

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 checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
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* 3. Date Received: 08/10/2007	4. Applicant Identifier: IN005
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5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

*** a. Legal Name:** Housing Authority of the City of Muncie

* b. Employer/Taxpayer Identification Number (EIN/TIN): 356001611	* c. Organizational DUNS: _____
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d. Address:

*** Street1:** 409 East First Street
Street2: _____
*** City:** Muncie
County: Delaware
*** State:** IN: Indiana
Province: _____
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 47302

e. Organizational Unit:

Department Name: Housing	Division Name: HOPE VI CSS
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *** First Name:** Jacey
Middle Name: _____
*** Last Name:** Frazier
Suffix: _____

Title: HOPE VI CSS Coordinator

Organizational Affiliation:

*** Telephone Number:** _____ **Fax Number:** _____

*** Email:** _____

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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:

14.876

CFDA Title:

Resident Opportunity and Supportive Services - Elderly and Persons with Disabilities

*** 12. Funding Opportunity Number:**

FR-5100-N-17

* Title:

ROSS Elderly Persons with Disabilities

13. Competition Identification Number:

RED-17

Title:

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

Muncie, IN Delaware County

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

Muncie HA's application for funding under the ROSS Elderly and Persons with Disabilities

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

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

*** 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

Version 02

*** 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.

Attachments

AdditionalCongressionalDistricts

File Name

Mime Type

AdditionalProjectTitle

File Name

Mime Type

Chart A: PROGRAM STAFFING * Applicant Name: Muncie Housing Authority

Instructions for completing this form: Space is provided below for applicants to provide information about key staff, residents you plan to hire, the roles contractors will play, and the activities and responsibilities of the applicant's contract administrator. All applicants must complete this form. Applicants that are not required to have a contract administrator do not need to complete Section IV of this form.

* Grant to which the applicant is applying: RSDM-Family RSDM-Elderly Homeownership Supportive Services Neighborhood Networks PH Family Self Sufficiency

I. APPLICANT STAFF

Name of Staff Person:

* Percent of Time on Grant (%) * Cost to Grant (\$)

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:	* Percent of Time on Grant (%)	* Cost to Grant (\$)
	[REDACTED]		[REDACTED]		50	91,875.00
* Organization: Muncie HA					* Position: ROSS Project Coordinator	
* Activity in Grant Program: Oversee grant activities, coordinate services						
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:	100	116,250.00
* Organization: Muncie HA					* Position: ROSS Outreach Coordinator	
* Activity in Grant Program: Day-to-day management of the program, work with residents						
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
* Organization:					* Position:	
* Activity in Grant Program:						
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
* Organization:					* Position:	
* Activity in Grant Program:						
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
* Organization:					* Position:	
* Activity in Grant Program:						
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
* Organization:					* Position:	
* Activity in Grant Program:						

Name of Staff Person: (continued)

* Percent of Time on Grant (%) * Cost to Grant (\$)

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
* Organization:					* Position:	* Activity in Grant Program:

II. RESIDENT STAFF (NOT APPLICABLE TO FSS APPLICANTS)

Name of Staff Person:

* Percent of Time on Grant (%) * Cost to Grant (\$)

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
					25	15,000.00
* Organization:					* Position:	* Activity in Grant Program:
Mndie HA					Resident Services Assistant	clerical support

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
* Organization:					* Position:	* Activity in Grant Program:

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
* Organization:					* Position:	* Activity in Grant Program:

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
* Organization:					* Position:	* Activity in Grant Program:

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
* Organization:					* Position:	* Activity in Grant Program:

Name of Staff Person: (continued)

* Percent of Time on Grant (%) * Cost to Grant (\$)

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Organization:		* Position:		* Activity in Grant Program:		
<input type="text"/>		<input type="text"/>		<input type="text"/>		

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Organization:		* Position:		* Activity in Grant Program:		
<input type="text"/>		<input type="text"/>		<input type="text"/>		

III. CONTRACTOR/CONSULTANT ROLE (Not applicable to FSS applicants)

Type of Contractor to be Solicited **	Activity in Grant Program	Estimated Cost to Grant Program (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

** NOTE: Contractors must be procured according to 24 CFR parts 84.41-84.48 or 24

IV. CONTRACT ADMINISTRATOR

Name of Organization	Areas of Responsibility/Oversight	Estimated Cost to Grant Program (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Public reporting burden for the collection of information is estimated to average two hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**Grant Applications
Detailed Budget**

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

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

* Organization Name: Housing Authority of the City of Muncie

* Project/Activity Name: ROSS Elderly and Persons with Disabilities

Functional Categories									
Year 1: <input checked="" type="radio"/> Year 2: <input type="radio"/> Year 3: <input type="radio"/> All Years: <input type="radio"/>									
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	HUD Share (\$)	Applicant Match (\$)	Other HUD Funds (\$)	Other Fed Share (\$)	State Share (\$)	Local/Inbal Share (\$)	Other Share (\$)	Program Income (\$)	Total (\$)
a. Personnel (Direct Labor)	60,500.00								60,500.00
b. Fringe Benefits	13,875.00								13,875.00
c. Travel	5,625.00								5,625.00
d. Equipment (only items > \$5,000 depreciated value)									
e. Supplies (only items < \$5,000 depreciated value)									
f. Contractual									
g. Construction									
1. Administration and Legal Expenses									
2. Land, Structures, Rights-of-Way, Appraisals, etc.									
3. Relocation Expenses and Payments									
4. Architectural and Engineering Fees									
5. Other Architectural and Engineering Fees									
6. Project Inspection Fees									
7. Site Work									
8. Demolition and Removal									
9. Construction									
10. Equipment	1,000.00								1,000.00
11. Contingencies									
12. Miscellaneous	2,250.00								2,250.00
h. Other Direct Costs					9,500.00				
i. Subtotal of Direct Costs	83,250.00				9,500.00				
j. Indirect Costs (% Approved)									
Indirect Cost Rate: <input type="text"/> (%)									
Grand Total (Year <input type="text"/> 1):									
Grand Total (All Years):									

**Grant Applications
Detailed Budget**

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Functional Categories									
Year 1: <input type="radio"/> Year 2: <input checked="" type="radio"/> Year 3: <input type="radio"/> All Years: <input type="radio"/>									
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	HUD Share (\$)	Applicant Match (\$)	Other HUD Funds (\$)	Other Fed Share (\$)	State Share (\$)	Local/Tribal Share (\$)	Other Share (\$)	Program Income (\$)	Total (\$)
a. Personnel (Direct Labor)	60,500.00								60,500.00
b. Fringe Benefits	13,875.00								13,875.00
c. Travel	5,625.00								5,625.00
d. Equipment (only items > \$5,000 depreciated value)									
e. Supplies (only items < \$5,000 depreciated value)									
f. Contractual									
g. Construction									
1. Administration and Legal Expenses									
2. Land, Structures, Rights-of-Way, Appraisals, etc.									
3. Relocation Expenses and Payments									
4. Architectural and Engineering Fees									
5. Other Architectural and Engineering Fees									
6. Project Inspection Fees									
7. Site Work									
8. Demolition and Removal									
9. Construction									
10. Equipment	1,000.00								1,000.00
11. Contingencies									
12. Miscellaneous	2,500.00								2,500.00
h. Other Direct Costs					9,500.00				
i. Subtotal of Direct Costs	83,500.00				9,500.00				
j. Indirect Costs (% Approved Indirect Cost Rate: <input type="text"/> %)									
Grand Total (Year <input 12="" 141="" 945="" 960"="" data-label="Page-Footer" type="text" value="2>):</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Grand Total (All Years):</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div> <div data-bbox="/> <p>Tracking Number: GRANT00326315</p>									

**Grant Applications
Detailed Budget**

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

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

* Organization Name: Housing Authority of the City of Muncie

* Project/Activity Name: ROSS Elderly and Persons with Disabilities

Functional Categories									
Year 1: <input type="radio"/> Year 2: <input type="radio"/> Year 3: <input checked="" type="radio"/> All Years: <input type="radio"/>									
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	HUD Share (\$)	Applicant Match (\$)	Other HUD Funds (\$)	Other Fed Share (\$)	State Share (\$)	Local/Tribal Share (\$)	Other Share (\$)	Program Income (\$)	Total (\$)
a. Personnel (Direct Labor)	60,500.00								60,500.00
b. Fringe Benefits	13,875.00								13,875.00
c. Travel	5,625.00								5,625.00
d. Equipment (only items > \$5,000 depreciated value)									
e. Supplies (only items < \$5,000 depreciated value)									
f. Contractual									
g. Construction									
1. Administration and Legal Expenses									
2. Land, Structures, Rights-of-Way, Appraisals, etc.									
3. Relocation Expenses and Payments									
4. Architectural and Engineering Fees									
5. Other Architectural and Engineering Fees									
6. Project Inspection Fees									
7. Site Work									
8. Demolition and Removal									
9. Construction									
10. Equipment	1,000.00								1,000.00
11. Contingencies									
12. Miscellaneous	2,250.00								2,250.00
h. Other Direct Costs					9,500.00				
i. Subtotal of Direct Costs	83,250.00				9,500.00				
j. Indirect Costs (% Approved Indirect Cost Rate: <input type="text"/> %)									
Grand Total (Year <input type="text" value="3"/>):									
Grand Total (All Years):									

**Grant Applications
Detailed Budget**

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

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

* Organization Name: Housing Authority of the City of Muncie

* Project/Activity Name: ROSS Elderly and Persons with Disabilities

Functional Categories									
Year 1: <input type="radio"/> Year 2: <input type="radio"/> Year 3: <input type="radio"/> All Years: <input checked="" type="radio"/>									
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	HUD Share (\$)	Applicant Match (\$)	Other HUD Funds (\$)	Other Fed Share (\$)	State Share (\$)	Local/Inbal Share (\$)	Other Share (\$)	Program Income (\$)	Total (\$)
a. Personnel (Direct Labor)	181,500.00								181,500.00
b. Fringe Benefits	41,625.00								41,625.00
c. Travel	16,875.00								
d. Equipment (only items > \$5,000 depreciated value)									
e. Supplies (only items < \$5,000 depreciated value)									
f. Contractual									
g. Construction									
1. Administration and Legal Expenses									
2. Land, Structures, Rights-of-Way, Appraisals, etc.									
3. Relocation Expenses and Payments									
4. Architectural and Engineering Fees									
5. Other Architectural and Engineering Fees									
6. Project Inspection Fees									
7. Site Work									
8. Demolition and Removal									
9. Construction									
10. Equipment	3,000.00								3,000.00
11. Contingencies									
12. Miscellaneous	7,000.00								7,000.00
h. Other Direct Costs					28,500.00				
i. Subtotal of Direct Costs	250,000.00				28,500.00				
j. Indirect Costs (% Approved)									
Indirect Cost Rate: <input type="text"/> %									
Grand Total (Year <input type="text"/> All):									
Grand Total (All Years):									

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 5755-Muncie_ROSS_Fact_Sheet_5275 Mime Type: application/pdf
1%5B1%5D.pdf
- 2) Please attach Attachment 2 6486-Muncie_Elderly_CBW.xls Mime Type: application/vnd.ms-excel
- 3) Please attach Attachment 3 8715-MHA_Affirmatively_Further_Fair_ Mime Type: application/msword
Housing_July_07.doc
- 4) Please attach Attachment 4 3737-ROSS_Elderly_2007_Rating_Fact Mime Type: application/msword
or_1.doc
- 5) Please attach Attachment 5 5931-Muncie_Grant_Track_record_527 Mime Type: application/pdf
57%5B1%5D.pdf
- 6) Please attach Attachment 6 7120-ROSS_Elderly_2007_Rating_Fact Mime Type: application/msword
or_2.doc
- 7) Please attach Attachment 7 1138-ROSS_Elderly_2007_Rating_Fact Mime Type: application/msword
or_3.doc
- 8) Please attach Attachment 8 3366-Sample_ROSS_Work_Plan_2.doc Mime Type: application/msword
- 9) Please attach Attachment 9 7384-ROSS_Elderly_2007_Rating_Fact Mime Type: application/msword
or_4.doc
- 10) Please attach Attachment 10 124-ROSS_Elderly_2007_Rating_Facto Mime Type: application/msword
r_5.doc
- 11) Please attach Attachment 11 3825-ROSS_Elderly.Disabilities_Logic_ Mime Type: application/vnd.ms-excel
Model.xls
- 12) Please attach Attachment 12
- 13) Please attach Attachment 13
- 14) Please attach Attachment 14
- 15) Please attach Attachment 15

Survey on Ensuring Equal Opportunity for Applicants

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

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

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

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

Applicant's (Organization) Name:
Housing Authority of the City of Muncie

Applicant's DUNS Name:
[REDACTED]

Federal Program:
ROSS Elderly Persons with Disabilities

CFDA Number:
14.876

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

Survey on Ensuring Equal Opportunity for Applicants

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

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

1. Self-explanatory.

2. Self-identify.

3. Self-identify.

4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

5. Self-explanatory.

6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

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

Paperwork Burden Statement

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

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

* Organization Name:

Housing Authority of the City of Muncie

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

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

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

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

<p>11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, attach a brief list of these major regulatory reforms. . (If you have attachments that are electronic files please scroll to bottom of page 5 and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>Total Points:</p>	<p>6</p>	<p>28</p>

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

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

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

Additional Information:

Attachments

single_attachment_datagroup0

File Name

Mime Type

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

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

Applicant/Recipient Information

* Duns Number: [REDACTED]

* Report Type: INITIAL

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

* Applicant Name:

Housing Authority of the City of Muncie

* Street1: 409 East First Street

Street2:

* City: Muncie

County: Delaware

* State: IN: Indiana

* Zip Code: 47302

* Country: USA: UNITED STATES

* Phone: [REDACTED]

2. Social Security Number or Employer ID Number: 356001611

* 3. HUD Program Name:

Resident Opportunity and Supportive Services - Elderly and Persons with Disabilities

* 4. Amount of HUD Assistance Requested/Received: \$ 250,000.00

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

* Project Name: ROSS Elderly and Persons with Disabilities Program

* Street1: 409 East First Street

Street2:

* City: Muncie

County:

* State: IN: Indiana

* Zip Code: 47302

* Country: USA: UNITED STATES

Part I Threshold Determinations

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

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

Yes No

Yes No

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

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

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

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

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)

* Social Security No. or Employee ID No.

