1	<b>Embrace High Standards of Ethics, Management, and Accountability.</b> (1) Strategically manage human capital to increase employee satisfaction and improve HUD performance.	H	<b>Participation in Energy Star.</b>
E2	<b>Embrace High Standards of Ethics, Management, and Accountability.</b> (2) Improve HUD's management and its internal controls to ensure program compliance and resolve audit issues.		
E3	<b>Embrace High Standards of Ethics, Management, and Accountability.</b> (3) Improve accountability, service delivery, and customer service of HUD and its partners.		
E4	<b>Embrace High Standards of Ethics, Management, and Accountability.</b> (4) Capitalize on modernized technology to improve the delivery of HUD's core business functions.		

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



**CAMP eLogic Model™**

**Copy to Column 2**

**PROBLEM, NEEDS, SITUATION**

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

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



CAMP eLogic Model™

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

**Copy to Column 3**

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



CAMP eLogic Model™

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

Copy to Column 5

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

Post-purchase homeownership education/counseling-Completed	Persons
Pre-purchase homeownership education/counseling-Completed	Persons
Program graduates	Persons
Purchased home	Families
Vocational training-Completed	Persons
other	Other



## CAMP eLogic Model™

<b>A. Tools For Measurement</b>
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>B. Where Data Maintained</b>
Agency database
Centralized database
Individual case records
Local precinct
Public database
School
Specialized database
Tax Assessor database
Training center
<b>C. Source of Data</b>
Audit report
Business licenses
Certificate of Occupancy
Code violation reports
Counseling reports
Employment records
Engineering reports
Environmental reports
Escrow accounts
Financial reports
GED certicator/diploma
Health records
HMS
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
<b>D. Frequency of Collection</b>
Daily
Weekly
Monthly
Quarterly
Biannually
Annually
Upon incident
<b>E. Processing of Data</b>
Computer spreadsheets
Flat file database
Manual tallies
Relational database
Statistical database



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

A large, empty rectangular box with a thin black border, intended for the user to provide an explanation of any deviations from the approved eLogic model. The box is currently blank.

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

## **Carter-Richmond Methodology**

The above Management Questions developed for your program are based on the Carter-Richmond 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.

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Number

**You are our Client!**  
Grant Applicant Survey

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

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

The information collection requirements contained in this document have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Public reporting burden for this collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. All information collection contained in this Survey is optional.

The Department of Housing and Urban Development is trying to provide a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to the Notice of Funding Availability Application and forms and/or the Electronic Grant Application Outreach process. You can complete and submit this survey and attach it to your electronic application or you mail directly to: Department of Housing and Urban Development, 451 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)): FY 2007 HUD Tools for Electronic Grant Application Submis	Grade: A-Extremely helpful
2. Title of the workshop(s) /conference(s)/meeting(s)/training/forum(s) HUD Grants and the Super NOFA	Date attended:    Grade: 4/11/2007    B-Somewhat helpful
3. Title(s) of satellite broadcast(s): HCV Family Self-Sufficiency Program Coordinator NOFA	Date(s):    Grade: 3/27/2007    A-Extremely helpful
4. Did you receive information from the Agency Call 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):    Grade: 4/17/07    A-Extremely helpful 5/1/07
5. Did you receive information from the Grant.gov Contact Center? ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, please provide the date(s) and rate the quality of assistance received.	Date(s):    Grade: O-None
6. How could we improve our communications to you and others like you (please explain)?	

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

- 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?
4. Do you have problems with Internet access due to any of the following?
- Cost?
  - Reliability?
  - Office access rights?
  - Poor quality reception?

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

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

### Section 3 – Funding Opportunities

Please provide CFDA Number for funding opportunity are you commenting on.	Insert CFDA numeral: 14.871
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Were the Program specific funding opportunity instructions clearer and easier to follow than last year?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Based on previous years, how easy was it to find grants in the	Choose from dropdown
a. Federal Register	About the same
b. Trade journals	None
c. Agency websites	A little easier
3. How could finding grant opportunities be improved (please explain)?	

### Section 5 – Applying for Grant Opportunities


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


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 Louisville Metro Housing Authority

Address 420 South Eighth St. City Louisville State KY

Zip Code 40203 Telephone Number: (including area code) 

Contact Name: Amber H. Goddard Email Address 

**Section 7 – Suggestions**

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



**Housing Choice Voucher  
(HCV) Family Self-  
Sufficiency (FSS)  
Program Coordinator  
Funding**

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

OMB Approval No. 2577-0178  
Exp. (04/30/2007)

Public reporting burden for this collection of information is estimated to average 0.75 hours. This includes the time for collecting, reviewing, and reporting the data. Information provided is to determine the eligibility of the applicant for funding for the salary of a program coordinator. HUD uses the information to determine eligibility of the applicant to receive funding. Information is required to obtain benefit under 24 CFR 982.302(b). The information is subject to the confidentiality requirements of the HUD Reform Legislation. 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.