* Type of Participation in Project/Activity

* Financial Interest in Project/Activity (\$ and %)

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

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation. I certify that this information is true and complete.

* Signature:

* Date: (mm/dd/yyyy)

Jacey R. Frazier

08/10/2007

Attachments

AdditionalInfo_attDataGroup0

File Name

Mime Type

AdditionalInfo1_attDataGroup0

File Name

Mime Type

Facsimile Transmittal

**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)

1186749659 - 2238

* Name of Document Transmitting: Certification of Consistency w/Con Plan

1. Applicant Information:			
* Legal Name:	<u>Housing Authority of the City of Muncie</u>		
* Address:			
* Street1:	<u>409 East First Street</u>		
Street2:	<u></u>		
* City:	<u>Muncie</u>		
County:	<u>Delaware</u>		
* State:	<u>IN: Indiana</u>		
* Zip Code:	<u>47302</u>		
* Country:	<u>USA: UNITED STATES</u>		
2. Catalog of Federal Domestic Assistance Number:			
* Organizational DUNS:	<u>[REDACTED]</u>		
CFDA No.:	<u>14.876</u>		
Title:	<u>Resident Opportunity and Supportive Services - Elderly and Persons with Disabilities</u>		
Program Component:	<u></u>		
3. Facsimile Contact Information:			
Department:	<u>Housing</u>		
Division:	<u>HOPE VI CSS</u>		
4. Name and telephone number of person to be contacted on matters involving this facsimile.			
Prefix:	<u></u>		
* First Name:	<u>Jacey</u>		
Middle Name:	<u></u>		
* Last Name:	<u>Frazier</u>		
Suffix:	<u></u>		
* Phone Number:	<u>[REDACTED]</u>		
Fax Number:	<u></u>		
* 5. Email:	<u>[REDACTED]</u>		
* 6. What is your Transmittal? (Check one box per fax)			
<input checked="" type="radio"/> a. Certification	<input type="radio"/> b. Document	<input type="radio"/> c. Match/Leverage Letter	<input type="radio"/> d. Other
* 7. How many pages (including cover) are being faxed?		<u>2</u>	

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

<p>1. * Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input checked="" type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. * Status of Federal Action:</p> <p><input type="checkbox"/> a. bid/offer/application</p> <p><input checked="" type="checkbox"/> b. initial award</p> <p><input type="checkbox"/> c. post-award</p>	<p>3. * Report Type:</p> <p><input checked="" type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p>For Material Change Only:</p> <p>year quarter</p> <p>date of last report</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee Tier if known:</p> <p>* Name: Housing Authority of the City of Muncie</p> <p>* Address: 409 East First Street</p> <p>Muncie</p> <p>IN: Indiana</p> <p>47302</p> <p>Congressional District, if known: 6</p>	<p>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</p>	
<p>6. * Federal Department/Agency:</p> <p>Housing</p>	<p>7. * Federal Program Name/Description: Resident Opportunity and Supportive Services - Elderly and Persons with Disabilities</p> <p>CFDA Number, if applicable: 14.876</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, complete name):</p> <p>* Name: N/A</p> <p>N/A</p> <p>* Address:</p>	<p>b. Individual Performing Services (including address if different from No. 10a):</p> <p>* Name: N/A</p> <p>N/A</p>	
<p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>		
<p>* Signature: Jacey R. Frazier</p> <p>* Name: Guillermo Rodriguez</p> <p>Title: Executive Director</p> <p>Telephone No.: [REDACTED]</p>		

Date: 08-10-2007

Production

Authorized for Local Reproduction
Standard Form - LLL (Rev. 7-97)

Public Burden Disclosure Statement

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

**ROSS FUNDING
FACT SHEET**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT
OFFICE OF PUBLIC AND INDIAN HOUSING**

OMB Approval No. 2577-0229
Expiration Date 11/30/07

Public reporting burden for the collection of information is estimated to average 2 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Instructions for completing this form: All applicants must complete sections A, B, C, D, and E.

A. Applicant Information

Applicant Name: _____

PHA (PHA Code IN005), All Applicants must identify a primary PHA.

Applicant Type: RA Nonprofit Tribe/TDHE

B. Grant to which the applicant is applying: ROSS Elderly & Disabled

C. Unit Count

195 Total number of family occupied conventional public housing units.

150 Total number of elderly/disabled-occupied conventional public housing units.

D. Please list any previous HUD grants, including ROSS grants you have received. Indicate grant name, (e.g. ROSS Homeownership), Year, and Award Amount.

GRANT NAME	GRANT YEAR	GRANT AMOUNT
HOPE VI Revitalization	2002	\$12,352,941.00
NNDD	2003	\$250,000.00
Family Self-Sufficiency	2003	\$23,500.00
Family Self-Sufficiency	2006	\$24,216.00

ROSS FUNDING

FACT SHEET (continued)

E. Name(s) of public housing development(s) targeted for ROSS Activities (Use additional pages if necessary.)

Name of Public Housing Development PIH Project # (HA Code and 3-digit project #)

Millenium Place(formerly Munsyana)	IN005-001
Parkview Apartments	IN005-004
Earthstone Terrace	IN005-005
Gillespie Towers	IN005-006
Richard E. Greene Southern Pines	IN005-008

Muncie Housing Authority – ROSS Elderly/Persons with Disabilities Program

Rating Factor 5: Achieving Results and Program Evaluation (15 Points)

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their application and grants agreements and that they assess their performance so that they realize performance goals. Applicants must identify program outputs, outcomes, and performance indicators that will allow applicants to measure their performance.

MHA has an extensive track record of developing and implementing effective program evaluation plans. The agency's HOPE VI project, Millennium Place, has an extensive program evaluation component approved by HUD. MHA has Ball State University under contract to provide evaluation services for the HOPE VI grant's Community Supportive Services program and other agency resident initiatives such as the RSDM – Elderly/Disabled grant. This evaluation team is accustomed to providing quarterly updates and recommendations that are used to identify "mid-course corrections" as needed for compliance with HOPE VI reporting requirements. *The above information is relevant because it highlights MHA's commitment to continuous feedback and evaluation on all service programs, including this ROSS initiative.*

(a) & (b) Description of the goals, objectives, outcomes and performance measures to be achieved over the term of the program. Includes short, intermediate and long-term goals.

The grants **Work Plan, program narrative and Logic Model** forms clearly identify ROSS program goals, objectives, outcomes and performance measurements established by MHA, which are summarized in this section of the narrative. Short term goals include assessing and evaluating the health care needs of MHA's elderly and disabled residents, identifying eligible health care resources for this population, providing diabetes and other health screenings and referrals to supportive services allowing them to reach their long term goal of being able to remain living independently and/or aging in place.

(c) *What will be measured.* As identified in the Logic Model, the main outputs for the program are:

- *100 residents to complete healthcare needs assessments and receive case management services*
- *25 residents receive disability supportive services*
- *25 residents are referred for a meals program*
- *15 referred for medical services*
- *15 referred for mental health services*
- *25 participate in on-site wellness programs*
- *50 receive transportation services*
- *25 referred to wellness programs*
- *25 residents are screened and tested for diabetes*

(d) *How will it be measured.* MHA has identified program outputs, outcomes and performance indicators that will allow the agency to measure the impact on residents' health. As identified in the Logic Model, the main outcomes are:

- 50 residents are provided with assistance of daily living activities
- 50 residents receive ongoing case management services
- 15 residents receive disability services counseling
- 15 receive meals on a regular basis
- 10 residents participate in mental health services
- 15 residents participate in on-site wellness programs
- 25 receive transportation services on a regular basis
- 15 residents participate in wellness programs
- 15 residents participate in diabetes prevention programs

Note also that:

1. MHA intends to utilize the Ball State evaluator to evaluate program performance both during the implementation period and upon program completion. The evaluator will be assessing the ROSS program as well as the broader initiatives (HOPE VI, FSS, etc.) currently underway. Semi-annual reports will be completed during the implementation period, including recommendations for corrective, midcourse action.

2. The evaluation methodology will include interviews with staff and participants; a review of statistical reports; a comparison of stated goals versus actual goals; and, other appropriate techniques.
3. The semi-annual review will continue to maximize opportunities for resident input and will identify/assess quantitative and qualitative measures of program effectiveness. In developing the evaluation study, the evaluator will have access to program information that is regularly collected by MHA as a part of its monthly reports. This includes MHA management data, as well as information from Ball State School of Nursing, Ball Memorial Hospital, LifeStream, other service providers and program participants.
4. MHA's Director of Planning and Development and the ROSS Project Coordinator will coordinate and supervise the work of the evaluator, and will provide continuous quality control and review over program operations. The Project Coordinator will also be responsible for following up on midcourse correction recommendations made by the evaluator.
5. Monthly performance reports will be completed by ROSS Elderly/Disabled Project Coordinator and reviewed by operational and management staff, including the Executive Director. Wherever performance objectives are falling behind the stated goals, the staff and/or evaluator will be required to design and implement corrective strategies within thirty days.
6. Weekly staff meetings with all operational and key management staff will focus on identifying and removing obstacles to performance.

Muncie Housing Authority
Commitment to Affirmatively Further Fair Housing

The Muncie Housing Authority (MHA), in conjunction with the City of Muncie, Indiana, are committed to the goals of eliminating discrimination in housing and affirmatively promoting fair housing choice for all citizens regardless of race, color, religion, sex, disability, familial status or national origin, and to **continually work to overcome the effects of impediments to fair housing choice identified in Muncie's Analysis of Impediments (AI) to Fair Housing Choice.** Further, MHA, which administers all Public Housing and Section 8 housing-related programs in Muncie, is committed to the goal of integrating fair housing planning efforts into the City's overall housing and community development Consolidated Planning process. In the implementation of all activities covered under the Consolidated Plan for Housing and Community Development, the City and MHA intend to affirmatively promote housing choice and to comply with all legal and statutory responsibilities with respect to fair housing including the provisions of the Fair Housing Act, the Housing and Community Development Act of 1974, the National Affordable Housing Act of 1990, HUD Consolidated Planning and other pertinent regulations.

MHA has experience with creating affirmative marketing procedures and requirements for rental and homebuyer projects and understands that the jurisdiction is responsible for developing procedures for any HOME funded projects containing 5 or more units.

The project specific affirmative marketing requirements and procedures will include:

- Methods for informing the public, landlords and potential tenants about Federal Fair Housing Laws and MHA's affirmative marketing policy such as the use of Equal Housing Opportunity logotype or slogan in press releases and solicitations for owners as well as written communication to fair housing and other groups;
- Requirements and practices each owner/landlord must adhere to in order to carry out MHA's affirmative marketing procedures and requirements such as the use of commercial media, use of community contacts, use of Equal Housing Opportunity logotype or slogan and display of fair housing poster;
- Procedures to be used by owners/landlords to inform and solicit applications from persons in the housing market area who are not likely to apply for housing without special outreach such as the use of community organizations, places of worship, employment centers, fair housing groups or housing counseling agencies;
- Records will be kept describing actions taken by MHA and by owners/landlords to affirmatively market units and records to assess the results of these actions; and,

- A description of how MHA will annually assess the success of affirmative marketing actions and what corrective actions will be taken where affirmative marketing requirements are not met.

Although there are always challenges to remedying discrimination in housing, the City and MHA continue to make progress, striving to overcome housing discrimination through continuing efforts to reduce or eliminate impediments to fair housing within the City. These impediments and the actions to be undertaken by the City and/or MHA to address them are summarized below:

- *Housing Discrimination* – The City and MHA will continue to implement policies and procedures to respond quickly to fair housing related complaints. As part of its ongoing reporting, the City will provide a summary of complaints received and their resolution, as well as report on ongoing and new activities during the reporting period.
- *Disparate Homeownership Rates by Minorities* – MHA will continue to work to increase homeownership among low and moderate income households, especially minority households. As part of its ongoing reporting, MHA will provide updated information on overall minority homeownership trends at Millennium Place, as well as minority composition of participants in MHA-sponsored homeownership programs;
- *Disparate Levels of Participation in Housing Programs by Minority Groups* – MHA will continue to outreach to all minority groups, to ensure broad-based participation in MHA sponsored or funded housing and related programs. Ongoing reporting will identify the level of participation in MHA funded housing programs by minority group category;
- *Economic Inequality* – MHA will continue to promote the economic empowerment of low and moderate income residents by partnering with the city and other agencies and supporting job readiness, job training and job placement efforts for its public housing residents. Ongoing reporting will identify the income status of residents served by MHA supported program activities as well as report on actions taken to address this impediment during the reporting period.

These efforts are vital to MHA's mission to eliminate housing discrimination, remove impediments to fair housing choice, respond to discrimination complaints and promote fair housing rights and fair housing choice.

Muncie Housing Authority
Fiscal Year 2007
ROSS RSDM – Elderly and Persons With Disabilities Grant Application

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (25 points) *This factor addresses whether the applicant has the organizational resources necessary to successfully implement the proposed activities within the grant period.*

1. Proposed Program Staffing (7 points)

(a) Staff Experience (4 points). – *The knowledge and experience of the proposed Project Coordinator, staff and partners in planning and managing programs for which funding is being requested.*

The Housing Authority of the City of Muncie (MHA) has a strong track record in managing and operating resident initiative programs. With the successful FY' 02 Millennium Place HOPE VI grant, awarded to revitalize one of the agency's public housing developments, Munsyana Homes, MHA further strengthened it's resident supportive service program by the hiring of a HOPE VI Community Supportive Services Program Coordinator, [REDACTED] who oversees MHA's family supportive services and case management staff as well as coordinates services from a number of Muncie's community-based organizations who have entered into partnerships with the Housing Authority, will serve as the ROSS Elderly/Disabled Project Coordinator and oversee the day to day supervision of the ROSS Elderly/Persons with Disabilities grant program activity. [REDACTED] will spend 50% of [REDACTED] time (or 3120 hours over 3 years) on this grant (please note that 50% of [REDACTED] time has been allocated as Project Coordinator under MHA's recently submitted ROSS Family & Homeownership grant application).

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Resident Relations Program Coordinator / ROSS Elderly/Disabled Project Coordinator
is included at the end of this Tab.

Also providing services under this grant will be MHA Case Manager, [REDACTED]

[REDACTED] will function as the ROSS Outreach Coordinator and oversee all case management activity including the development of individual assessment plans, identification of existing issues impacting the elderly/disabled participants, referrals to partner agencies, maintenance of client files and the production of reports tracking progress being made by participants. [REDACTED]

[REDACTED]

[REDACTED] will spend 100% of [REDACTED] time (or 6,240 hours over 3 years) on the ROSS Elderly/Disabled grant. Overall, a total of 9,360 MHA staff hours have been allocated to provide direct services for this grant.

Ball State University's School of Nursing will play a key role in grant activities. The School of Nursing is accredited by the Indiana State Board of Nursing and the National League for Nursing Accreditation Commission. For the ROSS RSDM – Elderly program, **first semester senior baccalaureate nursing students in the NUR 404 Community Health Nursing course will be working with MHA's elderly and disabled residents.** This course focuses on individuals, families and communities using health promotion, risk reduction, disease prevention, epidemiology, information and health technologies and collaborative practice with a variety of community agencies. The students will provide a variety of assessments, both health related and benefits maximization, information and referral, and health planning services for all elderly and persons with disabilities serviced by this grant.

LifeStream Services, Inc. will provide a broad range of on and off-site services focused on meeting the supportive service, and, as appropriate, employment and training needs of seniors and people with disabilities. Because of their age, disability and/or mobility status, the identified population has unique needs and abilities. While some of these residents may be able to obtain employment, volunteer or participate in community service opportunities, LifeStream will also work with them to maximize their capacity for independent living with a special focus on health care, homemaker, nutrition and transportation services. LifeStream will provide a range of other programs, as well as the services stated above, to MHA residents at the Gillespie Tower including; a Grandparent Support Group, referrals and legal assistance. As the successor agency to the Area 6 Council on Aging, LifeStream Services, Inc. has almost 30 years of experience servicing

seniors and people with disabilities in Muncie. Other Muncie Housing Authority Key Primary Community Partners include Cardinal Health Systems, Ball Memorial Hospital/Midwest Health Strategies, Muncie Health Department, Muncie Indiana Transit System, ACTION, Inc. and the Unity Community Center.

(b) Organizational Capacity (3 points) – Applicants will be evaluated based on whether they or their partners have sufficient qualified personnel to deliver the proposed activities in a timely and effective fashion. Applicants should provide evidence of partnerships with nonprofit organizations or other organizations that have experience providing supportive services to typically underserved populations. Provide resumes and position descriptions for all key personnel.

As previously mentioned, the Muncie Housing Agency has a strong track record of implementing resident initiative programs. With the successful FY' 02 Millennium Place HOPE VI grant, MHA further strengthened it's resident supportive service program by the hiring of a HOPE VI Community Supportive Services Program Coordinator. The Millennium Place HOPE VI plan, which will consist of 244 new units of mixed-density, mixed-income and mixed-tenure housing, will also include an urban community grocery store, a park featuring a farmer's market, a new Unity Community Center, including a Child Development Center. The \$12.4 million HUD grant has already secured \$23 million of Low Income Housing Tax Credits, \$650,000 of HUD Community Development Block Grant funds, \$1.1 million of HOME funds, New Market Tax Credits, over \$350,000 of Affordable Housing Program funds and resources from various Foundations and CSS matching grants. In addition, the agency has secured over \$15.2 million in matching supportive services for their Community Supportive Services (CSS) Plan to assist their public housing residents.

Established in 1975 as Area 6 Council on Aging, LifeStream coordinates senior services in Delaware, Madison, Grant, Henry, Jay, Randolph and Blackford counties. The agency served more than 15,000 clients during the fiscal year 2005. About 57% of the clients were age 75 and older. 43% of care-managed clients lived alone, while 67% were female and 33% male. 37% of the clients were at or below poverty level (\$8,980 or less for one person). The average monthly care plan for a LifeStream client was between \$268 to \$426 a month, which is below the state average for in-home care plans. LifeStream Services, Inc. currently provides both in-home and community based services to MHA public housing residents.

Ball State University's School of Nursing, accredited by the Indiana State Board of Nursing and the National League for Nursing Accreditation Commission, will play a key role in grant activities. The School has a baccalaureate nursing program with approximately 260 students, an RN to BS track with approximately 70 RNs, and a master's program with approximately 260 students. The Master's Degree Program is an on-line program that prepares graduates as nurse practitioners. The NCLEX – RN Certification pass rate has been 92 – 100% for the past 10 years. The Housing Authority's 2004 – 2005 Memorandum of Agreement resulted in 63 elderly and disabled residents receiving regular in-home visitations, nutritional, depression, health assessments/screenings, referral services, appointment arrangements and personal health education consultation.

Cardinal Health System, Inc. is another Primary Partner and the parent organization of Ball Memorial Hospital (BMH). The hospital has a 300 member clinical staff

representing more than 25 sub-specialties of medicine. Eighty percent (80%) of Ball Memorial Hospital active has attained Board Certification a figure above the material average. BMH itself scored a 96 or of 100 rating by the Joint Commission on Accreditation of Healthcare Organizations and BMH's Hospice Program received a score of 98. It also contains numerous, highly rated specialized clinics, private physicians, skilled assisted living center, home healthcare options, pharmacies and enhanced 911 emergency services for the entire county.

Other significant partners for the ROSS RSDM – Elderly grant program consist of BMH's Midwest Health Strategies Program, Muncie Indiana Transit System and ACTION, Inc.

Action, Inc. was founded in 1966 as a private non-profit Community Action Agency. The mission of Action, Inc. is to empower individuals and families to become more self-sufficient. The goal is to motivate and encourage low-income families and individuals to attain skills, knowledge and training opportunities needed by each person to reach and maintain self-sufficiency. The agency will make available two programs to MHA's seniors and disabled residents. First, the Senior AIDES program, is a community service employment and training for adults from 55 years of age or older. The mission of Senior AIDES is to help seniors achieve gainful employment and personal development. The second program, Shopping Cart, provides transportation and assistance to individuals 55 years of age or older and disabled residents of MHA.

2. Past Performance of Applicant/Contract Administrator (8 points).

(a) Applicants past experience may include, but is not limited to, running and managing programs aimed at improving living conditions for the targeted elderly/persons with disabilities population.

MHA, working in partnership with the Resident Councils and community organizations/agencies, is a leader in the provision of comprehensive resident services and in the implementation of effective resident self-sufficiency strategies. MHA has been consistently aggressive in seeking resident services such as PHDEP, FSS, HOPE VI, Elderly Coordinator and other youth recreational and educational activities. At this time, **all resident initiative grants are being implemented according to proposed timelines and are in compliance with HUD program requirements.**

MHA has utilized the services of LifeStream to coordinate elder services to the elderly. At present, 42 senior public housing residents are receiving services ranging from care management, housekeeper/chore, personal assistant, personal response, escort/companion, transportation and wellness. Major programs made available to MHA's elderly / disabled population include MobileMeals, delivery of meals to elders program, ChoiceCare, an in-home support program, transportation, EnterNet, information & referral, and Family CareGiving Services, respite care.

MHA has also coordinated the efforts of Ball State's School of Nursing to deliver an array of services to approximately 63 elderly and disabled residents. Services include regular in-home visitations, nutritional, depression, health assessments/screenings, referral services, appointment arrangements and personal health education consultation.

(b) Applications must indicate past grants they received and managed, the grant amounts, and grant terms (years) of the grants, which they are counting toward past experience.

Summary of past resident services grants MHA has received:

- FY' 02 HOPE VI CSS Program for \$12.4 million – leveraged \$15.2 million / 6-year grant term
- FY' 02 HOPE VI Revitalization Grant for \$12.3 million – leveraged over \$52 million
- HCV FSS Program Coordinator FY' 2006 for \$24,216 – 1-year grant term (no match required)
- HCV FSS Program Coordinator FY' 2003 for \$23,500
- Neighborhood Networks Grant FY' 2003 for \$250,000 – 3 year grant
- Elderly Services Coordinator FY' 1994 - 04 for \$631,521 – annual grants (no match required)
- PHDEP drug grants from FY' 1992 – 2004 for \$1.075 million

(c) Applicant's narrative must describe how they successfully implemented past grant programs designed to assist elderly/persons with disabilities meet their daily living needs and enhance their access to needed services so they can continue to reside comfortably and productively in their current living environment.

Previously discussed, 42 senior public housing residents are receiving services ranging from care management, housekeeper/chore, personal assistant, personal response, escort/companion, transportation and wellness. In addition, MHA coordinated an array of services to 63 elderly and disabled residents with Ball State's School of Nursing. As part of MHA's HOPE VI Millennium Place Project, the agency has developed a supportive housing facility, Howard Square. This residential program currently houses 30 residents; 19 disabled and 11 elderly who are provided on-site. Howard Square will be utilized as a service center along with Gillespie Towers.

(d) Applicants will be evaluated according to the following criteria:

(i) Achievement of specific measurable outcomes and objectives in terms of benefits gained by participating residents.

The services provided and coordinated by LifeStream over the past few years have achieved measurable outcomes and prevented the hospitalization of many elders. Major services provided such as homemaking, wellness, transportation, personal care and nutrition have allowed many seniors to age in place and avoid both hospitalization and nursing home care. The average monthly care for a LifeStream client has been determined to be between \$268 to \$426 a month or \$3,216 to \$5,112 per year, whereas the average cost of caring for an individual in a nursing facility is \$2,922 a month or \$35,064 per year. **If LifeStream has conservatively prevented 10 seniors per year from being hospitalized or placed in a nursing home, they have saved approximately \$300,000.**

MHA currently operates a highly successful Family Self-Sufficiency (FSS) Program involving both public housing as well as Housing Choice Voucher families.

Implemented in 1999, the FSS program currently has 68 families and has successfully graduated 32 families. The FSS program consists of intensive case management that begins with initial assessments completed on the family and head of household.

Participant supports include mentoring, group meetings and monthly contact with MHA case management staff. Clients are referred out for services and resources to partner agencies such as East Central Opportunities, Muncie Career Center, Action, Inc., Open Door, Ivy Tech, Ball State University and Muncie Community Schools. **Both the elderly as well as disabled participants of this grant are eligible to join the FSS program.**

(ii) Description of success in attracting and keeping residents involved in past grant-funded training programs.

A review of the up to date FSS client statistics illustrate MHA's success in keeping residents involved in the program. To successfully complete the FSS program, families have to make a multi-year commitment that may take as long as 5 years. Currently, 29 or 43% of the families have active escrow accounts, 58 or 87% are working or are participating in work training programs and 16 are in school or some other vocational educational program. In addition, four FSS families have successfully achieved homeownership status and another 16 have been identified as potential homeowners and have begun participating in homebuyer activities with The Home Center.

Regarding HOPE VI public housing families, MHA staff has already been able to enroll 65 out of a possible 119 residents or 55% for services in less than one year. Twenty-seven residents are currently working with 22 having been employed for more than 6 months.

(iii) Description of timely expenditure of program funding throughout the term of past grants.

The Muncie Housing Authority (MHA) draws down grant funds through HUD's LOCCS system on a monthly basis to be reimbursed for costs incurred and paid. **All resident initiative grants are being implemented according to proposed timelines and are in compliance with HUD program requirements.**

(iv) Description of past leveraging.