**PART I: General Information. (To be completed by all applicants.)**

Applicant Category: <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> New	Moving-to-Work PHA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DUNS Number of Applicant: [REDACTED]	Funding Request for Fiscal Year: 2007			
<b>A. PHA Legal Name (For joint applicants, lead PHA name):</b> Louisville Metro Housing Authority						
Address: 420 South Eighth Street						
City: Louisville		County: Jefferson				
State: KY		Zip Code: 40203				
PHA Number of Applicant: KY 001						
<b>B. PHA Legal Name for Each Joint Applicant (if Applicable). Note: Use Additional pages if necessary.:</b>						
Address:						
City:		County:				
State:		Zip Code:				
PHA Number of Applicant:						
<b>C. Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each position requested is on file at the PHA.</b>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>D. The applicant requests consideration for the following preference categories under this NOFA:</b>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">               Homeownership  <input type="checkbox"/> Yes <input type="checkbox"/> No             </td> <td style="width: 33%; border: none;">               Colonias:  <input type="checkbox"/> Yes <input type="checkbox"/> No             </td> <td style="width: 33%; border: none;">               Other - Specify Category (If applicable under this NOFA):  <input type="checkbox"/> </td> </tr> </table>				Homeownership <input type="checkbox"/> Yes <input type="checkbox"/> No	Colonias: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other - Specify Category (If applicable under this NOFA): <input type="checkbox"/>
Homeownership <input type="checkbox"/> Yes <input type="checkbox"/> No	Colonias: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other - Specify Category (If applicable under this NOFA): <input type="checkbox"/>				
<b>E. Name and telephone number of person most familiar with application:</b>						
Name Amber H. Goddard		Telephone Number [REDACTED]				

**PART II: Homeownership Information.** (To be completed by all applicants.)

The PHA applicant currently administers or participates in a HCV Homeownership program or another homeownership program that serves HCV FSS families.  Yes  No

If yes, provide information requested in A – C below:

**A. Name of qualifying homeownership program or programs:**

Louisville Metro Housing Authority Section 8 Homeownership Program
Housing Partnership, Inc. (Home Ownership Partners)
Louisville Urban League

**B. The total number of HCV FSS families enrolled in homeownership preparation activities in the qualifying homeownership program/programs identified above as of the publication date of the current NOFA:**

1.	5	HCV homeownership program
2.	64	Other qualifying homeownership programs

**C. Number of HCV FSS program participants and graduates that purchased homes between October 1, 2000 and the publication date of the current NOFA:**

1.	35	HCV homeownership program
2.	86	Other qualifying homeownership programs

**PART III: PHA Applicant Program Status and Accomplishments.** (Renewal PHAs Only)


**A. Program Status:**

- The applicant qualifies as an eligible renewal PHA under the NOFA.  Yes  No
- The PHA has filled each position for which it is seeking renewal funding.  Yes  No
- The applicant has submitted reports on participating families to HUD via the form HUD-50058, Family Self-Sufficiency/Welfare-to-Work Voucher Addendum.  Yes  No

**B. Program accomplishments as of the publication date of the current NOFA:**

1.	499	Total HCV FSS families under FSS Contract.
2.	283	The number of HCV FSS program participants with an escrow account balance greater than zero.

**C. Program accomplishments for the period from October 1, 2003 through the publication date of the current NOFA:**

1.	197	The number of HCV families that successfully completed their FSS contracts.
2.	117	The number of those graduates that no longer needed rental subsidy.
3.		The average escrow account distribution paid to families.

**PART IV: Funding/Positions Requested. (Renewal PHAs Applicants Only)**

For both renewal of currently funded positions and requests for new positions, provide the Information below for each position requested. Use additional pages as needed.

**A. Renewal Positions - Funding requested to continue currently funded positions: (List FSS homeownership coordinators and regular FSS coordinators separately.)**

FY Last Funded	Salary Amount Last Funded	Position Type 'H' or 'R' *	Salary Requested Per Position **	Number of Positions	Requesting an increase above percent allowed in the NOFA? 'Y' or 'N' ***
2006	\$61920.00	R	\$62539.00	6	N

**B. New Positions - Funding requested by coordinator type and salary level (If applicable. Refer to most recent FSS NOFA for maximum new positions that can be funded in the current year.) If more than one position, list each separately.**

Position Type 'H' or 'R' *	Salary Requested, including Fringe Benefits**

**C. Total Requested**

1.	6	Total number of new and renewal positions requested in this application.
2.	\$375234.00	Total \$ requested.