MHA has an exceptional track record of leveraging outside funds to support their various resident initiatives. The best example of this is the amount of match from various providers for their Community and Supportive Services (CSS) Plan as part of their successful HOPE VI application, Millennium Place. MHA leveraged over [REDACTED] in financial resources and in kind services. *Please see CSS Plan budget at the end of this*

Tab for verification. For this grant, MHA has been able to secure [REDACTED] in inkind and financial resources.

(3) Program Administration and Fiscal Management (10 points). *Applicants should describe how they will manage the program; how HUD can be sure that there is program accountability; and provide a description of proposed staff's roles and responsibilities. Applicants should also describe how grant staff and partners will report to the Project Coordinator and other senior staff. Applicants should also include (a) A complete description of an applicant's fiscal management structure; and (b) any of an applicant's audit findings or weaknesses in the past five years.*

(a) Program Management Structure

For this ROSS Elderly/Persons with Disabilities Program, MHA's HOPE VI CSS Program Coordinator will serve as the **Project Coordinator** (.5 FTE) and oversee the partnerships with LifeStream, Ball State School of Nursing, Ball Memorial Hospital's Midwest Health Strategies, Muncie Indiana Transit System, Action, Inc. and the city of Muncie's Health Department, and will be responsible for all grant reporting requirements and ensuring that all established program goals and objectives are being met. The **Project Coordinator**, who will spend 50% of her time on servicing MHA's elderly and disabled public housing residents, will oversee grant activities and has primary responsibility for day-to-day program operations including:

1. Assessing participating residents' needs for supportive services and identification of program resources (benefits maximization) such as Medicaid, Medicare, physician care, food stamps, rehabilitation services, veterans services, transportation, Meals-on-Wheels,
2. Coordinate resident needs assessments with BSU School of Nursing,
3. Designing and coordinating grant activities based upon identified residents' needs,
4. Monitoring participant progress and evaluating overall success or the program, and,

5. Work with the HOPE VI Program Evaluator to measure overall performance of grant.

The **ROSS Elderly/Disabled Outreach Coordinator** will be a full-time employee under the direct supervision of the Project Coordinator, [REDACTED]. The Outreach

Coordinator will be responsible for:

1. Managing the day-to-day activities and schedules of the partner agencies ensuring quality services,
2. Provide direction to clerical staff, resolve problems, monitor work flow, anticipate problems and facilitate communication,
3. Ensure that appropriate forms and other documentation are completed,
4. Oversee outreach and recruitment activities to MHA's elderly and disabled population to ensure that all eligible residents are aware of the program,
5. Coordinating case management activity by providers, including the development of individual assessment plans and identification of existing issues impacting the elderly/disabled,
6. Coordinating of meal services, transportation services, assistance with daily activities (ADL), housekeeping assistance and wellness programs,
7. Coordinating referrals to job training and employment opportunities under Section 3 of the Housing and Urban Development Act of 1968.

An administrative support staff will be assigned to assist the Outreach Coordinator with clerical duties. This person will be a MHA resident and will work on a part-time basis reporting directly to the coordinator.

(b) Fiscal Management Structure/Statement Regarding Agency Audit Findings

MHA has extensive experience in the fiscal management of federal grant programs. MHA has a fully staffed Fiscal Department that includes Administration and Support, Program and Housing Accounting, Grant Accounting and Accounts Payable. MHA operates under all accounting rules prescribed by US Department of Housing and Urban Development and the State of Indiana. On an annual basis, the Board of Commissioners requires a comprehensive financial audit by an independent auditor.

Within the Fiscal Department, the Director of Finance is responsible for administration of all grant programs from state, federal and local sources. The Director of Finance also administers the fiscal components of MHA's Family Self-Sufficiency Program, including the setting up, monitoring and reporting of participant escrow accounts, ensuring complete and accurate accounting for all expenditures and timely reporting as required by HUD.

MHA has an updated automated accounting system that allows for each grant to be administered on an individual basis. This system provides for a separate general ledger and accompanying financial statements to be issued monthly. The reports are the basis for monthly budget and expenditure reports that are issued to the staff and program management.

MHA's Director of Finance meets with agency staff such as HOPE VI, resident relations or public housing whenever a new grant is being implemented. The purpose of these

meetings is to agree on a budget and timetable for implementation. Staff assigns costs based upon the agency-wide cost allocation plan that ensures all grant objectives are financially covered. Program staff continues to meet with the Finance Director on an ongoing basis to review the status of all currently operating grants. These meetings are necessary to insure that all grants are performing as required by the funding authority. Modifications are made if needed to keep expenditure levels on track.

Note that MHA has no outstanding audit findings or noted material weaknesses related to MHA's financial affairs during the past five years. To the contrary, MHA's HOPE VI Revitalization Project, Millennium Place, is being completed on schedule and under budget clearly a major accomplishment that attest to the administrative and fiscal capabilities of the organization.

ROSS
Chart B: Applicant/Contract
Administrator Track Record
(Past Performance)

U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT
OFFICE OF PUBLIC AND INDIAN HOUSING

OMB Approval No. 2577-0229
 Expiration Date: 11/30/07



Applicant: Housing Authority of the City of Muncie, IN

Instructions for completing this form: Applicants must use this form to provide information about previous HUD grants/FSS programs you have administered over the most recent five-year period. Applicants with few or no HUD grants/FSS programs should provide information about other federal grants you have received. Applicants should list state, local, or private grants should you have no HUD or federal grant experience. Applicants should clearly indicate the organization from which you received grants and indicate whether you were the grantee or whether your contract administrator was the grantee. Applicants should list grants starting with the most recent HUD grants, proceeding next with federal, state, local, and/or private grants. Applicants should not list grants that are 10 years old or older.

Public reporting burden for the collection of information is estimated to average two hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Grant to which the applicant is applying:

RSDM-Family RSDM-Elderly Homeownership Supportive Services Neighborhood Networks PH Family Self Sufficiency

Grant Program and Grantor Agency	Grantee (Applicant or CA)	Project No.	% of Funds Draw Down	Major Goal #1	% Complete	Major Goal #2	% Complete
HOPE VI CSS Program Office of Housing & Urban Development	Muncie HA	IN36URD0 021102	75%	Coordinate community services to assist residents in becoming self-sufficient	25%	Provide training and skills needed to help residents become valuable members of society	25%
FSS Office of Housing & Urban Development	Muncie HA	IN00V0	100%	To enable participants to obtain skills that will enable them to become gainfully employed and ineligible for governmental assistance programs	41%	Provide training and skills needed to help residents become valuable members of society	41%
Elderly Services Office of Housing & Urban Development	Muncie HA	IN36G940 001	100%	Increase elderly and disabled residents' ability to lead independent lives	70%	Decrease number of hospitalizations needed for elderly and disabled	56%
PHDEP Office of Housing & Urban Development	Muncie HA	92-2001	100%	Reduce the number of incidences of violence and crime caused by drugs	40%	Organize the efforts of law enforcement, residents and governmental agencies to prevent control and reduce crime	100%

Muncie Housing Authority ROSS Elderly/Persons With Grant Application

Rating Factor 2: Need/Extent of the Problem (20 Points)

(1) *Socioeconomic Profile (5 Points). A thorough socioeconomic profile of the eligible residents to be served by the program, including education levels, income levels, health statistics, economic statistics for the local area and resident-specific data.*

The county's population, (based upon 2000 census data), in comparison, to the Muncie Housing Authority (MHA) household data (as reported by the U.S. Department of Housing and Urban Development 2007) exhibits the racial composition of the residents of the MHA as a strong contrast from that of Delaware County.

- Delaware County population consists of (90%) white, (6.7%) African American and (1.5%) Hispanic with a total population of 67,430.
- MHA population consists of (68%) white, (31%) African American, (1%) Hispanic or Latino, and (1%) Asian, with a total population of 770 residents.

Delaware County has low socioeconomic levels due to lower incomes, and higher poverty and unemployment. The overall analysis of the sources of income for MHA residents shows that the average household income is \$7,137 which falls substantially below the poverty level and the Median Household Income for Delaware County of \$36,398.

- 29% of the residents have an average income of \$5,000 or less.
- There are 37% earning between \$5,000 and \$10,000 annually
- 15% of the households earn \$10,000 - \$15,000 annually
- 5% earn between \$15,000 and \$20,000 annually
- Only 1% earns \$20,000 - \$25,000 annually

- 2% earn more than \$25,000 annually

MHA residents rely overwhelmingly on public assistance and have little or no work experience (see chart below).

MHA Resident Families With Income

Type of Income	Percent
Income From Wages	30%
Welfare	23%
SSI/SS Pension	37%
Other Income	15%
No Income	8%

The level of education achieved is a strong indicator of an individual's income. In a recent survey conducted by the MHA and community-based organizations it was evident that MHA residents have higher dropout rates and lower educational attainment than citywide and county averages. Currently (6%) of adult residents are enrolled in High School or GED Programs. There are (12%) residents that have less than an 8th grade education, and (22%) that have only some high school education.

The percentage of elderly in Delaware County, (17%) shows steady growth over the past 5 years, and strongly reflects that of the state of Indiana (16.3%). Of the 16,273 elderly in Delaware County, (38%) live in the MHA. There are a high number of seniors 277 out of the 770 residents. Seniors and non-elderly disabled individuals make up a total of (37%) of the residents living at the Muncie Housing Authority.

Indicators of need within Delaware County include the following:

- There are 653 public housing units in Delaware County with 97% occupancy
- The unemployment rate is 7.2 %
- There are 6 homeless shelters providing either emergency or transitional shelter with 167 beds. It has been estimated that there are approximately 600 homeless.
- Poverty rate for Delaware County in 2003 was 13.4%
- 53.2% of female head of household with children less than 5 years old, live in poverty.

In Delaware County it is estimated that there are 22,000 uninsured. In the past ten years the automotive industry in Delaware County has steadily declined with a loss of higher paid jobs providing health insurance benefits. On March 31, 2006 Manual Transmission closed its plant, leaving only Borg Warner as the last vestige of the automotive industry in Delaware County. With this change to a service oriented setting, businesses pay the employees a lower wage and usually do not offer affordable health care coverage.

Due to the uninsured crisis, a collaboration was formed in Delaware County. Cardinal Health System (CHS), which operates the only hospital in the county and many primary care physician practices, the Ball Memorial Hospital Foundation, and Open Door Ball Memorial Hospital (ODBMH) working with other community partners developed a system for providing reduced fees for primary care for the uninsured in Delaware County. That program is called **Cardinal Access**. This system provides some discount for services to the uninsured. Financial counselors at CHS and ODBMH sign individuals

and families up for the program based on 200% of the Federal Poverty Level. Individuals are also screened for possible eligibility for Hoosier Healthwise, Medicaid, and Medicare in order to get them into any other programs for health care coverage that they might be eligible to receive.

Survey results of elderly and disabled

In 2006, a needs assessment was conducted by the Health2thePeople coalition and collected 200 responses among the elderly and disabled residents of the MHA. The residents were asked questions about physical services and support needs. The results of this data show that the residents both need and are interested in a program that would assess and coordinate their health needs and identify available program resources. Issues with transportation, lack of insurance, concern for privacy and follow-up were also identified in this survey. Residents surveyed indicated they were interested in obtaining more information about:

- diabetes
- exercise & diet
- educational activities
- health screening
- social lifestyles
- transportation

Rating Factor 2.2

*(2) Demonstrated Link Between Proposed Activities and Local Needs (15 points)
Applicant's narrative must demonstrate a clear relationship between proposed activities, community needs and the purpose of the program funding.*

The Muncie Housing Authority is committed to providing quality support services to its public housing residents. In order to truly meet the needs of their residents a ROSS funded Project Coordinator and a full-time Outreach Coordinator will be on site to facilitate and oversee the proposed activities and services. The ROSS Elderly and Disabled Supportive Housing Program will provide services to MHA's seniors and disabled residents that relate to identified needs of this population. In addition, the proposed program fulfills a number of HUD priorities including **assisting the elderly/disabled to continue to live independently and utilizing grassroots faith-based and other community-based organizations.**

The service plan proposed by MHA, LifeStream, Ball State School of Nursing, Cardinal Access and other partners, incorporates the following components to address identified needs:

- **On-Site Assessment and Benefits Maximization** will cover a wide variety of issues and will be conducted by students from Ball State University's (BSU) School of Nursing. The nursing students will assess resident's needs for supportive services and identification of eligible program resources (**benefits maximization**) such as Medicaid, rehabilitation services **and** transportation. *The outcome will increase independence and self-sufficiency for residents.*
- **The Outreach Coordinator** will research the availability of services in the Delaware County/Muncie community that reflect the identified needs of MHA's target population and make this information accessible to the residents. The Coordinator will also conduct educational workshops on health topics.

- **Diabetes Prevention Services.** As mentioned previously, the needs assessment survey results addressed the need for services related to care and prevention of diabetes. One needs assessment conducted by the Minority Health Coalition ranked diabetes among the top five causes of death for residents in Delaware County. Several reasons were identified for the dramatic increase in incidence of diabetes in the Muncie community. First, its prevalence increases with age and MHA's population is aging. Secondly, residents are engaging in high-risk behaviors including, poor eating and exercise habits that hasten the onset of diabetes. Finally, there are many reasons local healthcare services are not being used by the residents for preventive measures nor to assist with ongoing maintenance of the disease. Simply, because they do not know the symptoms associated with the disease. *The MHA will coordinate screening, testing, and identification of awareness activities through a Diabetes Prevention Program.*
- **Health Maintenance & Education.** The Muncie Housing Authority recognizes the importance of creating opportunities for all their residents to participate in activities that will lead them to greater independency. The (13%) of residents with disabilities will be offered individual and group programs with trained providers that will increase their social interaction and physical recreation.
- **Transportation Services.** Many MHA residents have been isolated or restricted to their homes for physical and/or emotional reasons. Increasing transportation for appointments and grocery shopping leads to improving the quality of life for many seniors and disabled individuals and will *address the mobility needs identified in the needs assessment survey.*

- **Referral & Follow Up “Buddy System”** Depressive symptoms are an important indicator of general well-being and mental health among elderly. Isolation may cause these symptoms of depression and is associated with higher rates of physical illness and functional disability. Having a MHA resident to pair-up with elderly and disabled individuals will eliminate feelings of seclusion and will *address the need for social interaction expressed by residents in the survey results.*
- **Referral to Supportive Service Programs.** Community-based organizations will provide services to MHA residents. Those residents currently receiving in home services will be reevaluated and their needs be updated in addition, elderly and disabled residents not yet receiving services will be referred for services.
- **Social and Educational Activities.** As mentioned previously, MHA residents expressed an interest in improving their social lifestyles and receiving information that would educate them about available benefits and programs that would assist them in becoming more independent. The Project Coordinator and Outreach Coordinator will work with agencies to organize activities that meet the criteria.

Muncie Housing Authority – ROSS Elderly/Persons with Disabilities Program

Rating Factor 3: Soundness of Approach (30 points)

1. Quality of Work Plan (10 points) – *This factor evaluates both the applicant's proposed program and/or work plan and budget which will be evaluated based on the following criteria:*

(a) Specific Services and/or Activities (10 points) Narrative must describe the proposed program they plan to offer and who will be responsible for each. Must also provide a work plan, which should list the specific services, activities, and outcomes they expect. The proposed program narrative and work plan must show a logical order of activities and must tie to the outcomes and outputs applicants identify in the Logic Model. Applicants' narrative must explain how their proposed activities will: (i) Involve community partners in the delivery of services (5 points) and, (ii) Offer comprehensive services geared toward achieving the enhancement of the residents' quality of life (5 points).

The primary goal of MHA's Supportive Housing initiative is to *enhance the dignity and independence of federal public housing senior and disabled residents by enabling them to age in place while preventing or delaying costly nursing home placements.* Residents of elderly housing sites have been growing older, frailer, with fewer formal and informal supports to enable them to remain in the community with safety and dignity. Housing Authorities were unable to independently meet the needs of residents without increased in-home support services. Many nursing home placements could be avoided or delayed if well trained, coordinated, support workers were available to provide formal in-home support services to residents twenty-four hours a day, seven days a week. Research consistently shows that the vast majority of elders and disabled residents prefer to remain in their own apartments.

Nursing home placements is costly to the state of Indiana (\$35,000 a year). Prevention or delay of nursing home placement saves the state significant financial resources, as community support is less expensive than the average \$2,922 per month for residential

care. Prevention or delay of residential care also saves the Housing Authorities money and resources in lower unit turnover, vacancies and maintenance costs. But more importantly, providing in-home support services to the elderly and disabled provides this population with a better quality of life allowing them to remain independent as long as possible.

(a) Specific Services and/or Activities (10 points)

Key partners for the overall implementation of the program are LifeStream, Ball State University School of Nursing, Ball Memorial Hospital's Midwest Health Strategies, Muncie Indiana Transit System (MITS), Action, Inc. and the city of Muncie Health Department. In addition, Muncie Housing Authority HOPE VI staff will provide case management, outreach and referral services to program participants. Note that both seniors and disabled residents will also be eligible to join MHA's Family Self-Sufficiency Program and participate in all activities offered by the agency.

The plan for this program is to have the services based out of the Gillespie Tower senior building and Howard Square apartments for MHA's elderly and disabled residents until the Unity Community Center is completed during the later stages of the grant. All MHA senior and disabled residents are eligible for these programs and will be able to contact the ROSS Elderly/Disabled Project Coordinator or ROSS Elderly/Disabled Outreach Coordinator on a daily basis. Social activities will take place at Gillespie Tower, Howard Square, and possibly the YWCA. Transportation will be provided to all sites. The following elements are the key components of this program:

1. **On-Site Assessments & Benefits Maximization.** On-site assessments, covering a wide variety of issues, will be conducted by nursing students from Ball State University's School of Nursing on-site at Gillespie Towers. Assessment areas for each client will include a Lifestyle Assessment questionnaire covering such topics as diabetes, blood pressure and nutrition, measuring fall risk factors, assessing disability equipment needs for the disabled clients, environmental assessment of the home, family assessment, cultural assessment, depression assessment. These services address the medical needs identified in the latest survey as well as prevent health and safety issues from arising. The BSU School of Nursing students will assess participating residents' needs for supportive services and identification of eligible program resources (**benefits maximization**) such as Medicaid, Medicare, physician care, food stamps, rehabilitation services, Veterans services, transportation, Meals-on-Wheels. MHA's Outreach Coordinator will ensure follow through by assisting the seniors and disabled clients to complete applications for eligible benefits and provide advocacy for services. This activity leads to residents becoming more independent and self-sufficient.

2. The Outreach Coordinator will also **assess the Delaware County/Muncie community for services to support the identified needs** of the seniors and disabled clients. The Coordinator will research eligibility for services and provide this information to the residents. In addition, the Coordinator will facilitate educational workshops on topics such as medication actions and common side effects, medication schedules and safety, home safety procedures, safe use of healthcare equipment, nutrition and healthy living.

3. Diabetes Prevention Services. The Muncie Health Department will oversee the Diabetes Prevention Program by coordinating screening & testing, identification and awareness activities. Cardinal Health System's **Cardinal Access** will be utilized for residents who do not qualify for health benefits programs such as Medicaid and Hoosier Health. Cardinal Access offers patients discounted fees and/or payment options for primary, specialty and hospital services according to each participating provider's internal policies and procedures. Major providers participating in Cardinal Access include, but are not limited to, Ball Memorial Hospital (BMH), Blackford Community Hospital, BMH Family Medicine Residency Clinic, Central Indiana Orthopedics, Comprehensive Mental Health, Emergency Physicians of Delaware County, Open Door/BMH Health Center, urology Associates and Voss Center for Women. The long-range goal of this program is to identify residents with Diabetes Mellitus (DM) and maximize the length and quality of life for diabetic residents while creating systems that increase access and quality of healthcare services. MHA understands **that this type of program must demonstrate a strong link between diagnoses to treatment.** The Outreach Coordinator will focus on ensuring that residents seek treatment. *The diabetes prevention program is a key component of the ROSS Elderly/Disabled grant because of the severity of this health problem to Delaware County's population.*

4. Health Maintenance & Education. The Ball Memorial Hospital's Midwest Health Strategies Program operates the **Special Needs Activities Program (SNAP)**, which is designed to empower individuals with special needs because of disabilities or aging to live healthier and more independent lives. **SNAP** creates opportunities for members to experience success physically, emotionally and socially through regularly scheduled

exercise, social interaction and recreation. Staff focuses on abilities rather than disabilities, coordinate supervised individual and group programs to ensure participants' enjoyment and safety. In addition, SNAP staff is trained to assist participants with activities of daily living, including nutrition and health maintenance. Major **Healthy Living** services offered by SNAP are in-home leisure, social and recreational activities and group exercise/body conditioning, including use of their new Rehabilitation Swimming Pool. *MHA will provide for scholarships for service to their senior and disabled participants interested in joining SNAP as part of their inkind match.*

5. Transportation Services. MHA residents will have access to transportation provided by the Muncie Indiana Transit System (MITS). MITS has targeted MHA's public housing sites for service and provides vehicles that are fully accessible to the disabled. A focus will be on providing transportation to residents for health related screenings and visits as well as to social events. In addition, ACTION, Inc. of Delaware and Grant Counties will provide transportation to residents through its **Shopping Cart Program**. This program provides transportation and assistance to individuals 55 years of age or older and disabled residents of Muncie. Targeted to the individual who has been isolated or restricted to their home for physical and/or emotional reasons, the service helps get groceries and prescription medications. If the individual cannot shop for themselves, the program staff will shop for them.

6. Referral & Follow Up "Buddy System". MHA will institute a Peer to Peer or Buddy System Program by matching residents from the MHA community with those that are experiencing isolation and supporting their efforts to remain independent in their own homes. The program will cater to both the elderly and disabled. The "Buddies" will be

matched with one participating person in this program and it is expected that the two will form a personal relationship. The program is designed to promote companionship and personal contact between isolated individuals and their neighbors by accompanying them to appointments of shopping as well as mentoring them at home. MHA elders and disabled residents who are identified as benefiting from such support will be matched with a Buddy.

7. Referral to many supportive service programs offered by LifeStream and its partners will provide better-bundled services to MHA residents currently receiving in home services, and offering such services to residents currently not receiving them at this time. This comprehensive “service delivery system” will assist the elderly/disabled to continue to live independently by utilizing the services offered by grassroots faith-based and other community-based organizations.

8. Social and educational activities will be planned and run by the ROSS Elderly/Disabled Project Coordinator and Outreach Coordinator, in collaboration with other MHA staff and outside agency staff. Activities will include social gatherings such as holiday parties, monthly hot dinner programs, summer cookouts and more. Informational sessions which will include outside agencies sharing information with residents in forums such as yearly Health Fairs, social agencies educating clients about benefits and program available to them, Food Stamps application forums and much more.

(b) Feasibility and Demonstrable Benefits (5 points)

This program will be operational upon grant award since MHA staff are currently in place and the Housing Authority has existing relations with all major grant partners.

Having the ROSS Elderly/Disabled Project and Outreach Coordinators currently involved with overseeing the delivery of services is a plus because the agency is already coordinating services to the elderly and disabled residents at the Gillespie Tower senior building. In addition, Ball State School of Nursing has in the past conducted health assessments to MHA residents similar to the service model proposed in this grant and have experience researching client eligibility for services and increased benefits. Services to be provided by LifeStream, Cardinal Access, Action, Inc., MITS and the Muncie Health Department are in place and can easily be expanded throughout MHA's public housing developments.

The program model addresses needs identified in **Rating Factor 2** by implementing a comprehensive “**service delivery system**” utilizing local agencies and existing programs and resources currently available in the community at large. The coordination between LifeStream, Ball State School of Nursing, Cardinal Access, Action, Inc. and MITS *eliminates potential duplication of services by different agencies to the same population and helps conserve valuable resources of the Muncie community as well.* Having staff provide in-home services will help eliminate isolation among the elderly as well as prevent medical issues from arising because many seniors were identified as not having access to outside medical services. Increasing transportation for appointments and grocery shopping also leads to improving the quality of life for many seniors and disabled. Utilizing MHA's FSS program will give clients the opportunity to improve their quality of life and increase their independence allowing them to live with dignity.

(b) Budget Appropriateness/Efficient Use of Grant (5 points)

Please note that the salaries requested through this grant are comparable with the agency as a whole as well as in the area for similar positions. Additionally, the budget should be considered efficient – MHA works tirelessly to coordinate efforts with local agencies in order to use resources in the most effective way. The number of partners in this application and their services are substantial and will contribute greatly to the budget. The budget line items (as specified in the budget forms) are very straightforward.

- A portion (.5 FTE) of the **ROSS Project Coordinator** and the full-time salary of the **Outreach Coordinator** position will be charged to this grant over the course of three years. *Please note the remaining .5 FTE of the Project Coordinator was incorporated in MHA's ROSS Family and Homeownership grant application.*
- Fringe Benefits of 25% are below the industry standard for most housing authorities.
- Client transportation provides support to residents, who may have no other means of transportation, and allows them to make scheduled appointments, participate in socialization activities as well as participate in job and/or educational activities.
- The administrative costs (10% of total grant) associated with the program include a .25 FTE clerical position (filled by a MHA public housing resident) to provide administrative support to MHA direct service personnel, normal office expenses and local travel. Total administrative line item is \$25,000.

2. Addressing HUD's Policy Priorities (8 points)

(a) Improving the Quality of Life in Our Nation's Communities (2 points). *The applicant narrative and work plan must indicate the types of activities, services and*

programs applicants will offer which can help residents to continue to live independently.