\* Type: R= Regular, H=Homeownership

\*\* Salary awards will not exceed the cap per position stated in the most recent NOFA.

\*\*\* For any renewal position, where the applicant is requesting a percentage increase above the amount provided for in the current NOFA, the applicant must comply with justification requirements in the current FSS NOFA.

**PART V: Application Information. (New PHA Applicants Only.)**

**A. FSS Action Plan Information:**

	HCV FSS program size in the HUD-approved Action Plan. (For Joint applications, provide total approved slots for all participating PHAs.)
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**B. Position/Salary Requested:**

Number of Positions	Salary Requested, including Fringe Benefits**

**C. Total Requested.**

1.		Total number of positions requested.
2.		Total \$ requested.

\*\* Salary awards will not exceed the cap per position stated in the most recent NOFA.

## STATEMENT TO AFFIRMATIVELY FURTHER FAIR HOUSING

The Louisville Metro Housing Authority is resolute in its commitment to affirmatively further fair housing. LMHA continually searches for more diverse housing opportunities and strives to increase community awareness of the need for and benefits from diversity through education and outreach. The Agency's planning efforts and the ongoing administration of LMHA's Public Housing and Housing Choice Voucher (HCV) programs are viewed in the context of the larger community with a watchful eye toward identifying and ameliorating housing discrimination and segregation.

LMHA staff collaborated with Louisville Metro in providing research and analysis of the "Impediments to Obtaining Fair Housing in Louisville and Jefferson County, Kentucky", last updated May 2004, and the "Affirmatively Furthering Fair Housing" chapter included in Metro's March 2007 "Consolidated Annual Performance and Evaluation Report (CAPER)". The information collected in these studies identified several impediments, which Louisville shares with other older cities in the United States. Segregated housing patterns largely persist despite the open housing legislation passed in the late 50's and early 60's. All but one of LMHA's large family housing developments were constructed prior to that period in inner city neighborhoods with high concentrations of low-income and minority households. Other identified impediments that directly affect LMHA public housing and HCV families are the age and condition of some of the community's housing stock; credit history, job history, and lack of sufficient funds for families to obtain homeownership; and zoning guidelines which do not promote mixed income housing development.

The Louisville Metro Housing Authority's capital investment strategies and future development plans carefully address each of these impediments. LMHA recognizes the need to revitalize several of its severely distressed and obsolete sites. To this end, LMHA is embarking on a long-term plan to develop affordable apartments and homes, and to systematically demolish or substantially modify its obsolete public housing stock. Distressed housing developments will be replaced using successful development strategies such as:

- The creation of mixed-income neighborhoods like Park DuValle and Liberty Green, built in partnership and pooling the resources of the Louisville Metro, and other housing developers on the former sites of Cotter Homes, Lang Homes and Clarksdale;
- The development of scattered-site units located throughout the city which are indistinguishable from other housing in the neighborhood;
- The construction or acquisition of small developments with intensive supportive services such as assisted living facilities, and "Moving to Work" sites for families

participating in education programs, job training, or other programs to assist in obtaining employment; and

- The modification of remaining existing housing inventory by thorough façade and interior improvements.

In conjunction with all public housing development efforts, LMHA will continually expand resident opportunities for homeownership. LMHA has implemented an HCV Homeownership Program. Plans are also underway for "Homeownership Readiness" sites, which will link residents of new public housing units in mixed income sites to affordable homeownership units specially earmarked for program participants. LMHA is also exploring the purchase of rehab-able properties designated for homeownership in connection with this pilot program. Supportive services that will assist residents in attaining and maintaining their homeownership goals are essential components of these two new programs.

Key to all of these efforts is the deconcentration of poverty. LMHA's modernization and development strategies will achieve the goal of deconcentration by increasing housing choices in non-impacted neighborhoods and extensively revitalizing existing impacted neighborhoods into diverse mixed-income communities. Other goals to achieve deconcentration described in LMHA's FY2008 Moving to Work Annual Plan include:

- assigning specific Housing Specialists to HCV families for a three-year period, so that Specialists can develop long-term relationships with residents, better understand each family's needs, and more effectively encourage appropriate counseling for applicants and residents including budget counseling, utility cost reduction measures, and eviction prevention information;
- allowing one-bedroom-eligible HCV Homeownership participants to utilize a two-bedroom payment standard and maintaining the 110% FMR local payment standard and the 120% FMR in exception rent areas for the Homeownership program;
- furthering current landlord outreach and recruitment activities by conducting focus groups with area landlords to discuss obstacles and concerns in renting to low-income families.
- developing targeted programs for people with specific and/or special needs. Some of these needs are transitional; others are for programs that provide long-term support, particularly for the elderly and younger persons with disabilities. LMHA aims to meet needs not already met by other agencies, and/or to partner with local organizations that have social service strengths and programs that need a housing support element.
- exploring property eligibility criteria including units previously prohibited by HCV regulations (for example, assisted living facilities, congregate housing or SRO's). During FY2008, LMHA will begin a new partnership with Day Spring, a faith-based charitable organization that provides residential and supportive services to adults with

developmental disabilities who want the opportunity to live independently in a supportive community setting, and train a caseworker to provide supportive services to homeless men on-site as part of the Authority's partnership with a YMCA SRO; and

- continuing innovative approaches for scattered site development covering a diverse combination of property and unit types throughout the Metro area including the acquisition of scattered-site properties in privately owned multi-family apartment complexes; the adaptive reuse of historic and/or previously non-residential building types; the development of housing units tied to special services or programs; and the construction of mixed-use building types with first floor retail or commercial space and housing on upper floors.

LMHA also participates in a quasi consortium of other housing authorities in its SMSA who assist one another in all operation aspects of the HCV program including methods to achieve deconcentration goals and to support families who relocate to new neighborhoods. LMHA is cognizant of the difficulties families encounter when they leave communities they have called home for years. Several neighborhood based organizations, such as Louisville's well established network of Community Ministries, have joined with LMHA to ease relocatees transitions into the new communities where they choose to move.

All of the above strategies strive to incorporate fair housing opportunities for economic and racial integration. In addition, LMHA modernization and development activities affirm fair housing through the physical design of revitalized and newly acquired units, incorporating accessibility, adaptability, universal design and other features that satisfy the Fair Housing Act Amendment of 1989.

The promotion of fair housing is a continuing effort that can only be accomplished with a wide diversity of input and feedback. To best understand the issues, LMHA staff regularly meets with representatives from local advocacy groups and agencies that represent individuals with special needs such as ElderServe (supportive human services for older persons), Seven Counties Services (behavioral health, chemical dependency and developmental disabilities planning and services), Career Visions (training, placement and environmental accessibility services for people with disabilities), and the Cain Center (affordable/accessible housing for the physically handicapped).

The Fair Housing Council has assisted LMHA in developing affirmative marketing and outreach targeted to a broad range of residents and applicants which promote housing choice and opportunity throughout the city and contribute to deconcentration of minority and low-income neighborhoods.

These ongoing dialogues and collaborations with community experts are essential to the development and implementation of initiatives which can successfully address existing impediments and promote fair housing.

All of LMHA's modernization and development strategies, admissions and occupancy policies, and management and operation procedures have been developed to promote fair housing rights and choices, and to remedy discriminatory housing practices. Evaluation criteria are reviewed annually, and used to refine policies and procedures. Records are maintained to reflect these analyses and related actions. Policy changes and refinements are also published in the Agency's Moving To Work Annual Plan and evaluated in-depth within the Moving to Work Annual Report.



**Louisville Metro Housing Authority**  
**Housing Choice Voucher Family Self-Sufficiency Program Coordinator NOFA – 2007**  
**Logic Model – Explanations**

Use of "Other" in "Services/Activities" Category:

1. Education goal – completed: since employment is the final goal of the FSS Program, a natural activity leading to this outcome is completion of education.
2. Obtain employment: since "welfare free" is a requirement for the completion of the program, it is reasonable to expect that employment leads to this outcome.
3. Homeownership education/counseling – completed: LMHA's FSS Program promotes homeownership education/counseling as a precursor to purchasing a home. LMHA's Section 8 Homeownership Program *requires* that this prerequisite take place. For many participants, this preparation leads to actual home purchasing.

Use of "Other" in "Outcome" Category:

1. Enroll new FSS participants: LMHA's FSS Program conducts outreach to every family receiving Section 8 rental assistance. New FSS participants result from that effort.
2. Goal(s) established: the activity of developing an ITSP entails developing goals (used as an Outcome for two "Services or Activities").
3. Appropriate referral(s) made: each participant's situation is thoroughly assessed; the Case Manager, comprehensively knowledgeable about community resources, connects the participant to appropriate referrals.

Use of "Participants – Continuing" as a "Service or Activity":

This choice was used four times as a "Service or Activity", paired with "Outcomes", which include "Positive Escrow Balances", "Employed for Six Months", "Employed for One Year" and "Graduating the Program". Logically, all of these outcomes increase in likelihood for those participants who continue in the Program.