MHA has always prided itself on its progressiveness in developing resident initiative programs. Obviously, remaining in their units is very important to MHA's elderly and non-elderly disabled population since many have a strong desire to maintain their independence yet have needs that must be met by outside sources. **MHA ensures that all elderly and non-elderly disabled residents will have access to and receive assistance geared to supporting them to remain independent.** MHA guarantees that maximum effort is placed upon providing opportunities for self-sufficiency and physical independence for interested participants. **MHA's ROSS Elderly/Disabled Supportive Housing Program** begins by working with Ball State's School of Nursing to ensure that all seniors and disabled residents are assessed for their health care needs and are receiving all of their eligible benefits. The ROSS Outreach Coordinator then will be responsible for making sure residents follow through with treatment when referred out for services. The Outreach Coordinator also is responsible for building the service delivery system by recruiting Delaware County service providers and coordinating their services the MHA's residents. With the high rate of diabetes in the county, MHA will focus on addressing this issue by working with Muncie's Health Department to ensure that everyone is screened, tested and made aware of information and activities concerning diabetes. Cardinal Health System's Cardinal Access will provide treatment at reduced costs to participants who have no other health benefits. Ball Memorial Hospital's Special Needs Activities Program (SNAP) is designed to empower individuals with special needs due to aging or disabilities to live healthier and more independent lives. Utilizing transportation services for appointments and shopping goes a long way to helping and

individual maintain their independence and health. Implementing a “buddy system” and focusing on those individuals who may be experiencing isolation is another way to assist the elderly/disabled maintain their independence. Finally, MHA’s Supportive Housing Program will utilize the many programs offered by LifeStream and its partners as well as provide social and educational activities both on and off-site to increase opportunities for socialization and interaction, all meant to assist residents live independently.

(b) Providing Full and Equal Access to Grassroots Faith-Based and Other Community Based Organizations in HUD Program Implementation (4 points).

Applicants narrative and work plan must describe how applicants will work with these organizations and what types of services they will provide.

MHA makes every effort to participate with grassroots faith-based and other community-based organizations whenever possible. MHA has developed partnerships with a number of community-based organizations as demonstrated by the [REDACTED] these agencies pledged to MHA’s HOPE VI Millennium Place revitalization project. Muncie Housing Authority’s overall resident initiative strategy is to utilize existing community resources and to use HUD resources as “seed money” to attract outside investment to benefit the agency’s families. Currently, MHA involves approximately 20 agencies and organizations in servicing its public housing communities. Local civic organizations, social service and businesses having mutual agendas are equally committed to the economic empowerment and independence of residents.

Local organizations and agencies involved in MHA initiatives include LifeStream, Ball State University, Ball Memorial Hospital, Cardinal Health System, Muncie Indiana Transit System, and Action, Inc. Local churches also play an important role in MHA’s

resident service delivery system and the agency has working relationships with the Ambassadors of Christ, Berea Apostle Church, Cathedral of Praise Church, Christ Temple Church, Church of the Living God, Deliverance Temple, My Father's Home, Apostle Church, Mt. Zion Baptist Church, New Hope Baptist, True Vine Holiness Tabernacle, Union Chapel Ministries and the Union Missionary Baptist Church.

(c) Policy Priority for Increasing the Supply of Affordable Housing Through the Removal of Regulatory Barriers to Affordable Housing (2 points)

For this application, MHA should be considered a governmental applicant that has been successful in removing regulatory barriers to affordable housing in the Muncie area. Please see attached completed HUD 27300 "Questionnaire for HUD's Initiative on Removal of Regulatory Barriers." Contact name for verification of answers for Questionnaire is Phyllis Amburn, Deputy Mayor, 300 N. High Street, Muncie, IN 47305. Phone [REDACTED]

3) Economic Opportunities for Low and Very-Low Income Persons (Section 3) (2 points): *Applicants will receive 2 points if they demonstrate that they will implement Section 3 of the Housing and Urban Development Act of 1968. Application must describe how this will be implemented through proposed grant activities. State that you will, to the greatest extent feasible, direct training, employment and other economic opportunities to: a) low and very-low income persons, particularly those who are recipients of government assistance for housing, and b) business concerns which provide economic opportunities for low and very-low income persons.*

Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 170u) under 24 CFR part 135 will be utilized to the greatest extent feasible to provide training, employment, and other economic opportunities to low-and very-low income persons, particularly those who are recipients of government assistance for housing. The

programs under this ROSS funding application are geared, by their inherent nature, specifically to low-income families. Based on recent demographics for all MHA's developments, regardless of household size, **95% of the households meet the definition of low income.**

It is also the policy of the MHA to require its contractors to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, disability veteran's or marital status, or economic status and to take affirmative action to ensure that both job applicants and existing employees are given fair and equal treatment. MHA implements this policy through the awarding of contracts to contractors, vendors and suppliers, to create employment and business opportunities for residents of its housing developments and other qualified low-and very low-income persons residing in Muncie.

The Muncie Housing Authority will incorporate Section 3 in the ROSS Elderly Disabled program as it has with the overall agency's hiring and procurement policies and procedures. **Both the ROSS Outreach Coordinator and Administrative Assistant positions are filled by Section 3 eligible individuals.** It is the policy of MHA to utilize residents and other section 3 eligible persons and businesses in contracts partially or wholly funded with monies from HUD. MHA has established employment and training goals that contractors and subcontractors should meet in order to comply with Section 3 requirements. Coalition organizations will be encouraged to hire qualified residents to perform services contributed to the ROSS Elderly/Disabled Program.

**Muncie Housing Authority – Supportive Housing Program
 Sample ROSS –RSDM Elderly/Persons with Disabilities Work Plan**

**OMB Approval No. 2577-0229
 Expiration Date 03/31/2007**

GOALS	TASKS	ACTIVITIES	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	START	COMPLETE	DELIVERABLES
<p>Determine the individual needs of MHA elderly & disabled residents and identify the eligible program resources each participant is entitled to receive</p>	<p>Create and administer assessment tool to capture the needs of target population.</p>	<p>1. Meet and develop assessment tool with agency conducting assessment. 2. Administer 100 questionnaires 3. Evaluate results of 100 assessments 4. Conduct online research on available health care benefits 5. Complete 100 applications for financial, health & supportive services</p>	<p>1. Two weeks 2. Four weeks to administer questionnaire 3. Two weeks – evaluate results 4. Four weeks 5. Four weeks</p>	<p>1. ROSS Coordinator, [REDACTED] Outreach Coordinator & Ball State University (BSU) nurses. 2. Ball State University's nursing students. 3. Project Coordinator, Outreach Coordinator & staff 4. Outreach Coordinator Program participants 5. Outreach Coordinator Program participants</p>	<p>1/1/08</p>	<p>5/1/08</p>	<p>1. Questionnaire 2. Completed questionnaire 3. Individual service plans for participants 4. # of applications completed, benefits and services secured</p>

**Muncie Housing Authority - Supportive Housing Program
 Sample ROSS –RSDM Elderly/Persons with Disabilities Work Plan**

**OMB Approval No. 2577-0229
 Expiration Date 03/31/2007**

GOALS	TASKS	ACTIVITIES	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	START	COMPLETE	DELIVERABLES
Provide diabetes related diagnoses, care and preventive services for residents	Coordinate screening & testing, identification and awareness activities for diabetes. Analyze data from tests & screening Establish access to care as needed	1. Notify 25 residents of activities 2. Coordinate & administer screening & testing, identification & awareness activities 3. Establish database of resident's services needed 4. Schedule 25 residents for transportation	1 One week 2. One month 3. One month 4. One week & ongoing	1. Project Coordinator & Outreach Coordinator 2. Muncie Health Department & Cardinal Access Project Coordinator & Outreach Coordinator 3. Muncie Health Department & Cardinal Access Project Coordinator & Outreach Coordinator. 4. Muncie Indiana Transportation Services (MITS) Outreach Coordinator	1/1/08	3/1/08	2. Questionnaire Health records 3. Database 4. Database

**Muncie Housing Authority - Supportive Housing Program
Sample ROSS –RSDM Elderly/Persons with Disabilities Work Plan**

**OMB Approval No. 2577-0229
Expiration Date 03/31/2007**

GOALS	TASKS	ACTIVITIES	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	START	COMPLETE	DELIVERABLES
Educate & service elderly and disabled residents on health maintenance	Conduct outreach to eligible residents	1.Contact & interview 25 residents for Special Needs Activities Program (SNAP) staff	1. One month	1. Outreach Coordinator & Ball Memorial Hospital's(SNAP) staff	1/1/08	3/1/08	1. Interviews Referrals
		2 Analyze resident's need for services by SNAP	2. One week	2. Outreach Coordinator & Ball Memorial Hospital's (SNAP) staff			2. Program specific
		3. Set up implementation of services for 25 residents.	3. Two weeks	3. Outreach Coordinator & Ball Memorial Hospital's (SNAP) staff			3. Program specific

**Muncie Housing Authority - Supportive Housing Program
 Sample ROSS –RSDM Elderly/Persons with Disabilities Work Plan**

**OMB Approval No. 2577-0229
 Expiration Date 03/31/2007**

GOALS	TASKS	ACTIVITIES	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	START	COMPLETE	DELIVERABLES
Provide access to shopping services & transportation for supportive services for residents	Determine need for transportation services	1. Mail notification to residents of transportation services & shopping services	1. Within the first month of grant award and on going	1. Outreach Coordinator	1/1/08	ongoing	1. Program specific forms
		2. Schedule transportation for 50 residents to supportive services	2. Within the first month of grant award.	2. Outreach Coordinator & MITS & ACTION, Inc.		ongoing	2. Program specific forms
		3. Schedule shopping support for eligible participants	3. Within the first month of grant award	3. Outreach Coordinator & MITS & ACTION, Inc.			3. Program specific forms

**Muncie Housing Authority - Supportive Housing Program
 Sample ROSS –RSDM Elderly/Persons with Disabilities Work Plan**

**OMB Approval No. 2577-0229
 Expiration Date 03/31/2007**

GOALS	TASKS	ACTIVITIES	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	START	COMPLETE	DELIVERABLES
Refer residents to supportive service programs	Develop Memorandums of Understanding with service programs	1. Contact 25 residents to participate in program 2. Interview residents to pair up together 3. Pair residents with matched peers 4. Screen residents for eligibility for supportive services	1. One week 2. One month 3. Within first 3 months of grant 4. Within first 3 months of grant	1. Outreach Coordinator 2. Outreach Coordinator & staff 3. Outreach Coordinator & staff 4. Outreach Coordinator & staff LifeStream	1/1/08		1. Records of contact information 2. Questionnaire 3. Upon incident 4. Program specific forms

Muncie Housing Authority – ROSS Elderly/Persons with Disabilities Program

Rating Factor 4: Leveraging Resources (10 points).

This factor addresses the applicant's ability to secure community resources that can be combined with HUD's grant resources to achieve program purposes. Applicant's are required to create partnerships with organizations that can help achieve their program's goals.

The Muncie Housing Authority's RSDM – Elderly Supportive Service Program has met and exceeded its match requirements by securing community resources ensuring that the program will attain its goals and objectives. MHA has successfully created partnerships with local organizations serving the elderly that will assist the agency implement and achieve results improving the quality of life for its elderly and disabled residents. The in-kind and financial matches listed below and in the partner letters of commitment are all eligible activities that are needed to successfully implement the grant and ensure that **MHA receives maximum scoring under this criterion.** Please note the following **agencies have committed 3 times the requested grant amount.**

Company/Agency	Contribution	Amount
Action, Inc	transportation, energy assistance, Senior AIDS Program	[REDACTED]
Ball Memorial Hospital – Midwest Health Strategies	SNAP health & exercise program	[REDACTED] annually)
Ball State School of Nursing	Client assessments, program supervision & coordination	[REDACTED]
LifeStream	Education, outreach & professional support	[REDACTED]
Muncie Housing Authority	Evaluation services, program space & computer classes for researching benefits	\$ [REDACTED]
Muncie Indiana Transit System	Transportation to off-site services	\$ [REDACTED]
Total Match Amount		[REDACTED]

- Action, Inc. – This agency will supplement resources to expand transportation services for program participants. Action's Shopping Cart program targets

individuals who have been isolated or restricted to their home for physical and/or emotional reasons. In addition, Action will provide program participants with energy assistance, Senior AIDS (buddy system) and Weatherization resources. Total value of these services is [REDACTED]

- Ball Memorial Hospital – Midwest Health Strategies – This agency will provide staff to teach exercise classes as part of SNAP, their exercise and mobilization program, to both the elderly and disabled residents. BMH will provide approximately 20 residents at any one point in time. Three-year value of these services is [REDACTED]
- Ball State School of Nursing – Ball State School of Nursing will provide [REDACTED] over three years. Services to include nursing supervision and program coordination and the completion of Lifestyle Assessments for all elderly and disabled participants by the school’s nursing students.
- LifeStream Services, Inc. – As referenced in the agency’s letter of support, LifeStream will provide [REDACTED] a variety of services to both elderly and disabled residents. MHA’s relationship with LifeStream is extensive since the agency coordinates senior services for all of Delaware County as well as other counties in Indiana and currently serve a number of public housing residents. For the ROSS program, matching resources will be used to provide programming support, outreach and referrals for health and human service needs.
- Muncie Housing Authority – Providing quality supportive services to the elderly and disabled population are of utmost importance to MHA. The agency commits to providing matching grant funds to support the cost of evaluating the ROSS

Elderly/Disabled Program, utilization of MHA's Neighborhood Networks Computer Lab by the participants to research health benefits, and the use of program space at Gillespie Tower. Total grant match is [REDACTED] over the course of the grant. In addition, MHA will provide staff oversight as necessary to ensure the coordination and success of the program.

- Muncie Indiana Transit System (MITS) – Muncie Indiana Transit System will provide public transportation to MHA's public housing developments targeted for services under the RSDM – Elderly program. Seniors and disabled can ride the system for a reduced rate in vehicles that are fully accessible to the disabled. Services are provided Monday through Saturday. *MITS estimates an inkind contribution of only [REDACTED] since the majority of transportation expenses for their services are covered by other Federal and state grants.*

Save Form to Print

Facsimile Transmittal

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)

1186749659 - 2238

* Name of Document Transmitting: Certification of Consistency w/Con Plan

1. Applicant Information:

* Legal Name: Housing Authority of the City of Muncie
* Address:
* Street1: 409 East First Street
Street2:
* City: Muncie
County: Delaware
* State: IN: Indiana
* Zip Code: 47302 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: [REDACTED] CFDA No.: 14.876
Title: Resident Opportunity and Supportive Services - Elderly and Persons with Disabilities
Program Component:

3. Facsimile Contact Information:

Department: Housing
Division: HOPE VI CSS

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

Prefix: [REDACTED] * First Name: Jacey
Middle Name:
* Last Name: Frazier
Suffix:
* Phone Number: [REDACTED]
Fax Number:

* 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? 2

**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: The Housing Authority of the City of Muncie, Indiana

Project Name: Millennium Place

Location of the Project: 409 East First Street


Muncie, Indiana 47302

**Name of the Federal
Program to which the
applicant is applying:** ROSS Elderly/Person with Disabilities Program

**Name of
Certifying Jurisdiction:** City of Muncie, Indiana

**Certifying Official
of the Jurisdiction
Name:** Dan C. Caran

Title: Mayor, City of Muncie, Indiana

Signature: 

Date: 8-9-07

Save Form to Print

Facsimile Transmittal

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)

1186749659 - 2238

* Name of Document Transmitting:

Other ROSS Funds Applied for

1. Applicant Information:

* Legal Name: Housing Authority of the City of Muncie

* Address:

* Street1: 409 East First Street

Street2:

* City: Muncie

County: Delaware

* State: IN: Indiana

* Zip Code: 47302 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: [REDACTED] CFDA No.: 14.876

Title: Resident Opportunity and Supportive Services - Elderly and Persons with Disabilities

Program Component:

3. Facsimile Contact Information:

Department: Housing

Division: HOPE VI CSS

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

Prefix: * First Name: Jacey

Middle Name:

* Last Name: Frazier

Suffix:

* Phone Number: [REDACTED]

Fax Number:

* 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? 2

**Muncie Housing Authority
Sources and Amounts of Match Contributions
For ROSS Grant Applications**

The Muncie Housing Authority's RSDM – Elderly Supportive Service Program has met and exceeded its match requirements. Further, the sources and amounts of the matches for this grant are separate from the matches MHA received for their ROSS Family and Homeownership Program application (see second list below).

ROSS Elderly and Persons with Disabilities Commitments

Company/Agency	Contribution	Amount
Action, Inc	Transportation, energy assistance, Senior AIDS Program	[REDACTED]
Ball Memorial Hospital – Midwest Health Strategies	SNAP health & exercise program	\$ [REDACTED] annually)
Ball State School of Nursing	Client assessments, program supervision & coordination	[REDACTED]
LifeStream	Education, outreach & professional support	[REDACTED]
Muncie Housing Authority	Evaluation services, program space & computer classes for researching benefits	\$ [REDACTED]
Muncie Indiana Transit System	Transportation to off-site services	\$ [REDACTED]
Total Match Amount		[REDACTED]

MHA's ROSS Family & Homeownership Program Commitments

Company/Agency	Contribution	Amount
Community and Family Services, Inc.	Ten (10) child care slots for public housing families	[REDACTED]
East Central Opportunities	Employment and educational services	[REDACTED]
Muncie Housing Authority	Evaluation services, program space and computer classes	[REDACTED]
The Home Center	Homeownership services	[REDACTED]
	Direct financial subsidies to homeowners	[REDACTED]
Total Match Amount		[REDACTED]

Save Form to Print

Facsimile Transmittal

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)

1186749659 - 2238

* Name of Document Transmitting:

Match Letters

1. Applicant Information:

* Legal Name: Housing Authority of the City of Muncie
* Address:
* Street1: 409 East First Street
Street2:
* City: Muncie
County: Delaware
* State: IN: Indiana
* Zip Code: 47302 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: [redacted] CFDA No.: 14.876
Title: Resident Opportunity and Supportive Services - Elderly and Persons with Disabilities
Program Component:

3. Facsimile Contact Information:

Department: Housing
Division: HOPE VI CSS

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Prefix: * First Name: Jacey
Middle Name:
* Last Name: Frazier
Suffix:
* Phone Number: [redacted]
Fax Number:

* 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? 9



Muncie Housing Authority

409 East First Street
Muncie, Indiana 47302
<http://www.muncieha.com>
Guillermo Rodriguez, Executive Director

August 6, 2007

RE: ROSS Elderly & Disabled Grant Program 2007
Matching Funds Letter of Commitment

To Whom It May Concern:

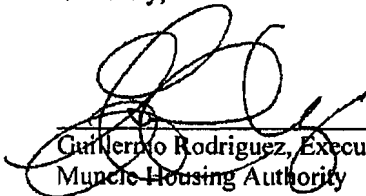
Please note the Muncie Housing Authority (MHA) is committed to the success of the proposed ROSS Elderly & Disabled Grant. In addition to supplying in-kind staff support (not included as part of the agency's match), MHA will provide a match comprised of the following which will be available immediately upon grant award notification:

- Cost of computer classes at MHA's Neighborhood Networks Computer Lab for use in researching information on benefits maximization. Cost of match is [REDACTED]
- ROSS Program evaluation services to be provided by Ball State University at an annual cost of [REDACTED]. Total value of match over the course of the grant is [REDACTED]
- MHA will commit to providing 264 sq.ft. of office space for on-site ROSS programs at Gillespie Tower. Annual value of match is [REDACTED] (264 sq.ft. x [REDACTED] per sq.ft.) for a total grant match over 3 years of [REDACTED]

Therefore, MHA is committing [REDACTED] to the ROSS Elderly & Disabled .

Thank you for your consideration.

Sincerely,



Guillermo Rodriguez, Executive Director
Muncie Housing Authority





ACTION, Inc. of Delaware & Grant Counties

Governing Board Officers:

Jose M. Perez, President
Billie Sheppard, Secretary

Benita Smith, Vice President
Melanie Lanich, Treasurer

Executive Director:
Robert Schmidt

Director of Operations:
Sue Peden

August 6, 2007

Mr. Guillermo Rodriguez
Executive Director
Muncie Housing Authority
409 E. First Street
Muncie, Indiana 47302

Dear Mr. Rodriguez:

ACTION, Inc. is pleased to be considered a partner of the Muncie Housing Authority. As such, we have provided many services to Public Housing Residents and we will continue to extend assistance that will benefit persons with disabilities and the elderly.

Our services include Energy Assistance, Senior AIDS, Shopping Cart, and Weatherization Programs. These in-kind services are valued at [REDACTED] annually and [REDACTED] over the three-year period of the ROSS grant. We are certain that the award of this grant will ensure that residents have greater access to services that will prolong their ability to live independently and we fully support your effort.

Thank you for this opportunity to partner with your organization, which will better serve our community. Please feel free to contact me, if you have any questions [REDACTED].

Sincerely,

Robert Schmidt
Executive Director

400 N. High Street, Suite 210 Phone: (765) 289 2313
P.O. Box 268 Fax: (765) 289 1192
Muncie, IN 47308-0268
www.ACTIONIndiana.net



Ball Memorial Hospital, Inc.
Rehabilitation Services

August 6, 2007

Mr. Guillermo Rodriguez
Executive Director
Muncie Housing Authority
409 E. First Street
Muncie, Indiana 47302

Dear Mr. Rodriguez

RE: Letter of Support

We are happy to offer our support to the Muncie Housing Authority as a partner in their efforts of obtaining the *Resident Opportunity and Self-Sufficiency (ROSS) Elderly and Persons with Disabilities Grant*.

Our organization will provide staff to teach exercise classes for the community, provide education and resources about diabetes, encourage the community, be on the front line helping those to be compliant and follow through the care. Our SNAP exercise and mobilization classes are accessible to all groups, elderly, disabled and young adult needing to exercise 3 x a week for one hour, for 50 weeks out of the year. We utilize on site facilities to conduct the classes, consistently 3 times a week. We plan to continue to provide this service to more residents.

The cost of providing the aforementioned in-kind services and use of equipment is estimated at [redacted] per person/20 people per week for an annual total of [redacted].

I enthusiastically embrace this new opportunity to be a part of the comprehensive team that the Muncie Housing Authority. A favorable response the grant proposal that will provide the funding necessary to ensure the mobilization of services to our elderly and disabled. Thanks for your consideration.

Sincerely,

Fran Wehlage, CTRS

Fran Wehlage, CTRS
Certified Therapeutic Recreation Specialist
Ball Memorial Hospital Rehabilitation Center
Midwest Health Strategies



COLLEGE OF APPLIED SCIENCES AND TECHNOLOGY
SCHOOL OF NURSING

August 2, 2007

Guillermo Rodriguez
Executive Director
Muncie Housing Authority
409 E. First Street
Muncie, IN 47303

RE: Letter of Support for the ROSS Grant

Dear Mr. Rodriguez:

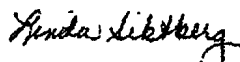
This letter is in support of the Muncie Housing Authority's (MHA) application for the ROSS Elderly and Persons with Disabilities Grant. The Ball State University (BSU) School of Nursing is excited to continue its relationship with the Muncie Housing Authority. Our partnership has been of significant mutual benefit. BSU senior nursing students have broadened their understanding, increased their awareness and engagement in the community through the Liberty Home Based Healthcare Program sponsored by MHA. We support this opportunity to continue and expand services for MHA residents.

The School of Nursing will provide in-kind services covering a wide variety of issues. Services will be conducted by nursing students. Assessment areas for each client will include: a Lifestyle Assessment questionnaire addressing such topics as diabetes, blood pressure and nutrition; measuring fall risk factors; assessing disability equipment needs for the disabled clients; and depression assessment. Program supervision and coordination will be provided by licensed nursing faculty members.

The amount of the aforementioned services is valued at [REDACTED] (faculty services) and [REDACTED] (student services) over the life of the grant, a total of [REDACTED].

If you have questions, please contact me at (765) 285-5571. I appreciate your time and consideration in reviewing this proposal.

Sincerely,


Dr. Linda Siktberg, PhD, RN
Director, School of Nursing

AUG-8-2007 11:34 FROM:LIFESTREAM 765 759 0060

TO:97417308

P:2



August 8, 2007

Mr. Guillermo Rodriguez
Executive Director
Muncie Housing Authority
409 E. First Street
Muncie, Indiana 47302



*Working
together to
improve and
extend the
quality of life
for persons
at risk of
losing their
independence*

Dear Mr. Rodriguez:

RE: Letter of Support

LifeStream Services Inc. is pleased to offer our full support for the Muncie Housing Authority in their efforts of obtaining the *Resident Opportunity and Self-Sufficiency (ROSS) Elderly and Persons with Disabilities Grant*.

Our agency helps nearly 3,000 aging and disabled individuals in Delaware County to live independently by providing such services as meals, transportation, in-home care and wellness education. We know full well the impact diabetes has on the population we serve. We are pleased others recognize the importance of diabetes intervention and prevention and welcome the opportunity to partner with the Muncie Housing Authority to increase access to much needed services and education.

Our organization looks forward to providing programming support (i.e. education materials and professional support) and outreach opportunities. We also will be pleased to include information in our LifeStream 211 Center, which is the regional 2-1-1 call center for information and referral for health and human service needs. The value of the aforementioned services is [REDACTED]

A favorable response to the H2P Program grant proposal would provide the funding necessary to ensure the mobilization of needed services to our seniors and disabled individuals. Both the individuals and the community will be well served by this initiative.

Sincerely,

Kenneth D. Adkins
President/CEO

LifeStream

Independence for a Lifetime

Services, Inc.
LifeStream Services, Inc.
Formerly Area 6 Community
and Senior Services, Inc.

Phone: 765.759.1121
Toll Free: 1.800.589.1121
Fax: 765.759.0060
E-mail: www.area6.org

1701 Pilgrim Boulevard
Post Office Box 308
Yorktown, IN 47396-0308



**Board of Directors**

Dr. J.B. Black, Jr.

Chairman

Carl E. Kizer, Jr.

Secretary

Ermalene Faulkner

Mark Rothermel

Diann Studebaker

Larry W. King

General Manager

August 9, 2007

Guillermo Rodriguez
Executive Director
Muncie Housing Authority
409 E. First Street
Muncie, IN 47303

RE: Letter of Support for the ROSS Grant

Dear Mr. Rodriguez:

On behalf of the Muncie Indiana Transportation System (MITS), I am writing in support of the RSDM- Elderly & Disabled Proposal being prepared by the Muncie Housing Authority.

We anticipate providing transportation services to bring many of those in need to the outreach sites proposed by this worthwhile program. Transportation will most likely include both our fixed route bus services and our door-to door van service for those whose disabilities prevent them from using the bus to avail themselves of these much needed services. MITS provides public transportation services in the areas being targeted in this grant proposal: Millennium Place, Southern Pines, Earthstone Terrace, and Gillespie Towers.

All MITS vehicles are fully accessible to the disabled. Seniors and disabled persons pay half fare on MITS buses. Services are provided Monday through Friday, 6:00 a.m. to 9:00 p.m., and Saturday from 8:00 a.m. to 6:00 p.m.

We estimate that the in-kind amount contributed through other grants will be [REDACTED] annually and [REDACTED] over the grant's three year span.

Please feel free to contact me at (765) 282-2762 for additional information about MITS services.

Sincerely,

A handwritten signature in cursive script that reads 'Mary Gaston'.

Mary Gaston

Assistant General Manager

Delaware County Health Department
100 West Main Street, room 207
Muncie, IN 47305-2827
Phone: (765) 747-7721
Fax: (765) 747-7747



August 6, 2007

Mr. Guillermo Rodriguez
Executive Director
Muncie Housing Authority
409 E. First Street
Muncie, Indiana 47302

Dear Mr. Rodriguez:

RE: Letter of Support


I would like to extend the support of the Delaware County Health Department to the Muncie Housing Authority in their effort to take positive action to address issues facing the elderly and disabled in Delaware County. It is my understanding you are applying for funds from a grant entitled the *Resident Opportunity and Self-Sufficiency (ROSS) Elderly and Persons with Disabilities Grant*.

The Delaware County Health Department is concerned about the increasing needs within our aging and disabled population. This department has participated with other agencies in an effort to increase awareness about threatening health issues and encourage people to get tested and treated if necessary. We conduct monthly health fairs to do cholesterol, blood pressure, pneumonia vaccinations and glucose screenings for the population. Additional efforts must be implemented to promote awareness in our population and your project is a positive step in this direction.

In further efforts to eliminate diabetes and its complications this department will provide staff to participate in area planning meetings for the development of the program. We plan to continue our support to increase awareness and service delivery to the uninsured and underinsured members of our community. Our efforts will increase awareness and provided education and care. The value of the services listed is between [REDACTED] and [REDACTED] annually.

We look forward to increasing awareness on this issue and look forward to working with you and others to promote healthy living within our community.

Sincerely,


Robert Jones
Administrator

Unity Center, Inc.

August 6, 2007

Mr. Guillermo Rodriguez
Executive Director
Muncie Housing Authority
409 East First Street
Muncie, IN 47302

RE: Letter of Support

Dear Mr. Rodriguez:

On behalf of the Unity Center Board of Directors, I am pleased to offer my support for the Muncie Housing Authority and its Partners for the of obtaining the *Resident Opportunity and Self- Sufficiency (ROSS)* Elderly and Persons with Disabilities Grant.

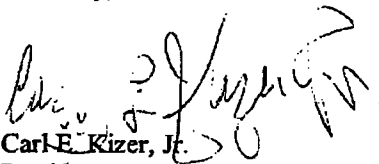
Once the Unity Center is constructed, our organization will gladly provide the following in support of the Grant Program:

- Utilization of the Unity Center to conduct trainings and conduct screenings
- Space to conduct health awareness sessions; and
- Exercise facilities for the elderly & disabled

The cost of providing the aforementioned in-kind services is estimated at [REDACTED] annually.

We enthusiastically embrace this new opportunity. A favorable response to H2P Program grant proposal will provide the funding necessary to ensure the mobilization of services to our elderly and disabled. Thanks for your consideration.

Sincerely,


Carl E. Kizer, Jr.
President

Save Form to Print

Facsimile Transmittal

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)

1186749659 - 2238

* Name of Document Transmitting: Resumes / Job Descriptions

1. Applicant Information:

* Legal Name: Housing Authority of the City of Muncie

* Address:

* Street1: 409 East First Street

Street2:

* City: Muncie

County: Delaware

* State: IN: Indiana

* Zip Code: 47302

* Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: [REDACTED] CFDA No.: 14.876

Title: Resident Opportunity and Supportive Services - Elderly and Persons with Disabilities

Program Component:

3. Facsimile Contact Information:

Department: Housing

Division: HOPE VI CSS

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

Prefix: [REDACTED] * First Name: Jacey

Middle Name:

* Last Name: Frazier

Suffix:

* Phone Number: [REDACTED]

Fax Number:

* 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? 7

HOUSING AUTHORITY OF THE CITY OF MUNCIE**POSITION DESCRIPTION****Title: Director of Resident Relations/ROSS Project Coordinator****Supervisor: Executive Director****Duties and Responsibilities**

Responsible for overseeing implementation of the Authority's Resident Supportive Services Program. Performs administrative planning, managerial, and supervisory work involving the administration and implement of Resident Supportive Services Program in accordance with program goals. Duties include the following:

Oversees program administration activities; prepare program proposals, requests for proposals, and service contracts for various funding sources.

Assists in developing sustainability plans and implementation procedures for Resident Supportive Services activities, establishes deadlines, analyzes problems, develop alternative solutions and make recommendations to the Executive Director.

Develops and maintains a wide range of partnerships with public and private entities that provide services to the site(s) and the surrounding neighborhood(s).

Establishes linkage agreements with community based agencies and other organizations/businesses.

Develops and writes specifications and contracts for services provided by organizations.

Recommends final approval and acceptance of all work performed by program service providers.

Oversees all incoming and outgoing correspondences for Resident Supportive Services.

Work in partnership with property management to ensure successful implementation of community and supportive services and the implementation of management policies that support HOPE VI goals.

Ensures that periodic conferences with resident organizations or resident groups are convened for input on needs, and program priorities.

Supervises all Resident Supportive Services Staff; CSS/FSS program manager, resident services administrator and resident services assistant.

Maintains Resident Supportive Services Program fund accounts and monitors expenditures of funds to ensure compliance with HUD and Department of Labor Guidelines.

Convenes service partners, community residents, and policy makers to identify sources of funding/resources to develop, maintain and expand the community services available to Muncie Housing Authority residents.

Writes purchase orders and requisitions for purchase of Resident Supportive Services supplies.

Monitors fund distribution as necessary.

Evaluates case management services provided to housing program participants.

Monitors the development and implementation of the self-sufficiency program for effectiveness in allowing participants to become self-sufficient.

Conducts periodic reviews of case management files, including electronic files.

Attends staff meetings and reports on status of Resident Supportive Services.

Prepares the various HUD required reports for the Executive Director's review and approval.

Communicates the accomplishments of Muncie Housing Authority Resident Supportive Services to local and national audiences.

Assists in preparing and submitting Resident Supportive Services budgets and requisitions to HUD for funds.

Coordinates preparation and submission of Resident Supportive Services quarterly reports and other required Annual reports.

Keeps residents informed of available services and program progress.

Performs other related duties as assigned.

Grant Application Detailed Budget Worksheet

(Exp. 01/31/2008)

Public reporting burden for this collection of information is estimated to average 3 hours 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Information collected will provide proposed budget data for multiple programs. HUD will use this information in the selection of applicants. Response to this request for information is required in order to receive the benefits to be derived. The information requested does not lend itself to confidentiality.

Detailed Description of Budget		
Analysis of Total Estimated Costs	Estimated Cost	Percent of Total
1 Personnel (Direct Labor)	[REDACTED]	[REDACTED]
2 Fringe Benefits	[REDACTED]	[REDACTED]
3 Travel	[REDACTED]	[REDACTED]
4 Equipment		
5 Supplies and Materials		
6 Consultants		
7 Contracts and Sub-Grantees		
8 Construction		
9 Other Direct Costs	[REDACTED]	[REDACTED]
10 Indirect Costs	[REDACTED]	[REDACTED]
Total:		
Federal Share:	250,000	[REDACTED]
Match (Expressed as a percentage of the Federal Share):	[REDACTED]	[REDACTED]

form HUD-424-CBW (2/2003)

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

Column 2 – Planning

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

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

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

Column 3 – Programming

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

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

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

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

Column 4 – Measure

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

Column 5 – Impact

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

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



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

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

Column 6 – Measure

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

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

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

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

Column 7 – Accountability

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

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

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

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

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

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

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

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

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

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

D. Frequency of Collection. Timing matters in data collection. In most instances, you want to get it while it occurs. Collect data at the time of the encounter; if impossible, when it is most opportune immediately thereafter. For example, collect report card data immediately upon the issuance of report cards. Do not wait until after the school year is over. Collect feedback surveys at the conclusion of the event, not a few months later when clients may be difficult to reach. Reporting can be done 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)

Component Name:

Evaluation Tools

7

Accountability

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

Component Name:

Evaluation Tools

7

Accountability

Component Name:

0

Evaluation Tools

7

Accountability

A. Tools for Measurement

Interviews

Program specific form(s)

Questionnaire

B. Where Data Maintained

Individual case records

Agency database

C. Source of Data

Counseling reports

Health records

Referrals

Work plan reports

D. Frequency of Collection

Monthly

Upon incident

E. Processing of Data

Computer spreadsheets

Statistical database

ousing and Urban Development
35-0114 exp. 09/30/2007

Component Name:

0

Evaluation Tools

7

Accountability

Component Name:

0

Evaluation Tools

7

Accountability

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

Component Name:

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Evaluation Tools

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Accountability

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

Component Name:

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Evaluation Tools

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Accountability

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

Component Name:

0

Evaluation Tools

7

Accountability

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

Component Name:

0

Evaluation Tools

7

Accountability

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

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

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





CAMP eLogic Model™

Copy to Column 2

PROBLEM, NEEDS, SITUATION

There is a need for supportive services to enable disabled and elderly residents to remain living independently and/or age in place.



CAMP eLogic Model™

*Click here to allow
deletion of 'New'
Activities*

Copy to Column 3

SERVICES OR ACTIVITIES/OUTPUTS	UNITS
Activities of daily living assistance provided	Persons
new- Diabetes Prevention Services	Persons
new- Wellness programs offered on site by referred providers	Persons
Business opportunities-Other – Businesses	Businesses
Business opportunities-Other – Dollars	Dollars
Business opportunities-Section 3 – Businesses	Businesses
Business opportunities-Section 3 – Dollars	Dollars
Case management-initial needs assessment	Persons
Case management-on-going	Persons
Congregate meals provided	Persons
Dental services provided	Persons
Disability services counseling provided	Persons
Employment opportunities-Other – Persons	Persons
Employment opportunities-Other– Available jobs	Available jobs
Employment opportunities-Section 3 – Available jobs	Available jobs
Employment opportunities-Section 3 – Persons	Persons
Financial literacy, computer training, job training, classes etc – Enrolled	Persons
Financial literacy, computer training, job training, classes etc – Offered	Classes
Financial literacy, computer training, job training, classes etc – Completed	Persons
GED program – Completed	Persons
GED program – Enrolled	Persons
Individual meals services	Persons
Medical services referrals	Persons
Mental health referrals	Persons
Outreach to Elderly/Persons with Disabilities	Persons
Persons equipped with personnel emergency responses resources	Persons
Project manager hired	Persons
Transportation services	Persons
Wellness programs offered by grantee completed in-house	Persons
Wellness programs referred to by grantee	Persons
other	Other



CAMP eLogic Model™

*Click here to allow
deletion of 'New'
Outcomes*

Copy to Column 5

ACHIEVEMENT OUTCOMES GOALS AND INDICATORS	UNITS
Business opportunities-Other – Businesses	Businesses
Business opportunities-Other – Dollars	Dollars
Business opportunities-Section 3 – Businesses	Businesses
Business opportunities-Section 3 – Dollars	Dollars
Employment obtained	Persons
Employment maintained	Persons
Employment opportunities-Other – Available jobs	Available jobs
Employment opportunities-Other – Persons	Persons
Employment opportunities-Section 3 – Available jobs	Available jobs
Employment opportunities-Section 3 – Persons	Persons
GED obtained	Persons
Improved living conditions/quality of life	Persons
Live independently/age in place and avoid long term care placement	Persons
other	Other



CAMP eLogic Model™

A. Tools For Measurement
Bank accounts
Construction log
Database
Enforcement log
Financial aid log
Intake log
Interviews
Mgt. Info. System-automated
Mgt. Info. System-manual
Outcome scale(s)
Phone log
Plans
Pre-post tests
Post tests
Program specific form(s)
Questionnaire
Recruitment log
Survey
Technical assistance log
Time sheets
B. Where Data Maintained
Agency database
Centralized database
Individual case records
Local precinct
Public database
School
Specialized database
Tax Assessor database
Training center
C. Source of Data
Audit report
Business licenses
Certificate of Occupancy
Code violation reports
Counseling reports
Employment records
Engineering reports
Environmental reports
Escrow accounts
Financial reports
GED certification/diploma
Health records
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
D. Frequency of Collection
Daily
Weekly
Monthly
Quarterly
Biannually
Annually
Upon Incident
E. Processing of Data
Computer spreadsheets
Flat file database
Manual tallies
Relational database
Statistical database

Explanation of Any Deviations From the Approved eLogic Model

A large, empty rectangular box with a 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. What was the type and amount of supportive services used by residents receiving services?
2. What was the dollar amount of supportive services used by residents receiving services?
3. How many persons were able to live independently and/or age in place?
4. How many persons improved their living conditions/quality of life?
5. How many persons increased their income? What was the average increase?

Carter-Richmond Methodology

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

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

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Number